GRANVILLE VANCE public health

Construction Authorization

Granville County Health Dept
Environmental Health
101 Hunt Drive
Oxford, NC 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only
*CDP File Number: 415828 - 1
County ID Number: 190700197346
Evaluated For: EXPANSION

PERMIT VALID UNTIL: 08/02/2029
☐ Open Pump System Sheet

Applicant:	Scottie Garrett
Address:	3047 Tar River Rd
City:	Oxford
State/Zip:	NC 27565
Phone #:	home: (919) 691-4905 cell :(919) 691-4905

Property Owner:	Amy Malugen
Address:	7689 Cornwall Rd
City:	Oxford
State/Zip:	NC. 27565
Phone #:	home: (919) 691-4905 cell :(919) 691-4905

Property Location & Site Information

Address/Road #: 7689 Cornwall Rd Oxford, NC 27565
Subdivision:
Phase: NEW Lot:
Directions:
Structure: SINGLE FAMILY
# of Bedrooms: 2 → 4 bdrm.
# of People: 8 max!
*Water Supply: EXISTING WELL

System Specifications

Usuable Soil Depth:
Design Flow: 240 → 480 gpd
Soil Application Rate:
*System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS
*Proposed System: 25% REDUCTION
Nitrification Field: 600 Sq. ft.
No. Drain Lines: 2
Total Trench Length: 200 ft.
Trench Spacing: 9 - ____
Trench Width: 3 - ____
Aggregate Depth: ____ inches

Minimum Trench Depth: 18 Inches
Maximum Trench Depth: 20 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: GRAVITY - PARALLEL (eq. d-box)
Septic Tank: 1,000 Gallons
Pump Required: ◯ Yes ◯ No ⓧ May Be Required
Pump Tank: ____ Gallons
Grease Trap: ____ Gallons

◯ Inches O.C.
ⓧ Feet O.C.
◯ Inches
ⓧ Feet

Septic Tank Installer Grade Level Required: ◯ I ⓧ II ◯ III ◯ IV

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

***Permit Conditions:**

Install new 1000 tank min. 5' off house. Set tank where fall can be achieved to existing and new drain lines. Going from 2 to 4 bedroom system. Min. 50' off wells.

The Authorization for Wastewater System Construction shall be valid for a period equal to the period of validity of the Improvement Permit and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the Construction Permit, the information submitted in the application for a permit or Construction Authorization shall become invalid , and may be suspended or revoked (.0204(k)(1)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regaurding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301((a)).

Authorized State Agent: Bullock, Will REHS Date of Issue: 08/02/2024

****Site Plan/Drawing attached.****

⊘ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) ____

Granville-Vance Dist. Health Department
Environmental Health

Pin _____ Permit Number P-41588

___ Improvement Permit EXPANSION 2 → 4 bedroom ✓ Construction Authorization

SITE SKETCH

Scottie + Kelly Garrett | 7689 cornwall rd. | —

Applicants Name | Address | Subdivision – Section – Lot

[redacted] RENS | 8/2/24

Authorized State Agent | Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that proper grade is maintained.