



IMPROVEMENT PERMIT

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 374282 - 1
County ID Number: 193207773594
Evaluated For: NEW

PERMIT VALID UNTIL: 12/13/2027

***NOTE TO INSPECTIONS DIVISION:** Building Permits cannot be issued with this Improvement Permit.

Applicant: Louise M. Cloonan and Martin Piro

Address:

City:

State/Zip: NC

Phone #:

Property Owner: Louise M. Cloonan and Martin Piro

Address:

City:

State/Zip: NC.

Phone #:

Property Location & Site Information

Address: 5300 Langdon Dr Oxford, NC 27565 Subdivision: McFarland Block/Phase: NEW Lot: 47

Directions

Road #:

Structure: SINGLE FAMILY

of Bedrooms: 4

of People: 4

*Water Supply: NEW WELL

System Specifications

Initial System

*Site Classification: Provisionally Suitable

Design Flow: 480

Soil Application Rate: 0.3000

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:

25% REDUCTION

Minimum Trench Depth: 22 Inches

Maximum Trench Depth: 24 Inches

Septic Tank: 1000 Gallons

Pump Required ☒ Yes ☐ No ☐ May Be Required

Pump Tank: 1000 Gallons

Repair System Required: ☒ Yes ☐ No ☐ No, but has Available Space

Repair System

*Site Classification: Provisionally Suitable

Soil Application Rate: 0.300

*System Classification/Description:

TYPE III E. PPBPS GRAVITY DOSED SYSTEM

*Proposed System:

50% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: _____ Inches

Pump Required: ☒ Yes ☐ No ☐ May Be Required

Pump Tank: _____ Gallons

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department

*Site Modifications

* Call HD @ 919-695-2688 about house placement!!

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

CA to be done once house location is accurately marked in field and driveway shown on site plan (Must be front load garage).

Initial/Repair laid out in field by REHS. NO FOUNDATION DRAIN. 50' off wells.

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The Department and Local Health Department may impose conditions on the issuance and may revoke the permits for failure of the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation if the site plan, plat, or intended use changes (NCGS 130A-335(f)). The person owning or controlling the system location, installing, operation, maintenance, monitoring, reporting, and repair (1938(b)).

Authorized State Agent:

Bullock, Will

Date of Issue:

12/13/2022

Total Time: (HH:MM)

☒ Hand Drawing

☐ Import Drawing

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

____ : ____

Granville County Health Department
Environmental Health

Permit Number P-374282

Pln _____

Improvement Permit

Construction Authorization S-266273

Site Sketch

Louise-McGowan / Martin Piro

Applicant's Name

4 bdr.

5300 Langdon Dr. / McFarland Oaks 47

Subdivision - Section - Lot

T. J. R. S.

Authorized State Agent

5/10/22

Date

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

