

PERMIT NUMBER 07279

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS

COUNTY:	TAX NO.	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
OWNER:	SR. NO.	RESIDENCE ☒	NUMBER OF BEDROOMS:	NUMBER OF OCCUPANTS:	
		BUSINESS ☐			
APPLICANT'S ADDRESS:		OTHER ☐	WATER SUPPLY	WELL ☒	
			TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	REPAIR ☒
PROPERTY ADDRESS/LOCATION:		DESIGN FLOW:			*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.
SUBDIVISION:		LTAR:			
LOT NUMBER:		ABSORPTION AREA:			
		TRENCH WIDTH:			
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:			PERMIT VALID FOR: 5 YEARS ☒ YES ☐ NO
		TRENCH SPACING:			
		TOTAL TRENCH LENGTH:			
		NUMBER OF TRENCHES:			
		GRAVEL DEPTH:			NO EXPIRATION ☒ YES ☐ NO
		TANK SIZE:			
		PUMP TANK SIZE:			
		DISTRIBUTION DEVICE:			

— Effluent from line #3 backs into pressure manifold box after 2 minutes pump run —
— Trace PVC feeder lines to trenches to determine + repair damage

IMPROVEMENT PERMIT DATE: 7-5-2012

FOR: Levin Little
ISSUED BY: David Cumbre

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 7217

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: Call 693 2638 with questions

Date: 7-5-2012 Environmental Health Specialist: David Cumbre
Construction Authorization Addendum ☐ Yes ☒ No

OPERATION PERMIT

DATE: 7-10-12

SYSTEM INSTALLED BY: James Bailey
ISSUED BY: David Cumbre See Comment Sheet

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

GRANVILLE-VANCE HEALTH DISTRICT SEWAGE DISPOSAL DEPARTMENT
 Owner or Contractor John McDaniel / Hayes Date 5-18-00 S.R. No. 1139
 Location/Address Longwood Drive (off Sid Mitchell Rd.)
 Subdivision/Mobile Home Park Name Woodcroft Lot Size 1.9 AC
 Permit No. # 2532 Lot No. 60

New System ✓ Repair _____
 House ✓ Mobile Home _____ Business _____
 No. Bedrooms 3 No. People _____ No. Toilets _____
 Water Supply: Private ✓ Approved _____
 Semi-Public _____ Unapproved _____
 Public _____ None _____

Nitrification System:
 Tank Size 1000 gal. +1000 gal. P.T.
 Distribution Box Pressure manifold No. Lines 4
 Nitrification Field 1050' Sq. Ft.
 Lines: 1 2 3 4 5 6
 Width 3' 3' 3' 3' _____
 Length 88' 88' 88' 88' _____
 Grade 0" 0" 0" 1" _____
 Stone Depth 12" 12" 12" 12" _____

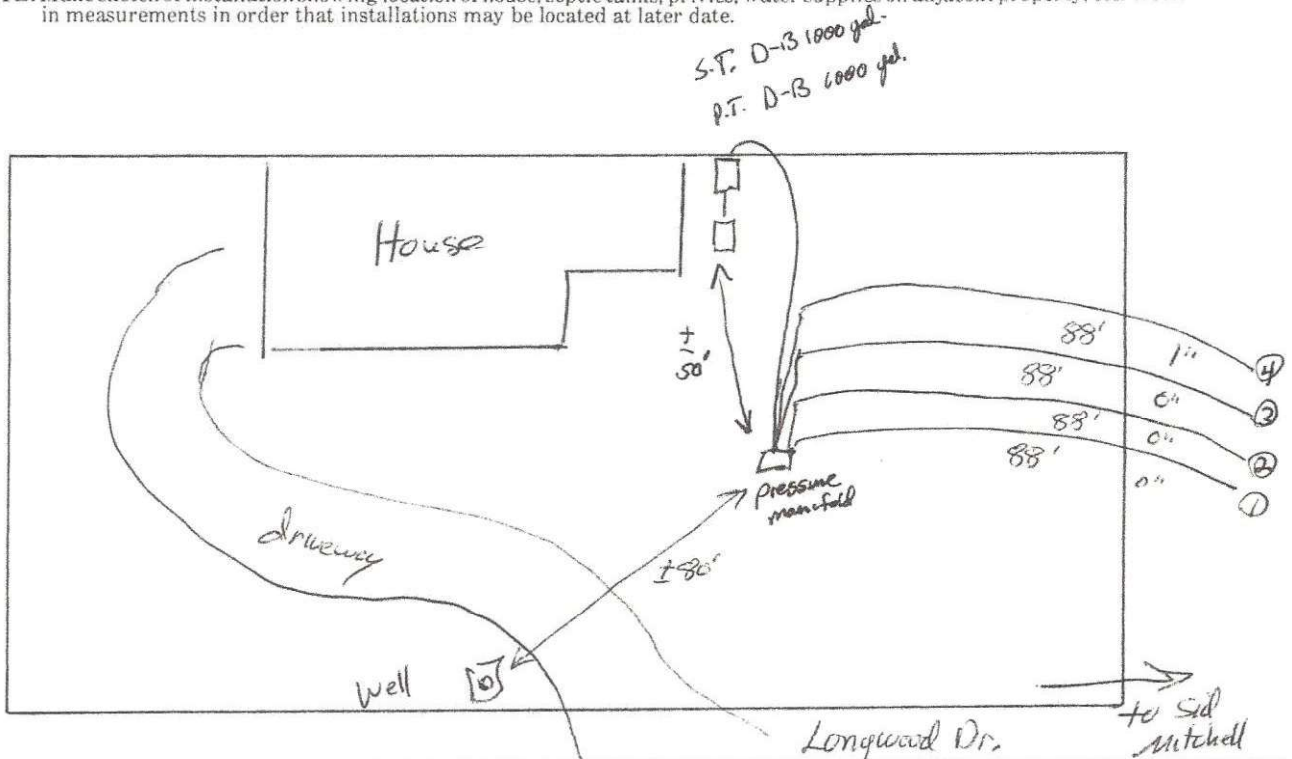
Layout to be followed by installer:

* sketch on back

Improvements Permit By David Cumbe Installer David Brantley
 Certificate of Completion By David Cumbe Date of Inspection 7-16-01

* Construction must comply with all other applicable state and local regulations, but the permit is not a guarantee that the system will not malfunction and the Granville-Vance Health District will not be held responsible for a malfunctioning system.

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



GRANVILLE VANCE

public health

Existing System Approval

Granville County Health Department
Environmental Health Section
Environmental Health
Oxford, NC 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number:
384197
County ID Number:
183300350028
Evaluated For:
EXISTING

Permit Valid Until: 11/29/2023

Applicant: Sawyer Smith
Address: 215 W Silverado Ct
City: Kenly
State/Zip: NC / 27542
Phone #: (919) 607-7278

Property Owner: David Kellerman
Address: 440 Longwood Dr
City: Youngsville
State/Zip: NC / 27596
Phone #: (919) 616-8275

Property Location & Site Information

Address: 440 Longwood Dr Subdivision: Woodcroft Phase: _____ Lot: _____
Road#: Youngsville NC 27596 Township: _____
*Structure: SINGLE FAMILY
of Bedrooms: _____ # of People: _____ Directions: _____
*Water Supply: EXISTING WELL Type of business: _____
Basement: ☐ Yes ☒ No Total sq. Footage: _____ No. Of Employees: _____

*Proposed Improvement: Deck

*Release Conditions: Keep proposed deck min. 5' off any part of existing septic. Site visit made by Wallace T. Vaughan.

This release in no way expresses or implies that the existing subsurface sewage treatment and disposal system serving the site will continue to function for any period of time.

Applicant/Legal Reps. Signature Required? ☐ Yes ☒ No

Applicant/Legal Reps. Signature: _____ *Date: _____

*Issued By: Bullock, Will *Date of Issue: 11/29/2022

Authorized State Agent: W. Bullock

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

☐ Hand Drawing ☐ Import Drawing

Total Time: (HH:MM)

Hours Minutes

Activity Code: -

*NO drawing