



Granville-Vance District Health Department

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Recertification of an Existing On-Site System and Well

Owner Name / Applicant Name: Louis Freudiger Date: 4-13-17
Physical Address: 9187 Cornwall Rd Contact Number: 919-528-6655
Subdivision: _____ Lot # _____ Zoning Permit # 19842

Septic Permit #: 4155 Date Installed: 6-8-05

Recertification Of: _____ Bedrooms Allowed

Existing House Replacement: Size: 60' x 70'

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

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

Outbuilding Addition: _____ - Size: _____

Other Additions to Property: _____

☒ 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: All components of pump system subject to testing prior to certificate of occupancy.

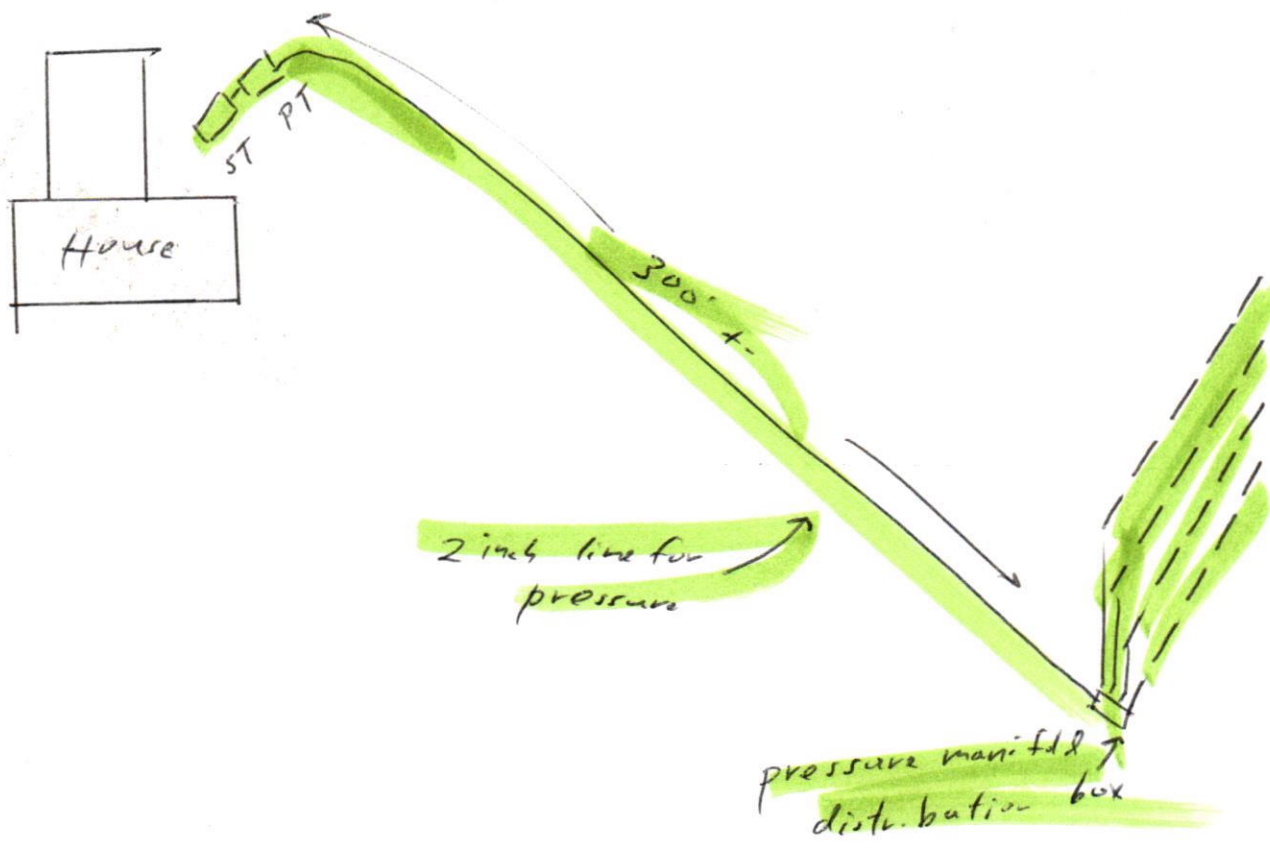
Signature of REHS

4-13-17
Date

JAMES MADDEN
Large Layout on back of
Wednesday June 8th 4155
A.M.
PERMIT NUMBER

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS

COUNTY:	TAX NO.	TYPE OF ESTABLISHMENT			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
Granville	SR. NO. 1300	RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS: 3-4	
OWNER: William London					
APPLICANT: William London		WATER SUPPLY			*THE IMPROVEMENTS PERMIT MUST BE ATTACHED TO A CONSTRUCTION AUTHORIZATION BEFORE OBTAINING BUILDING PERMIT OR OTHER CONSTRUCTION PERMITS AND BEFORE A WASTEWATER SYSTEM IS INSTALLED.
APPLICANT'S ADDRESS: 9187 Cornwall Rd Oxford, NC		PUBLIC ☐	WELL ☒	OTHER ☐	
PROPERTY ADDRESS/LOCATION: Cornwall Rd 9187		TYPE OF WASTEWATER SYSTEM			
		DESCRIPTION	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:		360 gal./hr	
LOT NUMBER:		LTAR:		3	
REFERENCE SKETCH (SEE PLAT FOR DETAILS) See sketch on back. Dig trench 18" x 24" deep 100' from center of house, 10' from house, 10' from property line, 10' from property line. Pump all tank. Install new T with filter. Or crush all tank fill in all tank - replace with new tank.		ABSORPTION AREA:		1200 sq. ft.	*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.
		TRENCH WIDTH:		3'	
		TRENCH SPACING:		4' on center	
		TOTAL TRENCH LENGTH:	300 ft	400 ft	
		NUMBER OF TRENCHES:		3-5	
		GRAVEL DEPTH:	2' Flow	12"	
		TANK SIZE:	Septic tank 1000 gal. 1000 gal. 1000 gal.	1000 gal. 1000 gal. 1000 gal.	
CONDITIONS:		pressure manifold distribution box			
IMPROVEMENT PERMIT			DATE:		PERMIT VALID FOR 5 YEARS FROM DATE OF ISSUE
FOR: William London			3-12-04		
ISSUED BY: M.E. Gount, R.S.					
OPERATION PERMIT			DATE:		
SYSTEM INSTALLED BY: J.L. Madden			6-8-05		
ISSUED BY: M.E. Gount, R.S.					



Corywall Rd S.R. 1300

