



Construction Authorization

Granville Vance Public Health

Environmental Health

PO Box 367

Oxford, NC 27565

Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number: 326650 - 2

County ID Number: _____

Evaluated For: EXPANSION

PERMIT VALID UNTIL: 10/20/2030

☐ Open Pump System Sheet

Applicant: DANIEL CLINKSCALES

Address: 1636 TOMMIE DANIEL ROAD

City: _____

State/Zip: NC

Phone #: home: (619) 855-0690

Property Owner: DANIEL CLINKSCALES

Address: 1636 TOMMIE DANIEL ROAD

City: _____

State/Zip: NC

Phone #: home: (619) 855-0690

Property Location & Site Information

Address/Road #: 1635 Tommie Daniel Rd Tally
Ho, NC 27565

Subdivision: _____

Phase: NEW Lot: _____

Directions:

Structure: SINGLE FAMILY

Off Enon Rd

of Bedrooms: _____

of People: _____

*Water Supply: EXISTING WELL

System Specifications

Usuable Soil Depth: _____

Minimum Trench Depth: 20 Inches

Design Flow: _____

Maximum Trench Depth: 28 Inches

Soil Application Rate: 0.3000

Minimum Soil Cover: _____ Inches

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Maximum Soil Cover: _____ Inches

*Proposed System:

25% REDUCTION

*Distribution Type: N/A

Nitrification Field: 600 Sq. ft.

Septic Tank: _____ Gallons

No. Drain Lines: 1

Pump Required: ☐ Yes ☒ No ☐ May Be Required

Total Trench Length: 200 ft.

☐ Inches O.C.

Pump Tank: _____ Gallons

☒ Feet O.C.

Trench Spacing: 9 - _____

☐ Inches

Grease Trap: _____ Gallons

Trench Width: 3 - _____

☒ Feet

Septic Tank Installer

Aggregate Depth: _____ inches

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:

Add (1) 200' line (Accepted or gravel) to existing system to go from 3 to 4-bedroom dwelling. Sleeve supply line under driveway if not already done. Replace "D" box if needed. 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 regarding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301(a)).

Authorized State Agent: Bullock, Will

Date of Issue: 10/20/2025

☐ Hand Drawing

☐ Import Drawing

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

Total Time : (HH:MM) _____