

Monitor Report

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Fax Number : 9196030106
Company Name : GV Environmental Health

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001	0910	919195628800	03/21/2019 03:09PM	0'30"	1/ 1	ECM		Done

Granville - Vance District Health Department
Environmental Health

Pin _____ Permit Number 6918

☒ Improvement Permit ☒ Construction Authorization

Final Sketch

Applicant's Name Christopher Brockman Subdivision - Section - Lot _____

Physical Address: 2568 Hwy 96 South

Blackley Bros 4-23-09

System Installer Date

System design and details as installed.

Septic Tank Information: Date: EXISTING Pump Tank Information: Date: _____ Distribution Box ☒
Manufacturer: EXISTING Manufacturer: _____ Pressure Manifold _____
ID #: _____ ID #: _____ Serial Distribution _____

Type of Facility: house
Number of Bedrooms: 3
Type of System: Flow - gravity Te Wilton

Hwy 96

House

* Not to Scale

Shed

10' 0"

10' 0"

10' 0"

David [Signature] 4-23-09

Authorized Signature Date

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Page:1(Last Page)

Granville - Vance District Health Department
Environmental Health

Pin _____

Permit Number 6918

☒ Improvement Permit

☐ Construction Authorization

Final Sketch

Christopher Brockman
Applicants Name

Subdivision - Section - Lot

Physical Address: 2568 Hwy 96 South

Blackley Bros
System Installer

4-23-09
Date

System design and details as installed.

Septic Tank Information:

Date: Existing
Manufacture: _____
ID #: _____

Pump Tank Information:

Date: _____
Manufacturer: _____
ID #: _____

Distribution Box ☒

Pressure Manifold _____
Serial Distribution _____

Type of Facility: house

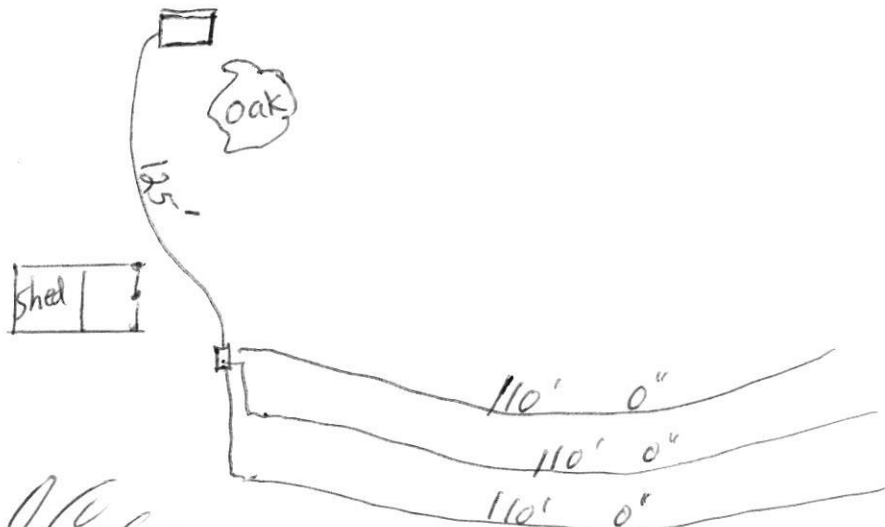
Number of Bedrooms: 3

Type of System: EZ Flow - gravity

To Wilton
←

Hwy 96

* Not to scale



David Clark
Authorized Signature

Date

4-23-09

PERMIT NUMBER 06918

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS

COUNTY:	TAX NO. <u>182700430046</u>	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
<u>GRANVILLE</u>	SR. NO. <u>910 S</u>	RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: <u>3</u>	NUMBER OF OCCUPANTS: <u>max 6</u>	
OWNER: <u>Christopher Brockman</u>		WATER SUPPLY <u>existing</u>	WELL ☒ PUBLIC ☐	OTHER ☐	
APPLICANT'S ADDRESS: <u>2568 Hwy 96</u> <u>Franklin, NC 27525</u>		TYPE OF WASTEWATER SYSTEM <u>0</u>	INITIAL INSTALLATION	<u>REPAIR</u>	
PROPERTY ADDRESS/LOCATION: <u>same as above</u>		DESIGN FLOW:		<u>360</u>	*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:		<u>1275</u>	
LOT NUMBER: <u>/</u>		ABSORPTION AREA:		<u>1309 ft²</u>	
		TRENCH WIDTH:		<u>36"</u>	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:		<u>30"</u>	PERMIT VALID FOR: 5 YEARS YES ☒ NO ☐
- 1st house on (C) post - Philo White Rd - Pump tank. - Try to save existing tank. - Install new tee & filter - Cut off existing drainfield and run line through it.		TRENCH SPACING:		<u>9' on center</u>	
		TOTAL TRENCH LENGTH:		<u>330'</u>	
		NUMBER OF TRENCHES:		<u>layout</u>	
		GRAVEL DEPTH:		<u>accepted</u>	
		TANK SIZE:			NO EXPIRATION YES ☐ NO ☒
		PUMP TANK SIZE:		<u>4 1/2</u>	
		DISTRIBUTION DEVICE:		<u>Distribution Box</u>	

IMPROVEMENT PERMIT

DATE: 4-9-09

FOR: Christopher Brockman

ISSUED BY: Cassandra "Casey" Champion ES

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 6918

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: Follow site sketch

Date: 4-9-09 Environmental Health Specialist: Cassandra Champion ES

Construction Authorization Addendum ☐ Yes ☒ No

OPERATION PERMIT

DATE: 4-23-09

SYSTEM INSTALLED BY: Blackley Brothers

ISSUED BY: David Erickson

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

PERMIT NUMBER 00018

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS

COUNTY:	TAX NO. 182700430046	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
GRANVILLE	SR. NO. 9608	RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS: max 6	
OWNER: Christopher Brockman		WATER SUPPLY existing	WELL ☒ PUBLIC ☐	OTHER ☐	
APPLICANT'S ADDRESS: 2508 Hwy 96 Farmville NC 27525		TYPE OF WASTEWATER SYSTEM 0	INITIAL INSTALLATION	REPAIR	
PROPERTY ADDRESS/LOCATION: Same as above		DESIGN FLOW:		360	*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:		.275	
LOT NUMBER:		ABSORPTION AREA:		1309 ft ²	
		TRENCH WIDTH:		36"	
REFERENCE SKETCH (SEE PLAT FOR DETAILS) - 1st house on @ post Philo White Rd Pump tank. Try to save existing tank. Install new tee & filter Cut off existing drainfield and run line through it.		TRENCH DEPTH:		30"	PERMIT VALID FOR: 5 YEARS YES ☒ NO ☐
		TRENCH SPACING:		9' on center	
		TOTAL TRENCH LENGTH:		330'	
		NUMBER OF TRENCHES:		layout	
		GRAVEL DEPTH:		accepted	NO EXPIRATION YES ☐ NO ☒
		TANK SIZE:			
		PUMP TANK SIZE:		4/12	
		DISTRIBUTION DEVICE:		Distribution Box	

IMPROVEMENT PERMIT

DATE: 4-9-09

FOR: Christopher Brockman

ISSUED BY: Cassandra "Casey" Champion RS

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 6918

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: 5/10/09 site sketch

Date: 4-9-09 Environmental Health Specialist: Cassandra Q. Champion RS

Construction Authorization Addendum ☐ Yes ☒ No

OPERATION PERMIT

DATE:

SYSTEM INSTALLED BY:

ISSUED BY:

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

Granville County Health Department
Environmental Health

Pin 182700430046

Permit Number 6918

☒ Improvement Permit

☒ Construction Authorization

SITE SKETCH

Christopher Brackman
Applicants Name

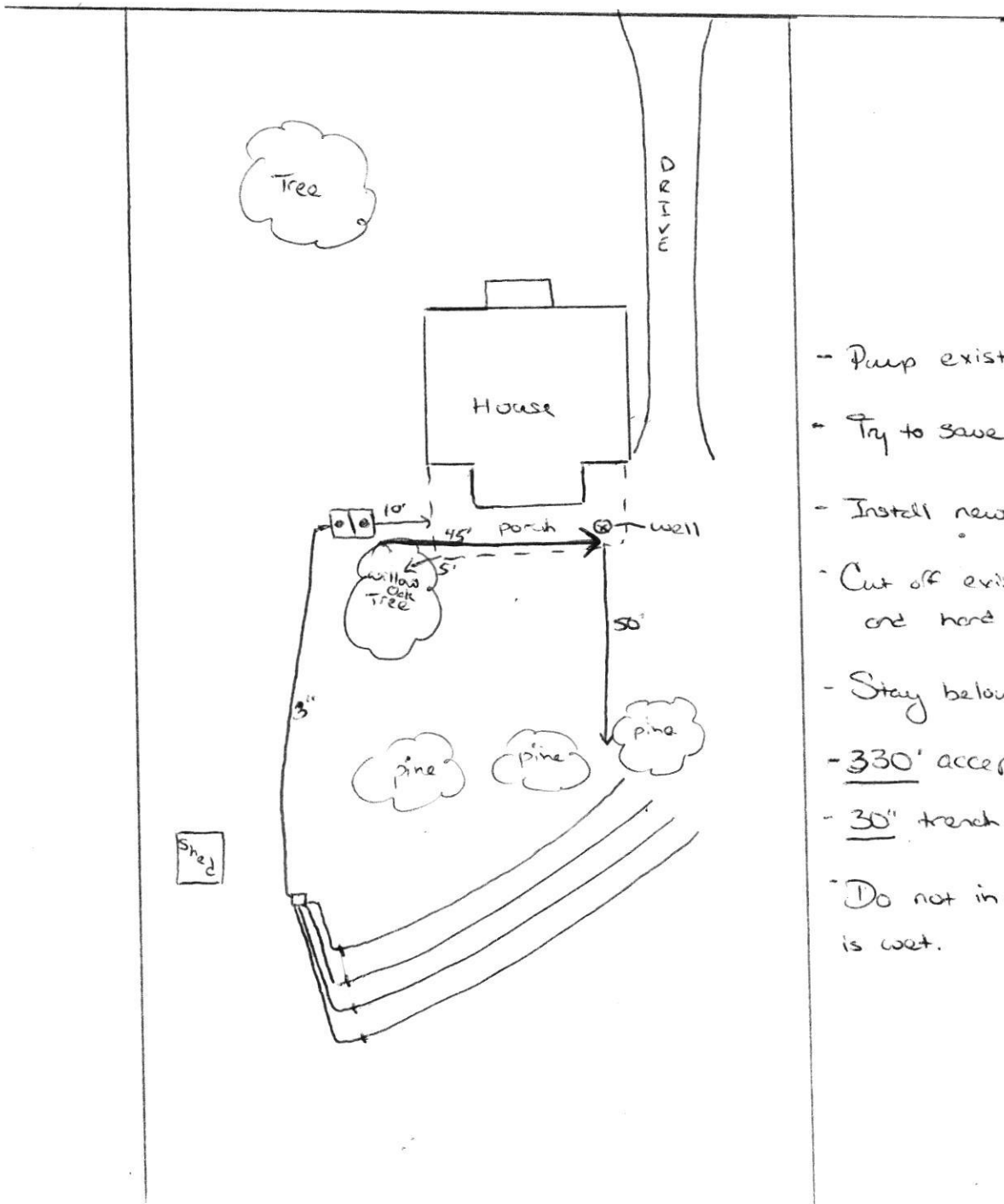
2568 Hwy 96
Subdivision - Section - Lot

Cassal O. Champion RS
Authorized State Agent

4-9-09
Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to insure that proper grade is maintained.

To Wilton ← 96 South → To Oxford



- Pump existing septic tank.
- Try to save existing tank.
- Install new tee and filter.
- Cut off existing drainfield and hard line through it.
- Stay below pine trees.
- 330' accepted trench
- 30" trench depth
- Do not install when area is wet.

SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

OWNER Christopher Brockman PERMIT NUMBER 6918
 DATE 4-23-09 CONTRACTOR Blackley Bros.
 WEATHER CONDITIONS Sunny - warm SOIL WETNESS CONDITIONS moist
 SUBDIVISION _____ LOT # _____

SEPTIC AND PUMP TANK INSPECTION

SEPTIC TANK	INITIAL	DATE
MANUFACTURER _____	_____	_____
DATE OF MANUFACTURE _____	_____	_____
STAMP _____	_____	_____
CAPACITY _____	_____	_____
TEE <u>New T</u>	<u>DDC</u>	<u>4-23-09</u>
BAFFLE <u>No</u>	_____	_____
SEALANT _____	_____	_____
AIR GAP _____, FILTER ☒ , RISER <u>No</u>	_____	_____

PUMP TANK		
MANUFACTURER _____	_____	_____
DATE OF MANUFACTURE _____	_____	_____
STAMP _____	_____	_____
CAPACITY _____	_____	_____
SEALANT _____	_____	_____
MANHOLE _____	_____	_____
DRAW DOWN TEST _____	_____	_____
RISER _____, SEALANT _____	_____	_____

MECHANICAL INSPECTION

PUMP		
MANUFACTURER AND MODEL NUMBER _____	_____	_____
CONTROL PANEL _____	_____	_____
ALARM _____	_____	_____
ELECTRICAL CONNECTION _____	_____	_____
SEALANT AROUND CONDUIT _____	_____	_____

NITRIFICATION DISTRIBUTION AND DRAINFIELD INSPECTION

DISTRIBUTION BOX		
LEVEL <u>✓</u>	<u>DDC</u>	<u>4-23-09</u>
EQUAL DISTRIBUTION <u>✓</u>	_____	_____
OTHER _____	_____	_____
DISTRIBUTION MANIFOLD		
PIPE SIZE _____	_____	_____
GATE VALVES _____	_____	_____
OTHER _____	_____	_____
OTHER DISTRIBUTION		
TYPE _____	_____	_____

NITRIFICATION LINES	LINE 1	LINE 2	LINE 3	LINE 4	LINE 5
TRENCH WIDTH	<u>3'</u>	<u>3'</u>	<u>3'</u>	_____	_____
TRENCH LENGTH	<u>110'</u>	<u>110'</u>	<u>110'</u>	_____	_____
TRENCH GRADE	<u>0"</u>	<u>0"</u>	<u>0"</u>	_____	_____
STONE DEPTH	<u>E-Z Flow</u>	_____	_____	_____	_____

WELL INSPECTION

LOCATION OF WELL _____	_____	_____
------------------------	-------	-------

COMMENTS: _____



Granville-Vance District Health Department

W. Rodwell Drake, Jr., MD, Health Director
Post Office Box 367
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: Chris Brockman Date: 5-9-2011
Physical Address: 2568 NC Hwy South Contact Number: _____
Subdivision: _____ Lot # _____ Zoning Permit # 17031
Septic Permit #: 6918 Date Installed: 4-23-09

Recertification Of:

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

Outbuilding Addition: _____ - Size: _____
Septic Redesign/Upgrade: _____
Permit #: _____

Other Additions to Property: Sun room -
enclosing existing deck

- _____ All 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.

_____ Cannot determine due to: _____

Special Instructions: Existing well has always been under deck -


Signature of REHS

5-9-2011
Date

PERMIT NUMBER 06918

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS

COUNTY:	TAX NO. 182700430046	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
GRANVILLE	SR. NO. 910 S	RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS: max 6	
OWNER: Christopher Brockman		WATER SUPPLY existing	WELL ☒ PUBLIC ☐	OTHER ☐	
APPLICANT'S ADDRESS: 2508 Hwy 96 Fayetteville NC 27525		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	REPAIR	
PROPERTY ADDRESS/LOCATION: same as above		DESIGN FLOW:		360	*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:		.275	
LOT NUMBER:		ABSORPTION AREA:		1309 ft ²	
		TRENCH WIDTH:		36"	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:		30"	PERMIT VALID FOR: 5 YEARS YES ☒ NO ☐
		TRENCH SPACING:		9' on center	
		TOTAL TRENCH LENGTH:		330'	
		NUMBER OF TRENCHES:		layout	
		GRAVEL DEPTH:		accepted	NO EXPIRATION YES ☐ NO ☒
		TANK SIZE:			
		PUMP TANK SIZE:		N/A	
		DISTRIBUTION DEVICE:		Distribution Box	

IMPROVEMENT PERMIT

DATE: 4-9-09

FOR: Christopher Brockman

ISSUED BY: Cassandra "Casey" Champion RS

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 6918

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: Follow site sketch

Date: 4-9-09

Environmental Health Specialist: Cassandra "Casey" Champion RS

Construction Authorization Addendum ☐ Yes ☒ No

OPERATION PERMIT

DATE:

SYSTEM INSTALLED BY:

ISSUED BY:

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

REQUEST FOR
EXISTING SYSTEM INSPECTION

DATE 5-6-11

CURRENT OWNER OR APPLICANT Chris & Julie Brockman

DAYTIME PHONE NUMBER 693-1930 - work

PROPERTY ADDRESS 2568 NC Hwy 96 S
Franklin, NC 27525

ST RD# 96S SUBDIVISION _____ LOT NUMBER _____

PERSON WHO OWNED THE PROPERTY
AT THE TIME SYSTEM WAS INSTALLED Chris Brockman

SYSTEM INSTALLED 4-23-09 INSTALLED BY Blackley

IF THERE IS AN EXISTING STRUCTURE ON THE LOT:

ARE THERE ANY OUTSIDE DOGS ON THE PREMISES? NO

IS SOMEONE HOME DURING THE DAY? NO IS ADDRESS VISIBLE ☒

DESCRIBE PRESENT STRUCTURE House

PROPOSED DWELLING:

HOW MANY BEDROOMS 3 HOW MANY PEOPLE 2

TYPE OF DWELLING Enclosing Deck area SQUARE FOOTAGE 9'x23'

DIRECTIONS TO PROPERTY FROM THE HEALTH DEPARTMENT:

Zoning Permit

GRANVILLE COUNTY

Granville, North Carolina

Granville County Development Services

122 Williamsboro Street, Oxford, North Carolina 27565

(919)603-1331

Zoning Permit Number: 17031



HEALTH DEPT. COPY

OWNER: **CHRISTOPHER & JULIE BROCKMAN**

ADDRESS: **2568 NC HWY 96 SOUTH**

PARCEL NO.: **182700430046**

ZONING: **AR-40**

FLOODPLAIN: X

ISSUED TO: **CHRISTOPHER & JULIE BROCKMAN**
2568 NC HWY 96 SOUTH
FRANKLINTON NC 27525

PERMIT TYPE: **RESIDENTIAL ADDITION**

SETBACKS: Front: 50 Rear: 25 Sides: 15

PERMIT DATE: **03/15/2011**

FEE: **\$55.00**

EXPIRE DATE: **09/11/2011**

^{9' x 23'}
~~12' x 14'~~ **RESIDENTIAL ADDITION TO REAR OF HOUSE. A FOUNDATION SURVEY
MAY BE REQUIRED TO VERIFY COMPLIANCE WITH ZONING SETBACKS.**

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith.

I understand that false information may be grounds for rejection of this application. Authorized County Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

ZONING PERMIT EXPIRES IN SIX MONTHS FROM ISSUE DATE

Julie A. Brockman

Signature of Applicant or Owner

DATE

APPROVED BY:

Angela D. Spout, Deputy

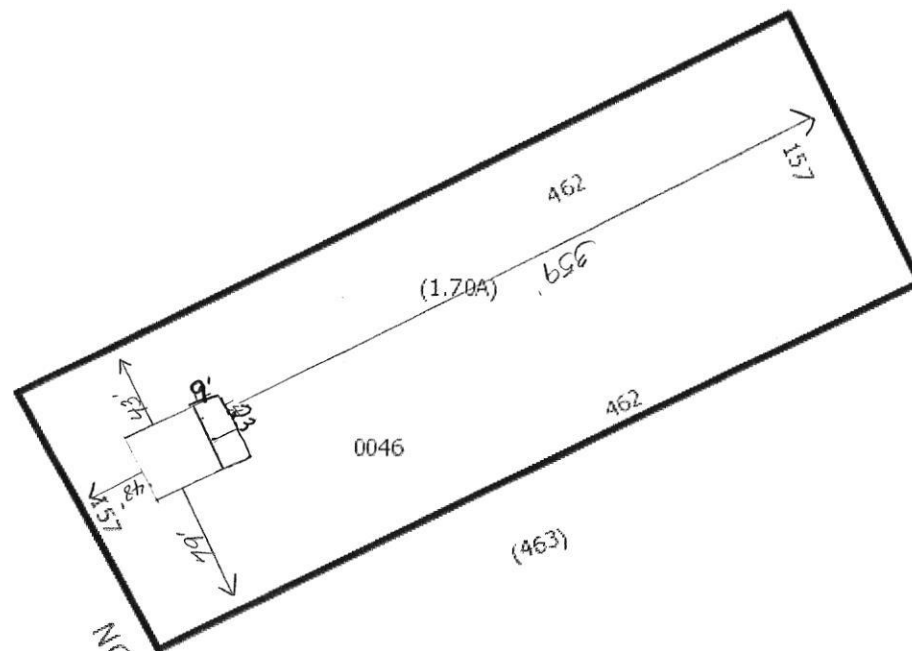
Land Development Ordinance Administrator or Deputy

5-6-11

DATE

96

NC HWY 96 S
(655)



34

299.24

405.4

371.13

(4.08A)

1861

NC HWY 96 S
394.78

GRANVILLE COUNTY



Disclaimer:
The data provided on this map are prepared for the inventory of real property found within Granville County, NC and are compiled from recorded plats, deeds, and other public records and data. This data is for informational purposes only and should not be substituted for a true title search, property appraisal, survey, or for zoning verification.

Parcel Number: 3105
Map Number: 182700430046
Owner Name: BROCKMAN CHRISTOPHER L & JULIE
Owner Address: 2568 HWY 96
Owner City: FRANKLINTON NC
Parcel Address: 96 HWY
Notes: 025846875HENDERICK CHEV
Deed Reference: 759/895
Deed Date: 10/1/1998

Plat Reference:
Account: 51791-301
Deed Acres: 1.7
Calc Acres: 1.69506602672
Value: 105719
Sale: 93000
Township: BRASSFIELD



One Inch = 100 Feet

Granville County Health Department
Environmental Health

Pin 182700430046

Permit Number 6918

☒ Improvement Permit

☒ Construction Authorization

SITE SKETCH

Christopher Bradman
Applicants Name

2568 Hwy 96

Subdivision - Section - Lot

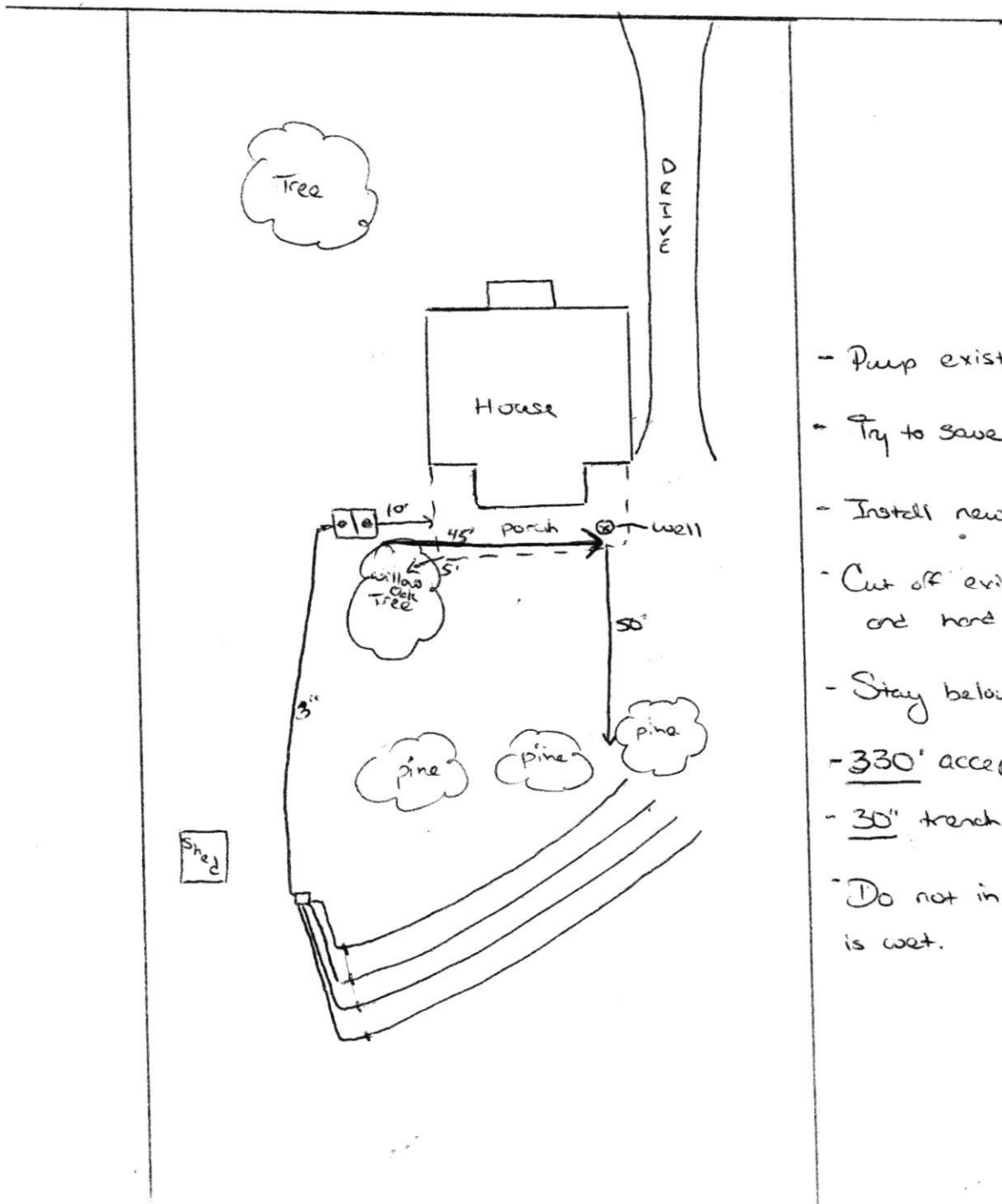
Cassal O. Champion RS
Authorized State Agent

4-9-09

Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to insure that proper grade is maintained.

To Wilton ← 96 South → To Oxford



- Pump existing septic tank.
- Try to save existing tank.
- Install new tee and filter.
- Cut off existing drainfield and hard line through it.
- Stay below pine trees.
- 330' accepted trench
- 30" trench depth
- Do not install when area is wet.

PERMIT NUMBER 06918

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS

COUNTY:	TAX NO. <u>1827024302</u>	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
	SR. NO. <u>910 S</u>	RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: <u>3</u>	NUMBER OF OCCUPANTS: <u>max 6</u>	
OWNER: <u>Christopher Brockman</u>		WATER SUPPLY <u>25' 50"</u>	WELL ☒ PUBLIC ☐	OTHER ☐	
APPLICANT'S ADDRESS: <u>2508 Hwy 96 Fayetteville NC 27325</u>		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	<u>REPAIR</u>	
PROPERTY ADDRESS/LOCATION: <u>same as above</u>		DESIGN FLOW:		<u>360</u>	*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:		<u>1.275</u>	
LOT NUMBER:		ABSORPTION AREA:		<u>1300 sq ft</u>	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH WIDTH:		<u>36"</u>	
		TRENCH DEPTH:		<u>30"</u>	PERMIT VALID FOR: 5 YEARS YES ☒ NO ☐
		TRENCH SPACING:		<u>4' center</u>	
		TOTAL TRENCH LENGTH:		<u>330'</u>	
		NUMBER OF TRENCHES:		<u>1 layout</u>	
		GRAVEL DEPTH:		<u>accepted</u>	NO EXPIRATION YES ☐ NO ☒
		TANK SIZE:			
		PUMP TANK SIZE:		<u>4 1/2</u>	
		DISTRIBUTION DEVICE:		<u>Distribution Box</u>	

***** IMPROVEMENT PERMIT DATE: 4-9-09 *****

FOR: Christopher Brockman
ISSUED BY: Casey Champion ES

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 6918

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: Follow 504 sketch

Date: 4-9-09 Environmental Health Specialist: Casey Champion ES Construction Authorization Addendum ☐ Yes ☒ No

OPERATION PERMIT

DATE: 4-23-09

SYSTEM INSTALLED BY: Blackby Brothers
ISSUED BY: [Signature]

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