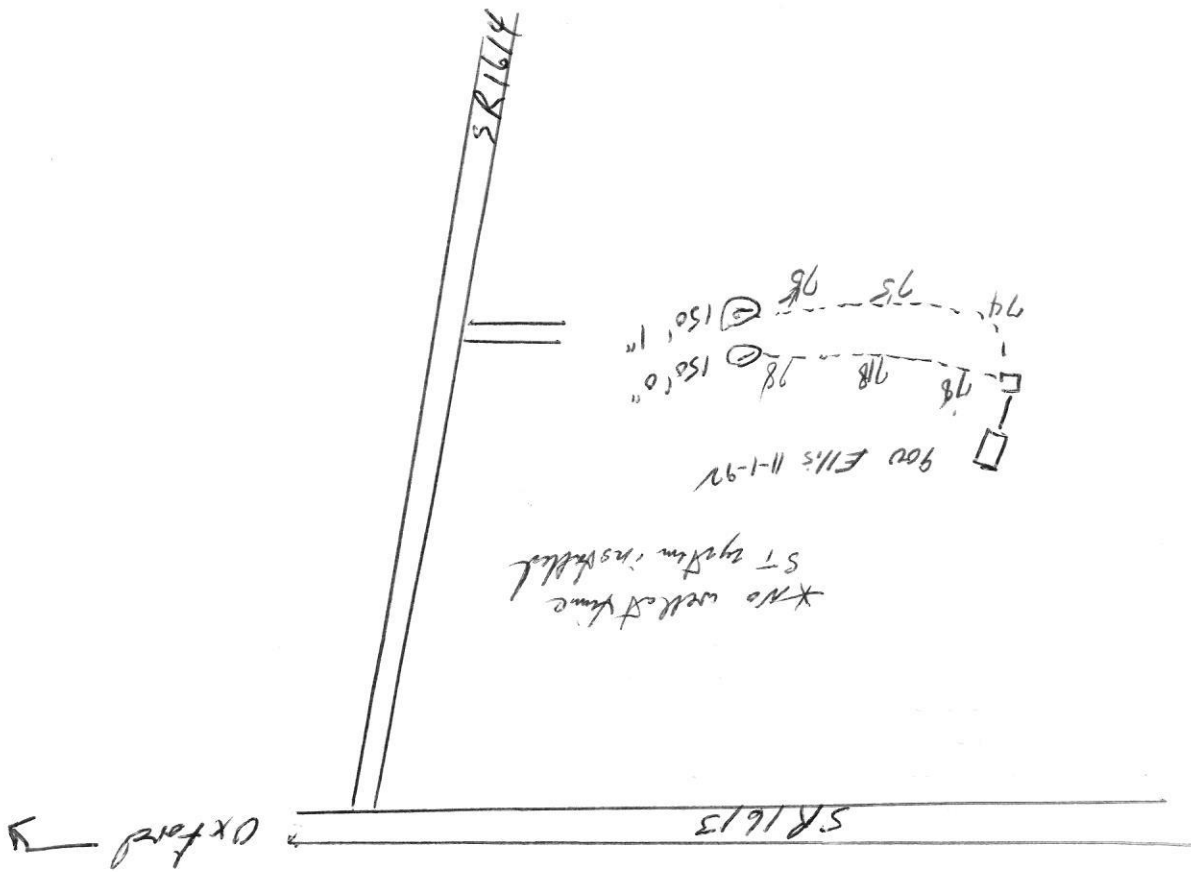




SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

NAME

DATE

CONTRACTOR

PERMIT NUMBER

SOIL WITNESS CONDITIONS

WEATHER CONDITIONS

SEPTIC AND PUMP TANK INSPECTION

SEPTIC TANK

MANUFACTURER

DATE OF MANUFACTURE

STAMP

CAPACITY

TEE

BAFFLE

SEALANT

PUMP TANK

MANUFACTURER

DATE OF MANUFACTURE

STAMP

CAPACITY

SEALANT

MANHOLE

DRAW DOWN TEST

MECHANICAL INSPECTION

PUMP

MANUFACTURER AND MODEL NUMBER

CONTROL PANEL

ALARM

ELECTRICAL CONNECTION

NITRIFICATION DISTRIBUTION AND DRAINFIELD INSPECTION

DISTRIBUTION BOX

LEVEL

EQUAL DISTRIBUTION

OTHER

DISTRIBUTION MANIFOLD

PIPE SIZE

GATE VALVES

OTHER

OTHER DISTRIBUTION

TYPE

NITRIFICATION LINES

TRENCH WIDTH

TRENCH LENGTH

TRENCH GRADE

STONE DEPTH

COMMENTS:

* No well at this ST installed

LINE 1

LINE 2

LINE 3

3'

3'

3'

150"

150"

150"

0"

1"

12"

12"

12"

12"

[Signature]

1-28-93

[Signature]

1-28-93

[Signature]

1-28-93

DATE

INITIAL

DATE

9-10-92

OWNER/AUTHORIZED AGENT

Angela Powell

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH APPLICATION FOR IMPROVEMENT PERMIT

Complete All Items Below

REQUESTED BY

Glenn & Angela Powell

PHONE NUMBER

693-6195

MAILING ADDRESS

600 College St., Oxford, NC

CURRENT PROPERTY OWNER

MAILING ADDRESS

SUBDIVISION

MAP

LOT

SEC

DIRECTIONS TO PROPERTY:

PROPERTY LOCATED: STATE ROAD 1614 HIGHT RD.

WATER SUPPLY: PUBLIC

PRIVATE

DATE SUBDIVIDED

NUMBER OF PERSONS

4

NUMBER OF EMPLOYEES

BASEMENT

APPLICATION FOR: RESIDENCE

M/H

COMMERCIAL

NUMBER OF BEDROOMS

3

INSTRUCTIONS TO APPLICANT:

As close to scale:

1. Draw in the lot or provide plat.
2. Draw in structure(s) showing distances to property lines, set back, etc.

Dimensions of existing or proposed structures, decks walkways, etc.

3. Identify where driveway will be located.
4. Show any existing well around lot.

5. Excavate or dig four (4) 30-inch-deep holes in desired location of septic tank lines and 75 feet apart.

6. Call health department when lot is ready for evaluation at phone no.

7. Additional information

Office hours are 8:30-9:00 and 1:00-1:30.

141700 Jan 10 1993

Red flags on property line
white flags at holes
lot 6 on plat

I hereby make application to the Granville-Vance District Health Department for a soil/site evaluation for an onsite wastewater disposal system for the property described above and authorize the Health Department representatives to go on such property for evaluation purposes. I understand that the permit shall be null and void if substantial changes are made to the approved sewage absorption area. The issuance of a permit does not relieve me from compliance with any and other relevant laws or regulations. As owner or his authorized agent, I covenant that the contents of this application are true and represent the maximum facilities to be placed on the property.

System shall be installed within 5 years of improvement permit issuance date. The permit is subject to revocation if site plans or the intended use changes.



COUNTY OF GRANVILLE, NORTH CAROLINA

145 WILLIAMSBORO STREET, POST OFFICE BOX 877, OXFORD, NORTH CAROLINA 27565
TELEPHONE (919) 693-9001

ZONING PERMIT # **2306**

Owner as on tax records <i>Bruce Dement</i>		Mailing Address <i>600 College St Oxford</i>		Telephone No. <i>693-7931</i>	
Applicant <i>Glenn E + Angela H. Powell</i>		Mailing Address <i>600 College St Oxford NC</i>		Telephone No. <i>693-6195</i>	
Tax Map No.	Parcel No.	Township <i>FC</i>	Road Name and Number <i>SR 1614 "Hight Rd"</i>		Zoning <i>AK-40</i>
Subdivision <i>Beulah Park</i>		Lot No. <i>87B</i>	Phase	Lot Size <i>2 AC</i>	Fee <i>10.00</i>
Proposed Use <i>Single-wide Mobile Home</i>		Contact:		Phone	Flood Plain ☐ Yes ☐ No
				Street Address	

Land use indicated is permitted in the zoning district. The following minimum zoning requirements must be met, unless the Heath Department requires more land area or other qualifications are indicated in the remarks.

Lot area 40,000 square feet Front yard depth 50 ft. Corner yard depth _____ ft. Aggregate both sides 30
Lot width 100 feet Side yard depth 15 ft. Rear yard depth 25 ft.

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized County Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Angela H. Powell
Signature of Owner or Authorized Agent

11-17-92
Date

SITE PLAN
*Temporary Placement of
Single-wide Mobile Home until
Single Family residence is constructed.*

**Due to the Unavailability of
County Tax Maps, Verification
of Site Location / Setbacks is
Unverifiable.**

*CR Votler
Wm Hight*

11-17-92

1-28-93

Processed and Approved By *Carolyn H. Cull* Date *11/17/92* Granville County Planning Dept.

ZONING PERMIT EXPIRES IN SIX MONTHS.

WHITE—Planning

YELLOW—Health Department

PINK—Inspection

GOLD—Applicant

No

106

**GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION**

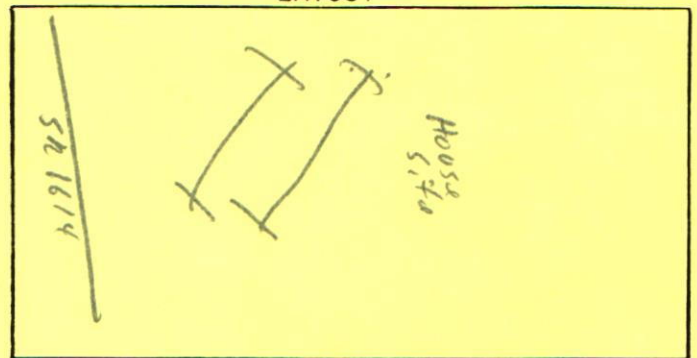
OWNER/AGENT Glenn E. + Angela H. Powell
 LOCATION Hight Rd. STATE ROAD NO. 1614
 SUBDIVISION NAME _____ LOT NO. _____

SYSTEM DESIGNED FOR:

NEW SYSTEM ☒ REPAIR _____ RESIDENCE 12/4 BUSINESS _____ OTHER _____
 NO. BEDROOMS 3 NO. OCCUPANTS 4 WATER SUPPLY: INDIVIDUAL ☒ PUBLIC _____
 LOT SIZE 2 ACRES F _____ L _____ B _____ R _____
 SEPTIC TANK 900 GALLONS PUMP TANK _____ GALLONS DISTRIBUTION Box
 NITRIFICATION FIELD 900 SQUARE FEET NUMBER OF LINES 2
 LENGTH OF LINES 300 WIDTH OF LINES 36" STONE DEPTH 12"

CONDITIONS _____

LAYOUT



NOTICE: The above are minimum specifications for a sewage disposal system on the above captioned property. This permit is subject to compliance with local zoning and building regulations and all the provisions of the Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal of the North Carolina Administrative Code. This permit may not be altered without written permission from a representative of the Granville-Vance District Health Department. System must be installed within 5 years of date of issuance. This permit is subject to revocation if site plans or the intended use changes.

I understand the requirements of this permit and the information I have provided is accurate to the best of my knowledge.

OWNER/AGENT Angela H. Powell DATE 11-17-92
 IMPROVEMENT PERMIT BY: Jama C. Bennett DATE 11-17-92
 CERTIFICATE OF COMPLETION BY: CR. Nott DATE 1-28-93
 SYSTEM INSTALLED BY: Wm. Hight

NOTICE: This approval indicates that the installation complies with all applicable state and local regulations, but shall in no way be taken as a guarantee that the system will function satisfactorily for any given period of time and the Granville-Vance District Health Department will not be held responsible for a malfunctioning system.