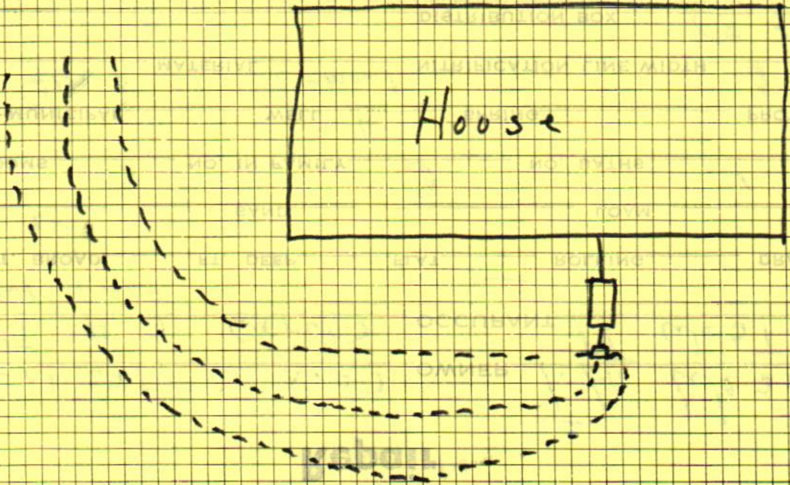


9 X 80 beD
3-Lines

GRANVILL COUNTY HEALTH DEP TMENT

NORTH CAROLINA STATE BOARD OF HEALTH CO-OPERATING

Adcock

Permit To Install A Septic Tank

Repair

Nº 1552

LOCATION Stovall-Oxford Road OWNER T. L. West W ✓ C

ADDRESS RT. # 5 Oxford OCCUPANT T. L. West W ✓ C

LOT—SIZE Approx 1 acre FT. BROAD FT. DEEP FLAT — ROLLING DRAINAGE Good

SUBSOIL—CLAY ✓ SAND LOAM

HOUSE—NO. BEDROOMS 3 NO. IN FAMILY 3 NO. BATHS 1 NO SINKS 1

WATER SUPPLY—MUNICIPAL WELL ✓ SPRING PROTECTED ✓

TANK SIZE—GALS. 900 MATERIAL Cement NITRIFICATION LINE WIDTH 3' LENGTH 240'

FILTER TRENCH DISTRIBUTION BOX yes

UNLAWFUL TO BEGIN CONSTRUCTION UNTIL SIGNED BY HEALTH DIRECTOR

PERMIT TO PROCEED IS HEREBY GRANTED: DATE Aug 28-1968 Sam E. Wheeler HEALTH DIRECTOR

UNLAWFUL TO BEGIN USE UNTIL SIGNED BY HEALTH DIRECTOR

PERMIT TO USE IS HEREBY GRANTED: DATE Nov. 19-1968 Sam E. Wheeler HEALTH DIRECTOR

Granville – Vance District Health Department
Environmental Health

Pin 192700362576

Permit Number 7164

✓ Improvement Permit

✓ Construction Authorization

Final Sketch

Chantel Cronk
Applicants Name

Subdivision – Section – Lot

Physical Address: 7640 US Hwy 158

Jesse Street
System Installer

2-23-12
Date

System design and details as installed.

Septic Tank Information:
Date:
Manufacture: existing
ID #:

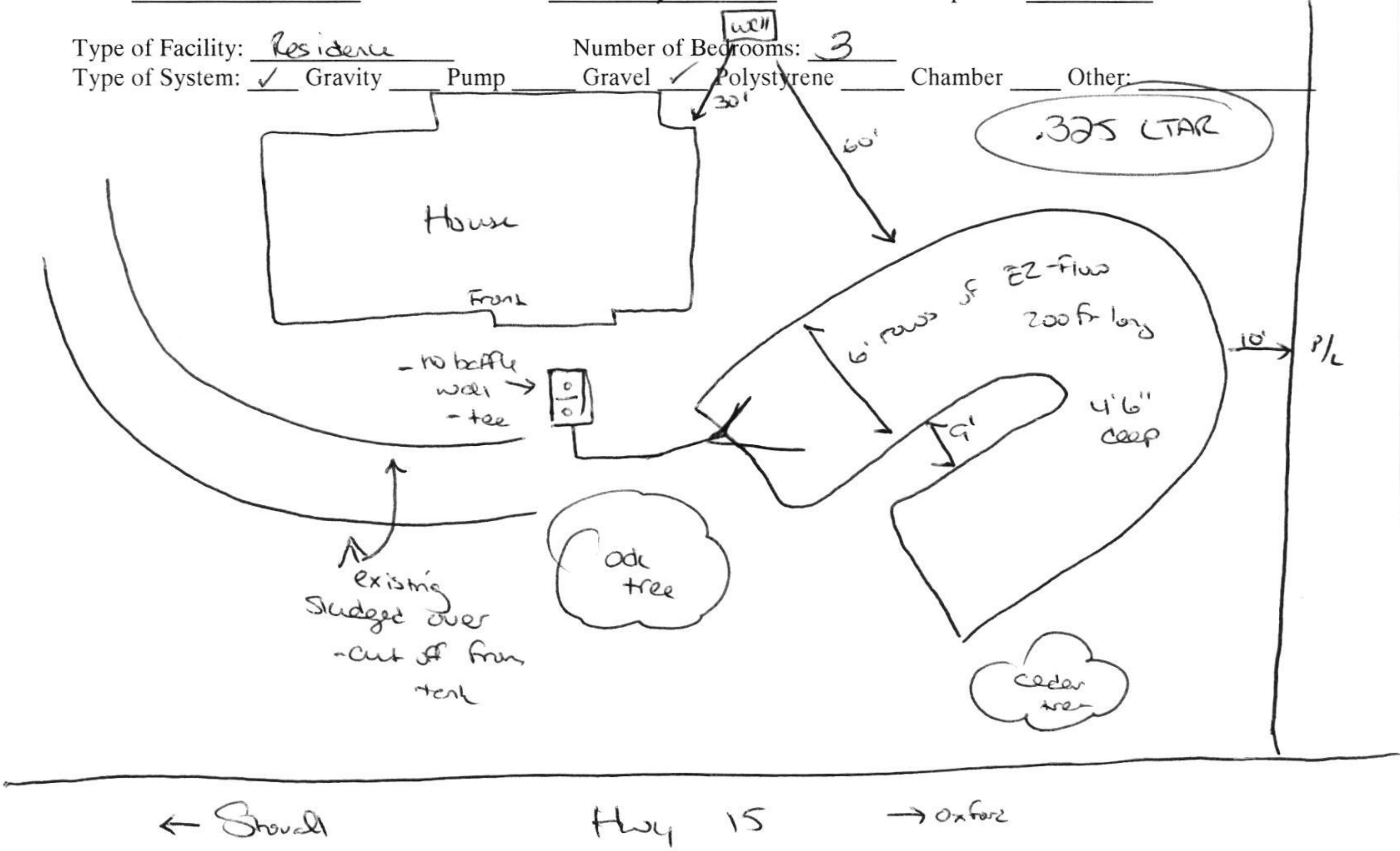
Pump Tank Information:
Date:
Manufacturer:
ID #:

Distribution Box ____
Pressure Manifold ____
Serial Distribution ____
Pump Info: ____

Type of Facility: Residence

Number of Bedrooms: 3

Type of System: ✓ Gravity ____ Pump ____ Gravel ✓ Polystyrene ____ Chamber ____ Other: ____



Authorized Signature

2-29-12
Date

PERMIT NUMBER 07164

Repair

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville

TAX NO. 192700362576

SR. NO. Hwy 15 N

OWNER: Chantel Crook

APPLICANT'S ADDRESS:
7610 US Hwy 15 N
919-690-7009

PROPERTY ADDRESS/LOCATION: 7610 US Hwy 15 N

SUBDIVISION: /

LOT NUMBER:

REFERENCE SKETCH (SEE PLAT FOR DETAILS)

- pump tank,
- uncover D-box
  - possibility of root penetration into D-box and lines.
- install new D-box
- remove roots, reconnect with PVC after roots to drainfield.

TYPE OF ESTABLISHMENTS		
RESIDENCE ✓ BUSINESS ___ OTHER ___	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS: max 6
WATER SUPPLY	WELL ✓ PUBLIC —	OTHER —
TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	[✓ REPAIR]
DESIGN FLOW:		
LTAR:		
ABSORPTION AREA:		
TRENCH WIDTH:		
TRENCH DEPTH:		
TRENCH SPACING:		
TOTAL TRENCH LENGTH:		
NUMBER OF TRENCHES:		
GRAVEL DEPTH:		
TANK SIZE:		existing
PUMP TANK SIZE:		
DISTRIBUTION DEVICE:		new

- lines do not appear heavily sludged over.
- may need a new system in time. Septic system due time. System installed in 1968. very is 43 years old.

*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.

*THIS IMPROVEMENT PERMIT IS SUBJECT TO REVOCATION IF THE INTENDED USES CHANGE FROM THOSE SHOWN ON THE IMPROVEMENT PERMIT. CHANGES SHALL REQUIRE HEALTH DEPARTMENT APPROVAL.

PERMIT VALID FOR: 5 YEARS
[✓ YES] NO

NO EXPIRATION
YES [✓ NO]

****

IMPROVEMENT PERMIT DATE: 12-30-11 ~ can't fit 250

FOR: Chantel Crook

ISSUED BY: Cassandra Chapman

2-23-12- Install 200 ft of accepted system (CC)

****

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 7164

Unless otherwise indicated, the same conditions above apply regarding system type, layout, location and installation requirements.
(The wastewater system cannot be installed until authorization is signed)

Comments:

Date: 12-30-11 Environmental Health Specialist: Carol Chapman

Construction Authorization Addendum ☐ Yes ☐ No

****

OPERATION PERMIT DATE: 2/23/12

SYSTEM INSTALLED BY: Street Septic Ser

ISSUED BY: Wallace Vaughan REHS

PERFORMANCE, MONITORING, MAINTENANCE AND OPERATION AS REQUIRED BY RULE .1961