

PERMIT NUMBER 07107

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 ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: <u>3</u>	NUMBER OF OCCUPANTS:	
	APPLICANT'S ADDRESS:	WATER SUPPLY	WELL ☒ PUBLIC ☐	OTHER ☐	
PROPERTY ADDRESS/LOCATION:		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	REPAIR ☒	*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:		DESIGN FLOW:			
LOT NUMBER:		LTAR:			
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		ABSORPTION AREA:			
		TRENCH WIDTH:			
		TRENCH DEPTH:			
		TRENCH SPACING:			
		TOTAL TRENCH LENGTH:			PERMIT VALID FOR 5 YEARS YES ☒ NO ☐
		NUMBER OF TRENCHES:			
		GRAVEL DEPTH:			NO EXPIRATION YES ☒ NO ☐
		TANK SIZE:		<u>1000 gal</u>	
		PUMP TANK SIZE:			
		DISTRIBUTION DEVICE:		<u>Distribution</u>	

IMPROVEMENT PERMIT

DATE: 9-13-2011

FOR: Gary Faulkner

ISSUED BY: David Cumber

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 7107

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 693-2650 w/ question

Date: 9-13-11 Environmental Health Specialist: David Cumber

Construction Authorization Addendum ☐ Yes ☒ No

OPERATION PERMIT

DATE: 9-14-2011

SYSTEM INSTALLED BY: Tyrell Crews

ISSUED BY: David Cumber

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



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: Gary Faulkner Date: 8-1-12
Physical Address: 2204 Hwy 158 Contact Number: _____
Subdivision: _____ Lot # _____ Zoning Permit # 17536
Septic Permit #: 7107 Date Installed: 9-14-11 Repair

Recertification Of:

Existing House Replacement: Size: _____

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

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

Outbuilding Addition: ☒ - Size: 20 x 20

Other Additions to Property: _____

☒ 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.

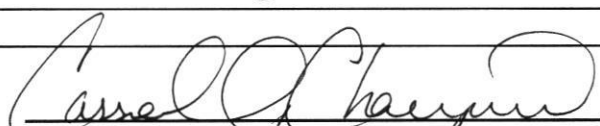
Repair Permit #: _____

*** System repair must be completed prior to Certification of Occupancy.

_____ Recertification denied, due to: _____

_____ Cannot determine due to: _____

Special Instructions: Adding 20 x 20 to existing garage


Signature of REHS

8-1-12
Date

Granville - Vance District Health Department
Environmental Health

Pin _____

Permit Number 7107

☒ Improvement Permit

☒ Construction Authorization

Final Sketch

Gary Faulkner
Applicants Name

Subdivision - Section - Lot

Physical Address: 2204 Hwy 158

Jared Crews
System Installer

9-14-2011
Date

System design and details as installed.

Septic Tank Information:

Date: 7-7-11

Manufacture: PTS-1000gal

ID #: STB-142

Pump Tank Information:

Date: _____

Manufacturer: _____

ID #: _____

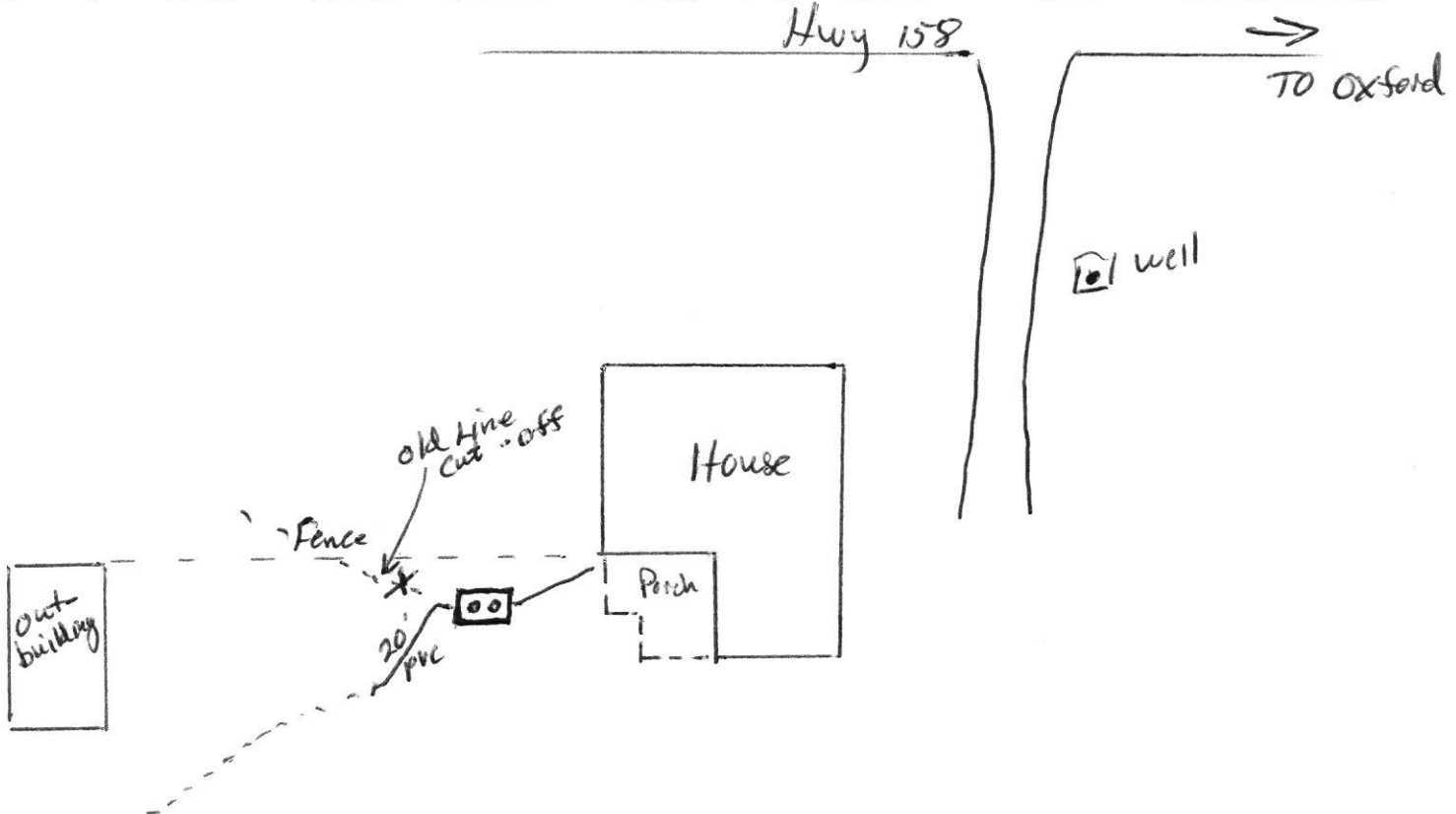
Distribution Box NO

Pressure Manifold _____

Serial Distribution _____

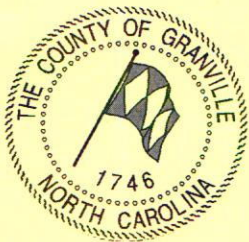
Pump Info: _____

Type of Facility: House Number of Bedrooms: 3
Type of System: ☒ Gravity _____ Pump ☒ Gravel _____ Polystyrene _____ Chamber _____ Other: _____



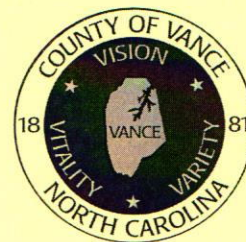
David Cullen
Authorized Signature

9-14-2011
Date



Granville-Vance District Health Department

Lisa M. Harrison, MPH, Health Director
Post Office Box 367
Oxford, North Carolina 27565



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101 Hunt Drive
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Recertification of an Existing On-Site System and Well

Owner Name / Applicant Name: Mark H. Hilder Date: 3-23-15
Physical Address: 2204 Hwy 158 Oxford NC Contact Number: _____
Subdivision: _____ Lot # _____ Zoning Permit # 18648

Septic Permit #: 7107 Date Installed: 9-14-11

Recertification Of:

Existing House Replacement: Size: _____

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

Addition to House: 12'x14' - Size: Bath & Closet
Bedroom Addition _____ Septic Upgrade: _____
Permit # _____ New Well: _____

Outbuilding Addition: _____ - Size: _____

Other Additions to Property: _____

☒ 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.

☐ Recertification denied, due to: _____

☐ Cannot determine due to: _____

Special Instructions: _____

Walter A. Vayle REAS 3/23/15