

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: 364886 - 1
County ID Number: 009100201558
Evaluated For: REPAIR

PERMIT VALID UNTIL: 10/21/2026

☐ Open Pump System Sheet

Applicant: William Buffington
Address: 2707 US Highway 70 E
City: Hillsborough
State/Zip: NC 27278
Phone #: home: (434) 466-5792

Property Owner: William Buffington
Address: 2707 US Highway 70 E
City: Hillsborough
State/Zip: NC. 27278
Phone #: home: (434) 466-5792

Property Location & Site Information

Address/Road #: 2041 Grassy Creek - Virgilina Rd Subdivision: Phase: NEW Lot:
Oxford, NC 27565
Directions:
Structure: SINGLE FAMILY Between Whispering Point Rd & Catfish Trail
of Bedrooms:
of People:
*Water Supply: EXISTING WELL

System Specifications

*Site Classification: Provisionally Suitable Minimum Trench Depth: Inches
Design Flow: 240 Maximum Trench Depth: Inches
Soil Application Rate: Minimum Soil Cover: Inches
*System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS Maximum Soil Cover: Inches
*Proposed System: CONVENTIONAL *Distribution Type: GRAVITY - PARALLEL (eq. d-box)
Nitrification Field: Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: Pump Required: ☐ Yes ☒ No ☐ May Be Required
Total Trench Length: ft. ☐ Inches O.C. Pump Tank: Gallons
Trench Spacing: - ☐ Feet O.C. Grease Trap: Gallons
Trench Width: - ☐ Inches
Aggregate Depth: inches ☐ Feet
Septic Tank Installer: ☐ I ☒ II ☐ III ☐ IV
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:

Crush old septic tank and replace with new 1000 gallon septic tank. Replace distribution box if needed. Maintain all setbacks; stay 50' from all 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 (.1937(g)). Ther person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting

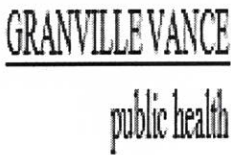
Authorized State Agent: Stiles, Bailey *Bailey Stiles* Date of Issue: 10/21/2021

Site Plan/Drawing attached.

Total Time : (HH:MM)

☐ Hand Drawing ☐ Import Drawing

No Drawing



OPERATION PERMIT

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Property Owner: William Buffington

Address: 2707 US Highway 70 E

Road #:

City: Hillsborough

State/Zip: NC/ 27278

Phone #: (434) 466-5792

Township:

Subdivision:

Phase : NEW

Lot:

Structure: SINGLE FAMILY

of Bedrooms:

of People:

Water Supply: EXISTING WELL

Saprolite System?: ☐ Yes ☒ No

Pump Required?: ☐ Yes ☒ No

Design Flow:

System Classification/Description: N/A

Installer: Currin Farms

Certification #: 6400

Specific System UNKNOWN

Installed:

Septic Tank Date: 08/23/2021

STB: 142

Pump Tank Date: _____

PT:

Comments: Tank replacement. Installed new 1000 Gallon tank 40' off house foundation. Put in new "D" box and hooked back onto 2 existing gravel lines.

This system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.

PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with Rule .1961.

II. Monitoring: As required by Rule .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

Other:

Subsurface Operator Required: ☐ Yes ☒ No

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

Operation:

Other: Tank replacement. Installed new 1000 Gallon tank 40' off house foundation. Put in new "D" box and hooked back onto 2 existing gravel lines.

Authorized State Agent: Bullock, Will

Date of Issue: 10/28/2021

Owner/Applicant:

Granville - Vance District Health Department
Environmental Health

Pin _____

Permit Number 34886

Final Sketch

William Buntington
Applicants Name

TANK
1/2" BOX INSTALL

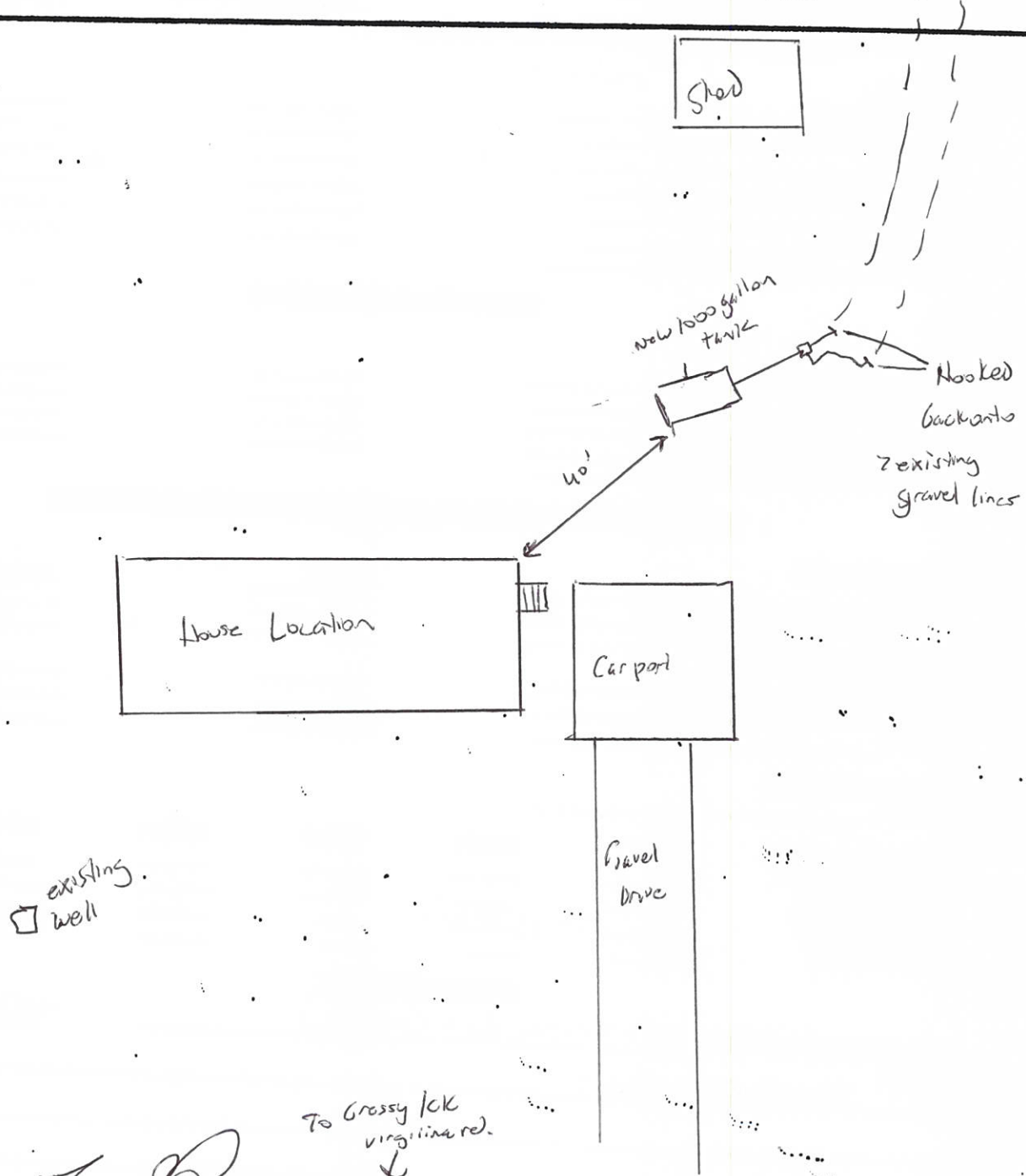
N/A
Subdivision - Section - Lot

Physical Address: 2041 Grassy Ck/Virginia rd.

Number of Bedrooms 2

Curtis Farms
System Installer

10/26/21
Date



[Signature]
Authorized Signature

10-25-21
Date