Granville – Vance District Health Department
Environmental Health

Pin 182300851053 Permit Number 5919

✓ Improvement Permit ✓ Construction Authorization

Final Sketch

Elliott Stroud — Applicants Name

Haswell Bluff 9 — Subdivision – Section – Lot

Physical Address: Pleasant Ridge Rd

Carrington Brothers — System Installer

9-17-14 — Date

System design and details as installed.

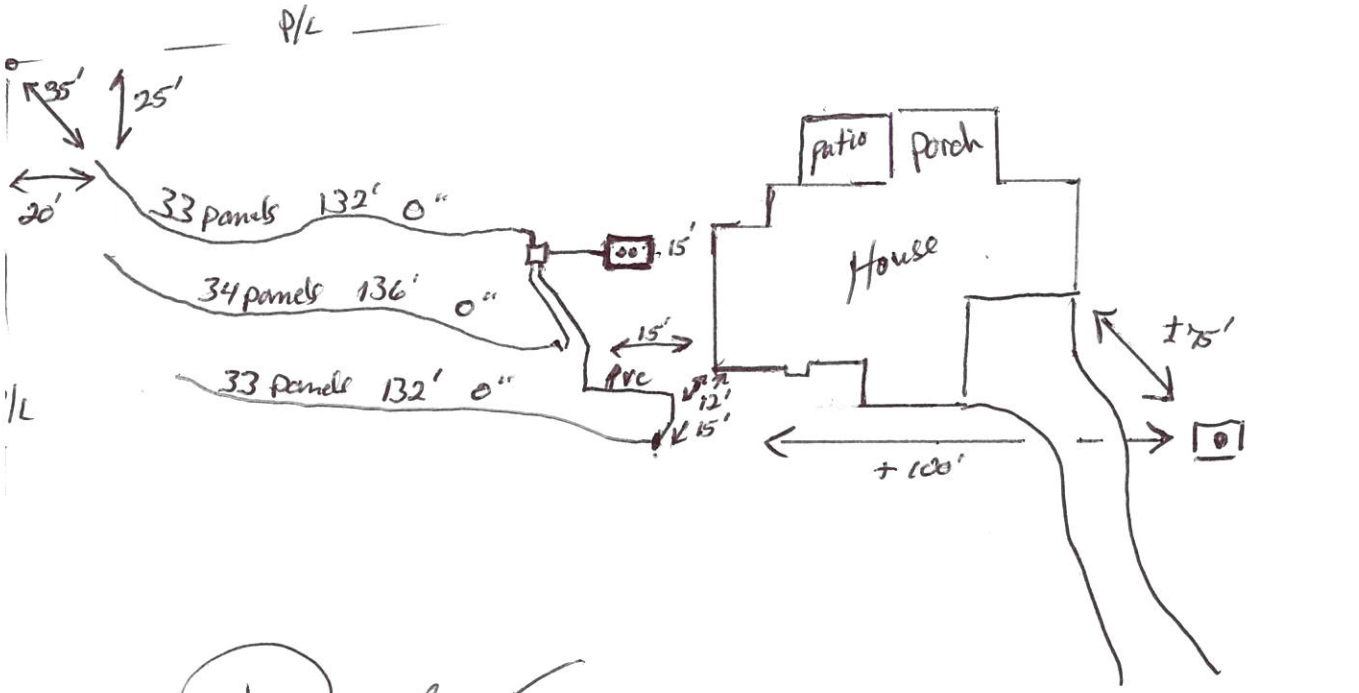
Septic Tank Information:
Date: 5-29-14
Manufacture: PTS 1250 gal
ID #: STB 145

Pump Tank Information:
Date: _____
Manufacturer: _____
ID #: _____

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

Type of Facility: House Number of Bedrooms: 4 Well Drilled at time of inspection: (Y) or N
Type of System: ✓ Gravity ____ Pump ____ Gravel ____ Polystyrene ✓ Chamber ____ Other: _____
Well Info: Date drilled: _____ Driller Name: _____ Depth: _____ GPM: _____ Casing: _____
Pump Depth _____ Pump HP: _____ Installer Name: _____

Infiltrator 'Quick4' Chambers



David Crane
Authorized Signature

9-17-14
Date

Granville-Vance District Health Department

Lisa M. Harrison, MPH, Health Director
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Oxford, North Carolina 27565

Granville County Health Dept.
101 Hunt Drive
Oxford, NC 27565
Phone: (919) 693-2688
Fax: 919-690-0106

Vance County Health Dept.
115 Charles Rollins Road
Henderson, NC 27536
Phone: (252) 492-7915
Fax: (252) 492-4219

Recertification of an Existing On-Site System and Well

Owner Name / Applicant Name: Harry Norissey Date: 12-2-15
Physical Address: 3650 Pleasants Ridge Rd Contact Number: 813-293-7556
Subdivision: Haswell Bluff Lot # 9 Zoning Permit # 19067

Septic Permit #: Haswell Bluff Date Installed: 9-17-14

Recertification Of: _____ **Bedrooms Allowed**

Existing House Replacement: Size:_____

Pool: _____ - Size: _____
Septic Redesign/Upgrade: _____
Permit # _____

Addition to House: _____ - Size: _____
Bedroom Addition _____ Septic Upgrade: _____
Permit # _____ New Well: _____

Outbuilding Addition: _____ - Size: _____

Other Additions to Property: Fence on back Property line 1' off line

___✓___ Setbacks have been met accordingly at this time.

___✓___ Onsite Wastewater System is functioning properly at this time.

_____ Onsite Wastewater System is functioning properly at this time, but system upgrade is required.
Permit #: _____
*** System Upgrade must be completed prior to Certification of Occupancy.

_____ Onsite Wastewater System is **NOT** functioning properly at this time.
Repair Permit #: _____
*** System repair must be completed prior to Certification of Occupancy.

_____ Recertification denied, due to: _____.

_____ Cannot determine due to: _____.

Special Instructions: _____

_____

_____

_____ 12-2-15
Signature of REHS **Date**

Layout on Back 1:00 434-155-2240

PERMIT NUMBER 05919

Zoning # 18065

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville	TAX NO. 18230 085 1057	TYPE OF ESTABLISHMENTS		
	SR. NO. 1717	RESIDENCE ✓ BUSINESS OTHER	NUMBER OF BEDROOMS: 4	NUMBER OF OCCUPANTS:
OWNER: Elliott Stroud		WATER SUPPLY	WELL ✓ PUBLIC	OTHER
APPLICANT'S ADDRESS: 205 Highview Drive Youngsville NC 27596		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION Type II a	REPAIR (pump) Type III b
PROPERTY ADDRESS/LOCATION: Pleasant Ridge Rd @ Woodland Church Rd		DESIGN FLOW:	480 GPD	
		LTAR:	.3	
SUBDIVISION: Haswell Bluff		ABSORPTION AREA:	1600 sq ft	
LOT NUMBER: 9		TRENCH WIDTH:	3'	
REFERENCE SKETCH (SEE PLAT FOR DETAILS) see sketch on back. Dig trenches 18"-24" deep and on contour. Stay at least 10' from house foundation lines, 10' from property line + 100' from well. Do not install ... call for inspection ...		TRENCH DEPTH:	18"-24"	
		TRENCH SPACING:	9' on center	
		TOTAL TRENCH LENGTH:	400 ft	
		NUMBER OF TRENCHES:	3	
		GRAVEL DEPTH:	X Accepted Status	
		TANK SIZE:	1200 gal.	
		PUMP TANK SIZE:		
		DISTRIBUTION DEVICE:	D. Box	

*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: 6-22-06 / 11-26-13

FOR: Elliott Stroud

ISSUED BY: M.E. Yount R.S. / David Cumbea REHS

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CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 05919

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: plumbing stub-out must be as shown - or a pump may be required

Date: 6-22-06 Environmental Health Specialist: M.E. Yount R.S.

Construction Authorization Addendum ☐ Yes ☐ No

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OPERATION PERMIT DATE: 9-17-14

SYSTEM INSTALLED BY: Carrington Brothers

ISSUED BY: David Cumbea

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