

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT

Lisa M. Harrison
Health Director

Post Office Box 367
Oxford, N.C. 27565

Granville County Health Department
(919) 693-2141
Fax (919) 693-8517

Date: 1-25-17
To: Angela
From: Barbara
Fax #: 919-419-1102
Subject: Lot 33 Oak Valley
Sending: _____ pages, including this page

Message:

Water test - Bacterial \$75
Chemical \$100
take samples Mon. Tues. & Wednesday - Send
water to state lab - Takes 2+ weeks to
get results back -

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2144 GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor C + W Builders Date May 27, 1991 R. No. 1004
 Location/Address Route # 6
 Subdivision/Mobile Home Park Name Oak Valley Farms Lot Size 1.5 acres
 Permit No. # _____ Lot No. 33

New System ☒ Repair _____
 House ☒ Mobile Home _____ Business _____
 No. Bedrooms 3 No. People FS No. Toilets 2
 Water Supply: Private ☒ Approved _____
 Semi-Public _____ Unapproved _____
 Public _____ None _____

Nitrification System:

Tank Size 900 gal.
 Distribution Box yes No. Lines 3
 Nitrification Field 320' 960' Sq. Ft.

Lines:	1	2	3	4	5	6
Width	<u>36"</u>	<u>36"</u>	<u>36"</u>	_____	_____	_____
Length	<u>110'</u>	<u>110'</u>	<u>100'</u>	_____	_____	_____
Grade	<u>1"</u>	<u>1/2"</u>	<u>0"</u>	_____	_____	_____
Stone Depth	<u>12"</u>	<u>12"</u>	<u>12"</u>	_____	_____	_____

Layout to be followed by installer:

Improvements Permit By Bobby E. Greene Installer Charles Hayes
 Certificate of Completion By Bobby E. Greene Date of Inspection July 25, 1991

* 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.

