

800

GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor Archie & Mc Gookill Date 2-16-94 S.R. No. 1710
Location/Address Lawrence Rd - White Forest N.C.
Subdivision/Mobile Home Park Name Willow Creek Phase 3 Lot Size 1.5 AC
Buckhorn Lane Lot No. 208

New System ☒ Repair ☐
House ☐ Mobile Home ☒ Business ☐
No. Bedrooms 3 No. People 6 No. Toilets 2
Water Supply: Private ☒ Approved ☐
Semi-Public ☐ Unapproved ☐
Public ☐ None ☐

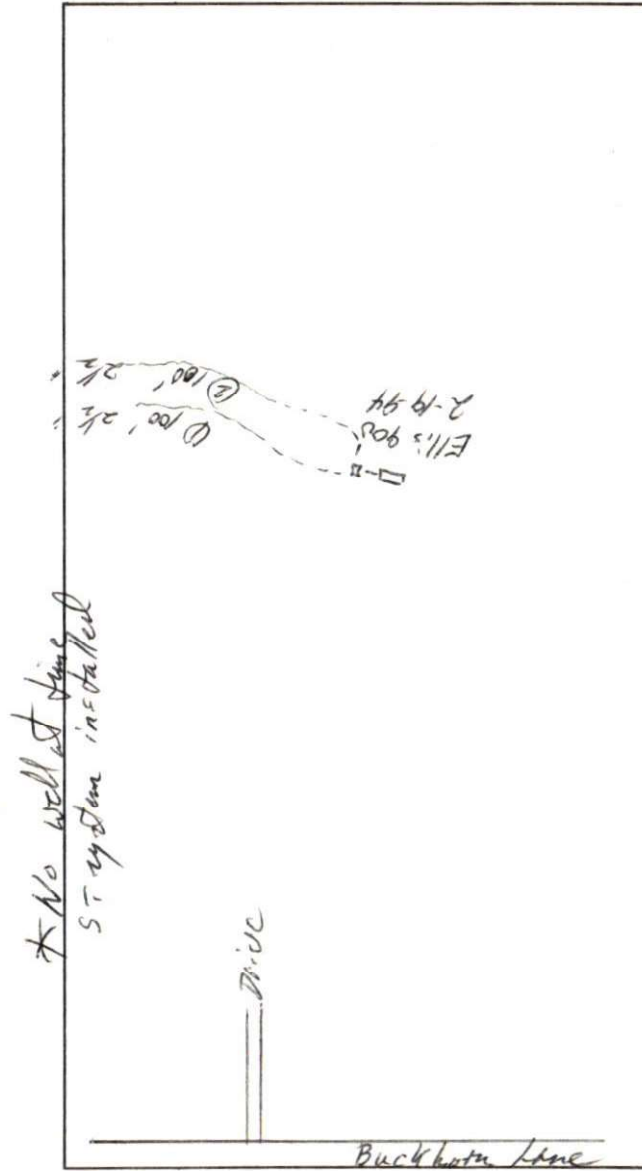
Layout to be followed by installer:

Nitrification System:
Tank Size 900 gal.
Distribution Box 400 No. Lines 2
Nitrification Field 200' 300 Sq. Ft.
Lines: 1 3 2 3 3 1 4 5 5 6
Width 100'
Length 2 1/2"
Grade 18"
Stone Depth 18"

Improvements Permit By Charles C. Burt Installer Robert & Philip Blackley
Certificate of Completion By James C. Burt Date of Inspection 3-23-94

* 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.



5+122 /

PRIVE

no
well



2-19-94
Ellis 900

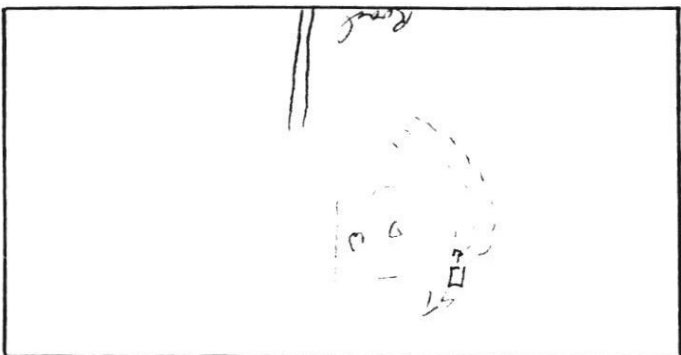
GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION

OWNER/AGENT Atalie B. McCaskill
LOCATION Kenneth Rd - W. Fork Rd. N.C.
SUBDIVISION NAME Willow Creek
LOT NO. 1710
STATE ROAD NO. 268
LOT NO. Phase 3 Buchanan Lane

SYSTEM DESIGNED FOR:

NEW SYSTEM ☒ REPAIR Residence BUSINESS Other
NO. BEDROOMS 3 NO. OCCUPANTS 6 WATER SUPPLY: INDIVIDUAL ☒ PUBLIC Other
LOT SIZE 1.3 ACRES F 6 L 3 B 1 R 1
SEPTIC TANK 900 GALLONS PUMP TANK 600 GALLONS DISTRIBUTION 600
NITRIFICATION FIELD 500 SQUARE FEET NUMBER OF LINES 3
LENGTH OF LINES 300 WIDTH OF LINES 3' STONE DEPTH 12"

LAYOUT

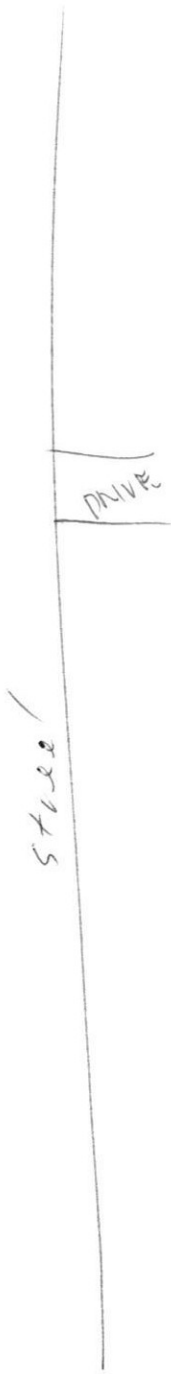


CONDITIONS

NOTICE: The above are minimum specifications for a sewage disposal system on the above captioned property. This permit is subject to compliance with local zoning and building regulations and all the provisions of the Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal of the North Carolina Administrative Code. This permit may not be altered without written permission from a representative of the Granville-Vance District Health Department. System must be installed within 5 years of date of issuance. This permit is subject to revocation if site plans or the intended use changes. I understand the requirements of this permit and the information I have provided is accurate to the best of my knowledge.

OWNER/AGENT _____
IMPROVEMENT PERMIT BY: Charles R. Nott DATE 2-16-94
CERTIFICATE OF COMPLETION BY: James C. Smith DATE 5-23-94
SYSTEM INSTALLED BY: Robert & Philip Blackley

NOTICE: This approval indicates that the installation complies with all applicable state and local regulations, but shall in no way be taken as a guarantee that the system will function satisfactorily for any given period of time and the Granville-Vance District Health Department will not be held responsible for a malfunctioning system.



no
well



2-19-94
Ellis 900

SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

OWNER Archie B. McCaskill PERMIT NUMBER 800
 DATE 3-23-94 CONTRACTOR Robert & Phillip Blackley
 WEATHER CONDITIONS Clear SOIL WETNESS CONDITIONS Dry

SEPTIC AND PUMP TANK INSPECTION

SEPTIC TANK		INITIAL	DATE
MANUFACTURER	<u>Fellis</u>		
DATE OF MANUFACTURE	<u>2-19-94</u>		
STAMP	<u>✓</u>		
CAPACITY	<u>900</u>	<u>RLP</u>	<u>3-23-94</u>
TEE	<u>✓</u>		
BAFFLE	<u>✓</u>		
SEALANT	<u>✓</u>		
PUMP TANK			
MANUFACTURER			
DATE OF MANUFACTURE			
STAMP			
CAPACITY			
SEALANT			
MANHOLE			
DRAW DOWN TEST			

MECHANICAL INSPECTION

PUMP			
MANUFACTURER AND MODEL NUMBER			
CONTROL PANEL			
ALARM			
ELECTRICAL CONNECTION			

NITRIFICATION DISTRIBUTION AND DRAINFIELD INSPECTION

DISTRIBUTION BOX			
LEVEL	<u>✓</u>		
EQUAL DISTRIBUTION	<u>✓</u>	<u>RLP</u>	<u>3-23-94</u>
OTHER			
DISTRIBUTION MANIFOLD			
PIPE SIZE			
GATE VALVES			
OTHER			
OTHER DISTRIBUTION TYPE			
NITRIFICATION LINES	LINE 1	LINE 2	LINE 3
TRENCH WIDTH	<u>36"</u>		
TRENCH LENGTH			
TRENCH GRADE		<u>OVER</u>	<u>RLP</u>
STONE DEPTH	<u>18"</u>		<u>3-23-94</u>

COMMENTS: _____

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH FEES

CLIENT NAME Archie B. McCaskill

	FEE	NUMBER	TOTAL
LOT EVALUATION, LAYOUT, PERMITS, INSPECTIONS	\$100.00	1	25-
RECERTIFICATION OF EXISTING SEWAGE SYSTEM FOR MOBILE HOME RELOCATION	\$ 25.00		
RECERTIFICATION OF EXISTING SEWAGE SYSTEM FOR LOAN PURPOSES	\$ 75.00		
WATER SAMPLES	\$ 25.00		
SWIMMING POOL PERMITS AND INSPECTIONS	\$100.00		
TOTAL			25-

SIGNATURE  DATE 2-8-94
ENVIRONMENTAL HEALTH SPECIALIST

RECEIPT NUMBER: 19426

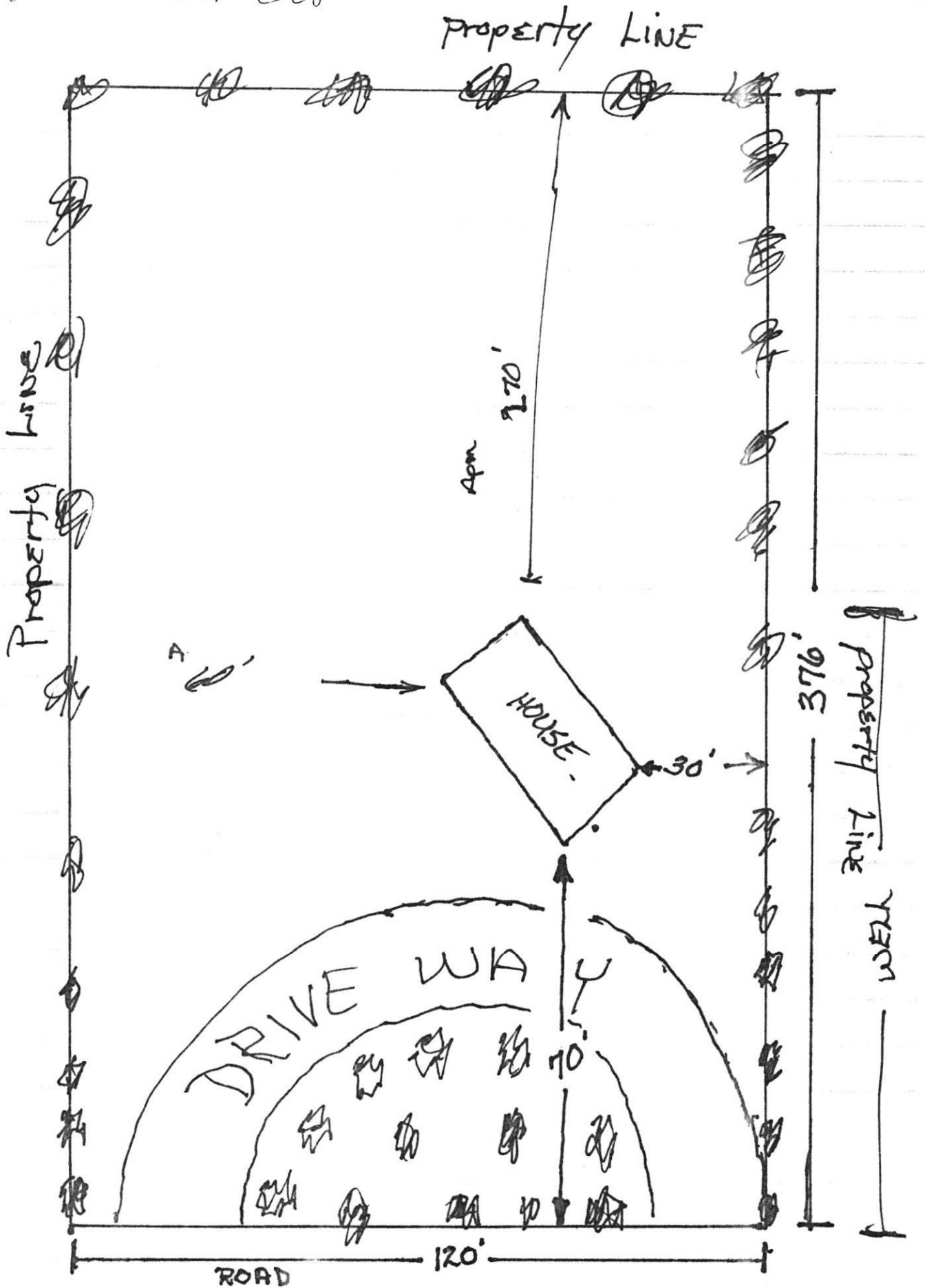
AMOUNT PAID : 25.00

DATE: 2.8.94

INITIAL: SR
SECRETARY

THIS IS NOT A RECEIPT OR A PERMIT

WILLOW CREEK
LOT 268





COUNTY OF GRANVILLE, NORTH CAROLINA

145 WILLIAMSBORO STREET, POST OFFICE BOX 877, OXFORD, NORTH CAROLINA 27565
TELEPHONE (919) 693-9001

ZONING PERMIT # **3060**

Owner as on tax records <i>Archie B. McCaskill</i>	Mailing Address <i>1405 Marlborough Rd. 27610</i>	Telephone No. <i>834-7932</i>
Applicant	Mailing Address	Telephone No.

Tax Map No.	Parcel No.	Township <i>BF</i>	Road Name and Number <i>Lawrence Rd</i>	Zoning <i>AHC-90</i>	
Subdivision <i>Willow Cr.</i>	Lot No. <i>268</i>	Phase	Lot Size <i>1.4 AC</i>	Fee <i>1000</i>	Flood Plain ☐ Yes ☒ No
Proposed Use <i>DB WIDE</i>	Contact:	Phone	Street Address		

Land use indicated is permitted in the zoning district. The following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot area _____ square feet Front yard depth 50 ft. Corner yard depth _____ ft. Aggregate both sides _____

Lot width _____ feet Side yard depth 15 ft. Rear yard depth 25 ft.

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.

Archie B. McCaskill
Signature of Owner or Authorized Agent

2-7-94
Date

SITE PLAN

Processed and Approved By _____ Date _____ Granville County Planning Dept.

ZONING PERMIT EXPIRES IN SIX MONTHS.

WHITE—Planning

YELLOW—Health Department

PINK—Inspection

GOLD—Applicant

RECEIPT NUMBER 19426

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH APPLICATION FOR IMPROVEMENT PERMIT

Complete All Items Below

REQUESTED BY Archie B. McCaskill PHONE NUMBER 834-7932
MAILING ADDRESS 1405 Marlborough Rd., Raleigh
CURRENT PROPERTY OWNER _____ MAILING ADDRESS _____
SUBDIVISION Willow Creek MAP _____ LOT 258 SEC _____
PROPERTY LOCATED: STATE ROAD 1710 WATER SUPPLY: PUBLIC _____ PRIVATE ✓
DIRECTIONS TO PROPERTY: _____

APPLICATION FOR: RESIDENCE N/H COMMERCIAL _____ NUMBER OF BEDROOMS 3
NUMBER OF PERSONS 6 NUMBER OF EMPLOYEES _____ BASEMENT _____
DATE SUBDIVIDED _____

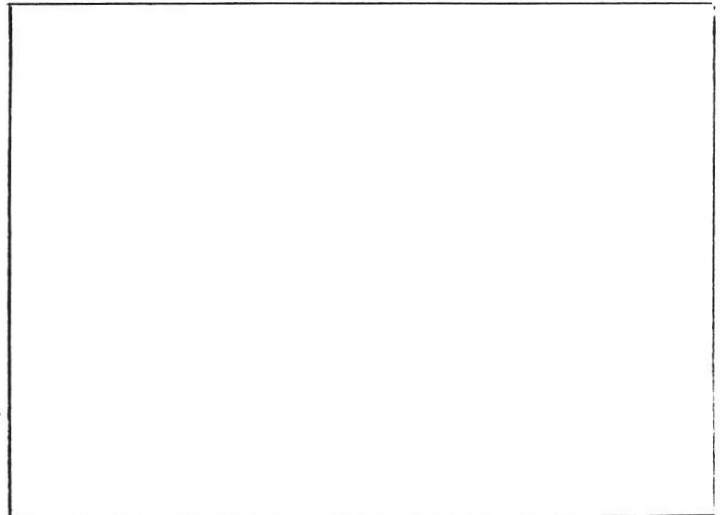
NOTE: Stake property corners and the corners of proposed structure and complete form to show (1) lot; (2) location of structure on property; (3) proposed driveways.

GIVE PROPERTY DIMENSIONS: F _____ L _____ B _____ R _____

INSTRUCTIONS TO APPLICANT:

As close to scale:

1. Draw in the lot or provide plat.
2. Draw in structure(s) showing distances to property lines, set back, etc.
Dimensions of existing or proposed structures, decks walkways, etc.
3. Identify where driveway will be located.
4. Show any existing well around lot.
5. Excavate or dig four (4) 30-inch-deep holes in desired location of septic tank lines and 75 feet apart.
6. Call health department when lot is ready for evaluation at phone no. _____.
Office hours are 8:30-9:00 and 1:00-1:30.
7. Additional information _____



I hereby make application to the Granville-Vance District Health Department for a soil/site evaluation for an onsite wastewater disposal system for the property described above and authorize the Health Department representatives to go on such property for evaluation purposes. I understand that the permit shall be null and void if substantial changes are made to the approved sewage absorption area. The issuance of a permit does not relieve me from compliance with any and other relevant laws or regulations. As owner or his authorized agent, I covenant that the contents of this application are true and represent the maximum facilities to be placed on the property.

System shall be installed within 5 years of improvement permit issuance date. The permit is subject to revocation if site plans or the intended use changes.

2-8-94 DATE Archie B. McCaskill OWNER/AUTHORIZED AGENT

3:30

No 0800

**GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION**

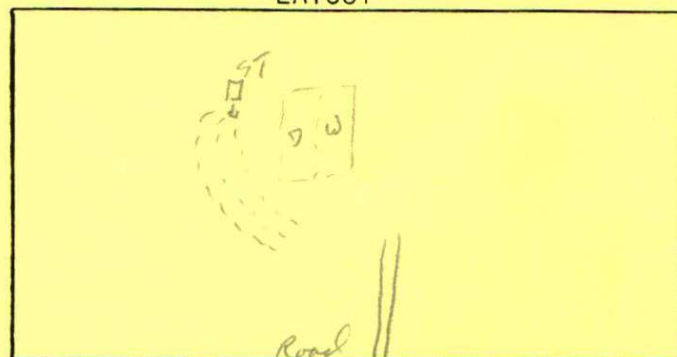
OWNER/AGENT Archie B. McCaskill
 LOCATION Lawrence Rd - Wake Forest N.C. STATE ROAD NO. 1710
 SUBDIVISION NAME Willow Creek LOT NO. 268
Phase 3 Buckhorn Lane

SYSTEM DESIGNED FOR:

NEW SYSTEM ☒ REPAIR ☐ RESIDENCE D/W BUSINESS ☐ OTHER ☐
 NO. BEDROOMS 3 NO. OCCUPANTS 6 WATER SUPPLY: INDIVIDUAL ☒ PUBLIC ☐
 LOT SIZE 1.3 ACRES F ☐ L ☐ B ☐ R ☐
 SEPTIC TANK 900 GALLONS PUMP TANK ☐ GALLONS DISTRIBUTION 604
 NITRIFICATION FIELD 900 SQUARE FEET NUMBER OF LINES 3
 LENGTH OF LINES 300 WIDTH OF LINES 3' STONE DEPTH 12"

CONDITIONS _____

LAYOUT



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 CERTIFICATE OF COMPLETION BY: James C. Parrott DATE 3-23-94
 SYSTEM INSTALLED BY: Robert & Phillip Blackley

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