



468317

North Carolina Onsite Wastewater Contractor Inspector Certification Board
Authorized Onsite Wastewater Evaluator Permit Option for Non-Engineered Systems
Notice of Intent (NOI) to Construct

☒ New ☐ Expansion ☐ Repair ☐ Relocation ☐ Relocation of Repair Area

Owner or Legal Representative Information:

Name: MurphyDownes

Mailing address: 3406 Edge View City: San Antonio State: TX Zip: 78259

Phone: 210-556-2233 Email: johnpdowes8197@gmail.com

Authorized Onsite Wastewater Evaluator Information:

Name: Jeff Vaughan Certification #: 10003E

Mailing address: 1225 Crescent Green Ste. 250 City: Cary State: NC Zip: 27518

Phone: 919-859-0669 Email: jvaughan@agriwaste.com

Site Location Information:

Site address: 4446 Poppy Mallow Ln. Oxford, NC 27565

Tax parcel identification number or subdivision lot, block number of property: 0900580358

Lot 6 County: Granville

System Information:

Wastewater System Type: IIIb

Daily Design Flow: 480

Saprolite System: ☐ Yes ☒ No Subsurface Operator Required: ☐ Yes ☒ No

Water Supply Type: ☒ Private Well ☐ Public Water Supply ☐ Spring ☐ Other: _____

Facility Type:

☒ Residential 4 # Bedrooms 8 Maximum # of Occupants

☐ Business Type of Business and Basis for Flow: _____

☐ Public Assembly Type of Public Assembly and Basis for Flow: _____



Required Attachments:

☒ Plat or Site Plan

☒ Evaluation of Soil and Site Features by Licensed Soil Scientist

Attest: On this the 07 day of JULY, 2026 by signature below I hereby attest that the information required to be included with this NOI to Construct is accurate and complete to the best of my knowledge. Furthermore, I hereby attest that I have adhered to the laws and rules governing onsite wastewater systems in the state of North Carolina.

This NOI shall expire on 07 day of JULY, 2029.

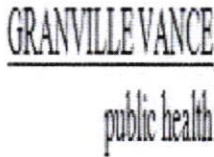
Signature of Authorized Onsite Wastewater Evaluator: Jeff Vaughan

Signature of Owner or Legal Representative: _____

Disclosure: The owner may apply for a building permit for the project upon submitting a complete NOI to Construct and the fee required (if any) to the local health department. An onsite wastewater system authorized by an authorized onsite wastewater evaluator shall be transferable to a new owner with the consent of the authorized onsite wastewater evaluator.

Local Health Department Receipt Acknowledgement:

Signature of Local Health Department Representative: Brittany Adcock Date: 7/21/26



Well Construction Permit

Granville Vance Public Health
Environmental Health
PO Box 367
Oxford NC, 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number 468317
PIN Number: _____
Tax Lot #: 6 Tax Block #: _____
Evaluated For: _____

PERMIT VALID UNTIL: 07/21/2031

Property Owner: JOHN DOWNES/ ASKEATON REALTY LLC
Address: 3306 EDGE VW
City: SAN ANTONIO
State/Zip: NC / 78259
Phone #: H: (210) 556-2233

Applicant: ANTHONY RIVERA
Address: 65 GLEN ROAD
City: GARNER
State/Zip: NC / 27529
Phone #: H: (919) 728-0684

Property Location & Site Information

Address/Road #: 4446 POPPY MALLOW LANE Subdivision: MURPHYS RIDGE Phase: _____ Lot: 6
*Proposed use of Well: _____
If Other: _____
Applicant Email: _____
Owner Email: _____

Directions:GPS

Well Contractor Information

Drilling Contractor: _____ Driller Registration: _____

Permit Conditions

*Permit Conditions

Keep proposed well 50ft min. from any part of the septic and 25ft min. from any part of the house. Refer to LSS drawing for drawing.

Well location, construction and protection must meet all state and local regulations and must be inspected and approved by an authorized representative of the Local Health Department. The permit may be revoked at any time for failure to comply with existing regulations. The siting of approved well construction area(s) by the Health Department is to provide protection from the known possible sources of contamination. The approved well area(s) may not be changed without permission from an authorized representative of the Local Health Department. Issuance of this well permit does not guarantee water quality or adequate water production from the well once it is installed or repaired.

*Issued By: Wilkerson, Austin
Authorized State Agent: Alex W. TOLIS
Owner/Applicant: John Downes

*Date of Issue: 07/21/2026
☐ Hand Drawing ☐ Import Drawing

****Site Plan/Drawing attached.****

#LSS Drawing

GRANVILLE VANCE

public health

Well Construction Permit

Granville Vance Public Health
Environmental Health
PO Box 367
Oxford NC, 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number 468317

PIN Number: _____

Tax Lot #: 6

Tax Block #: _____

Evaluated For: _____

PERMIT VALID UNTIL: 07/21/2031