

GRANVILLE-VANCE HEALTH DISTRICT**(Septic Tank) Improvements Permit and Certificate of Completion****Nº 4145**Owner or Contractor Mathie R. Withers Date 6-12-85 S.R. No. 1004Location Rt. 2, Oxford, N.C.

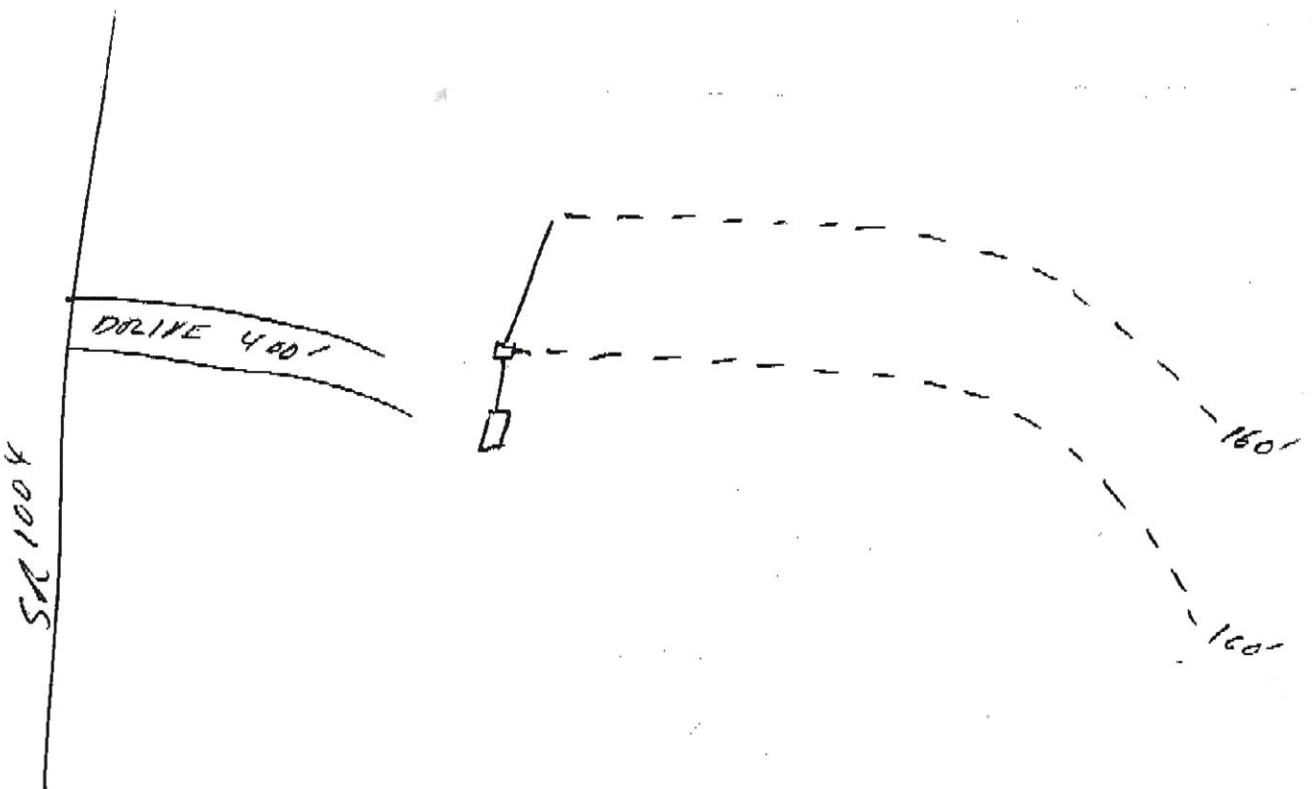
Subdivision Name _____ Lot No. _____ Section or Block No. _____

New System ☒ Repairs ☐
House ☐ Mobile Home ☒ Business ☐
No. Bedrooms 3 No. in Family 2
No. Bathrooms 2

Garbage Disposal Yes ☐ No ☒
Auto. Dishwasher Yes ☐ No ☒
Auto. Wash. Machine Yes ☐ No ☒

Water Supply: Individual ☒ Public ☐Nitrification System: Tank Size 900 Gal.Distribution Box yesNitrification Field 960 Sq. ft.Nitrification Lines 320 Length36" Width _____ No. _____Lot: area 2 ac.12" stoneImprovements Permit by Jane C. Parrott Installed By Pete E. HingstonCertificate of Completion By Jane C. Parrott Date 7-18-85

* Construction must comply with all other applicable state and local regulations, but the permit is not a guarantee that the system will not malfunction and the Granville-Vance Health District will not be held responsible for a malfunctioning system.





Granville-Vance District Health Department

Lisa M. Harrison, MPH, Health Director
Post Office Box 367
Oxford, North Carolina 27565



Granville County Health Dept.
101 Hunt Drive
Oxford, NC 27565
Phone: (919) 693-2688
Fax: 919-690-0106

Vance County Health Dept.
115 Charles Rollins Road
Henderson, NC 27536
Phone: (252) 492-7915
Fax: (252) 492-4219

Recertification of an Existing On-Site System and Well

Owner Name / Applicant Name: Oakwood Homes / Mattie Withers Date: 12-15-14
Physical Address: 4752 Old 75 Contact Number: 252-492-5017
Subdivision: _____ Lot # _____ Zoning Permit # 18536

Septic Permit #: 4145

Date Installed: 7-18-85

Recertification Of:

Existing House Replacement: Size: SW 116 x 76

Pool: _____ - Size: _____
Septic Redesign/Upgrade: _____
Permit # _____

Addition to House: _____ - Size: _____
Bedroom Addition _____ Septic Upgrade: _____
Permit # _____ New Well: _____

Outbuilding Addition: _____ - Size: _____

Other Additions to Property: _____

☒ All setbacks have been met accordingly at this time.

☒ Onsite Wastewater System is functioning properly at this time.

_____ Onsite Wastewater System is functioning properly at this time, but system upgrade is required.

Permit #: _____

*** System Upgrade must be completed prior to Certification of Occupancy.

_____ Onsite Wastewater System is **NOT** functioning properly at this time.

Repair Permit #: _____

*** System repair must be completed prior to Certification of Occupancy.

_____ Recertification denied, due to: _____

_____ Cannot determine due to: _____

Special Instructions: _____

Carl [Signature]

12-15-14