SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

SEPTIC AND PUMP TANK INSPECTION

SEPTIC TANK	INITIAL	DATE
Manufacturer _____	_____	_____
Date of Manufacture _____	_____	_____
Stamp _____	_____	_____
Capacity _____	_____	_____
Tee _____	_____	_____
Baffle _____	_____	_____
Sealant _____	_____	_____
AIR GAP _____, FILTER _____, RISER _____		

PUMP TANK		
Manufacture _____	_____	_____
Date of Manufacture _____	_____	_____
Stamp _____	_____	_____
Capacity _____	_____	_____
Sealant _____	_____	_____
Manhole _____	_____	_____
RISER _____, SEALANT _____		

MECHANICAL INSPECTION

PUMP		
Manufacturer and Model # _____	_____	_____
Control Panel _____	_____	_____
Alarm _____	_____	_____
Electrical Connection _____	_____	_____
SEALANT AROUND CONDUIT _____		

NITRIFICATION/DISTRIBUTION AND DRAINFIELD INSPECTION

DISTRIBUTION BOX		
Level _____	_____	_____
Equal Distribution _____	_____	_____
Other _____	_____	_____
DISTRIBUTION MANIFOLD		
Pipe Size _____	_____	_____
Gate Valves _____	_____	_____
Other _____	_____	_____

OTHER DISTRIBUTION

Type _____

NITRIFICATION LINES	LINE 1	LINE 2	LINE 3	LINE 4	LINE 5	LINE 6
Trench Width	_____	_____	_____	_____	_____	_____
Trench Length	_____	_____	_____	_____	_____	_____
Trench Grade	_____	_____	_____	_____	_____	_____
Stone Depth	_____	_____	_____	_____	_____	_____

WELL INSPECTION

LOCATION OF WELL _____ _____ _____

COMMENTS:

_____

_____

_____

Granville – Vance District Health Department
Environmental Health

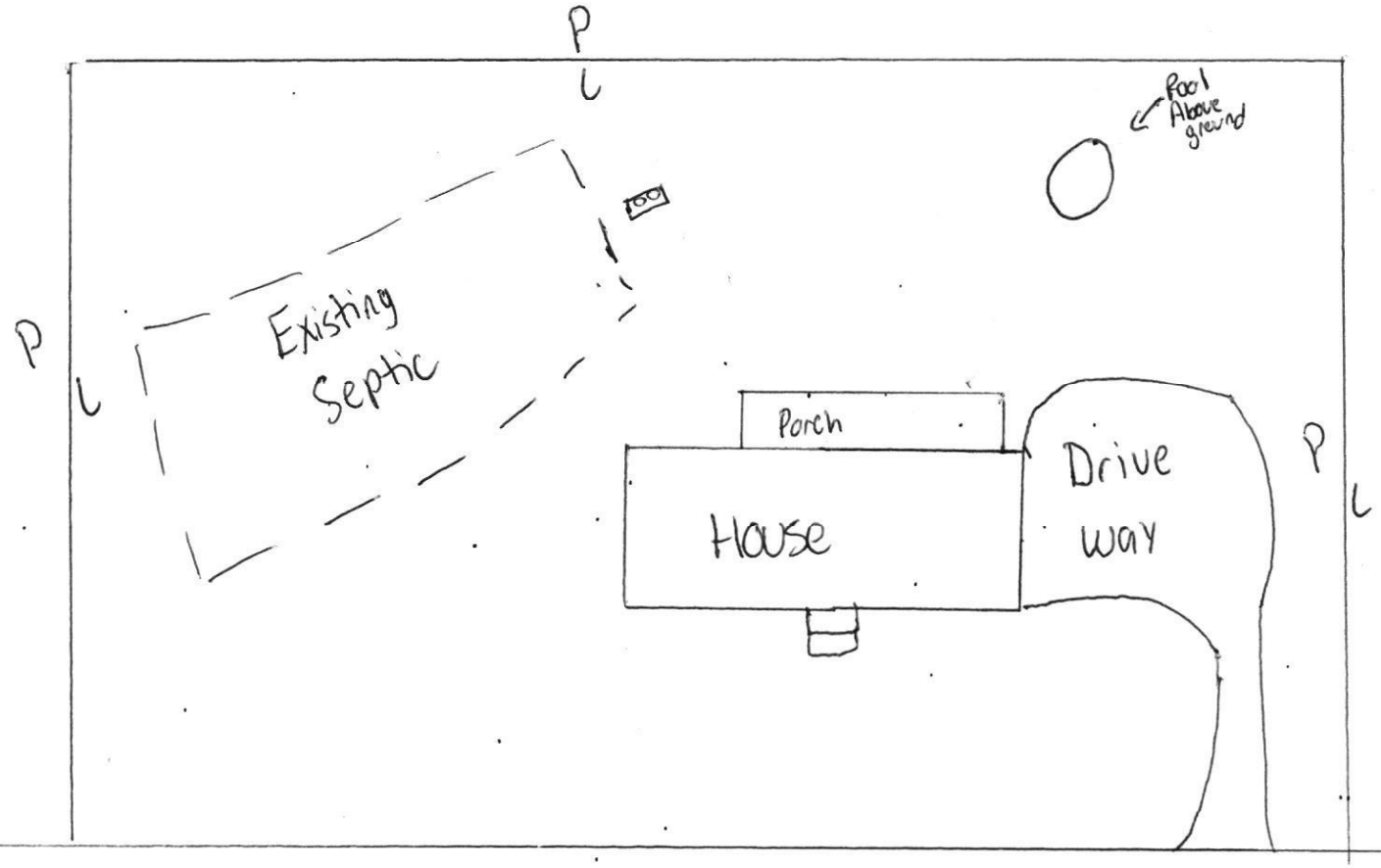
Pin _____ Permit Number _____

Final Sketch

_____ _____
Applicants Name Subdivision – Section – Lot

Physical Address: 3638 Herbert Faucett Rd Number of Bedrooms _____

_____ _____
System Installer Date



_____ _____
Authorized Signature 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: 416886
County ID Number: 102000617161
Evaluated For: EXISTING

Permit Valid Until: 08/02/2025

Applicant:	David Perkins	**Property Owner:**	David Perkins
Address:	3638 Herbert Faucette Rd	**Address:**	3638 Herbert Faucette Rd
City:	Bullock	**City:**	Bullock
State/Zip:	NC / 27507	**State/Zip:**	NC / 27507
Phone #:	(919) 725-2650	**Phone #:**	(919) 725-2650

Property Location & Site Information

Address: 3638 herbert Faucette Rd **Subdivision:** _____ **Phase:** _____ **Lot:** _____

Road#: Bullock NC 27507 **Township:** _____

***Structure:** ~~SINGLE FAMILY~~ Garage

# of Bedrooms: _____ **# of People:** _____ **Directions:**

***Water Supply:** EXISTING WELL **Type of business:** _____

Basement: ☐ Yes ☒ No **Total sq. Footage:** _____ **No. Of Employees:** _____

***Proposed Improvement:** 35' x 24' garage

***Release Conditions:** Keep proposed garage 25ft min. from well.

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: Wilkerson, Austin *Date of Issue: 08/02/2024

Authorized State Agent: Austin Wilkerson REHS

N/No Drawing

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

◯ Hand Drawing ◯ Import Drawing

Total Time: (HH:MM) Hours Minutes

Activity Code: -