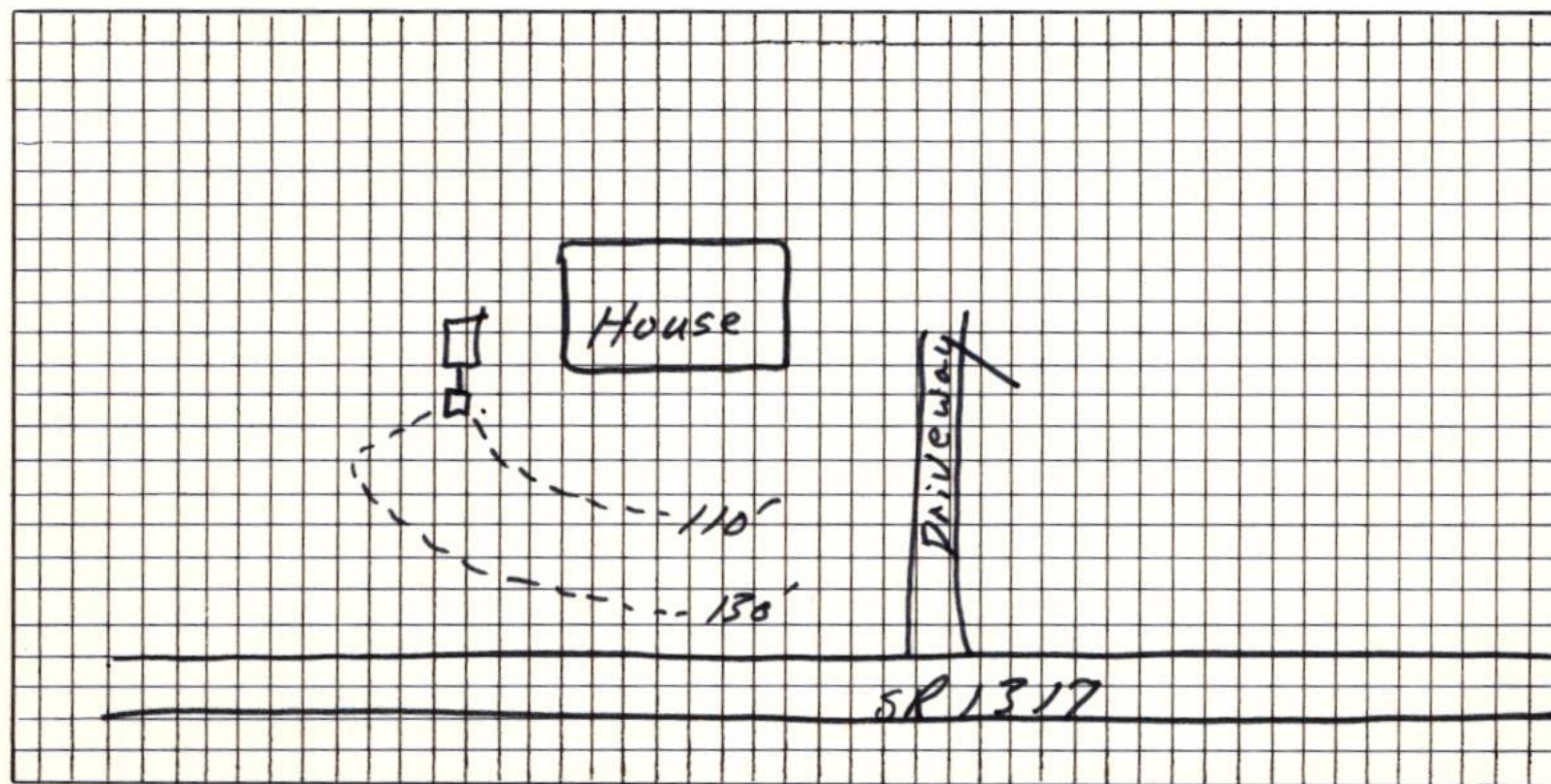


NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



NO. 1768 SEWAGE DISPOSAL RECORD — GRANVILLE COUNTY

Owner ☒ Tommy Bass

RPD-Street Rt. 4 Oxford, N.C.

Tenant ☐ _____

SR No. 1317

Subdivision Name _____

Lot No. _____ Section or Block No. _____

New System ☒ Repairs ☐ Privy ☐

Nitrification System:

House ☒ Trailer ☐ Business ☐

Tank Size 900 Gal.

No. Bedrooms 3 Garbage Disposal Yes ☐ No ☒

Distribution Box yes

No. Bathrooms 2 Auto. Dishwasher ☐ ☒

Nitrification Field 960 Sq. Ft.

No. in Family 4 Auto. Washing Machine ☒ ☐

Nitrification Lines 320' Length

Nitrification Line 3' Width

Water Supply: Individual ☒ Public ☐

No. Nitrification Lines 2

Lot Area 45 Acres

Stone Depth 12"

*Remarks _____

Grade Boards Yes ☐ No ☒

Improvements Permit By CR Noblin

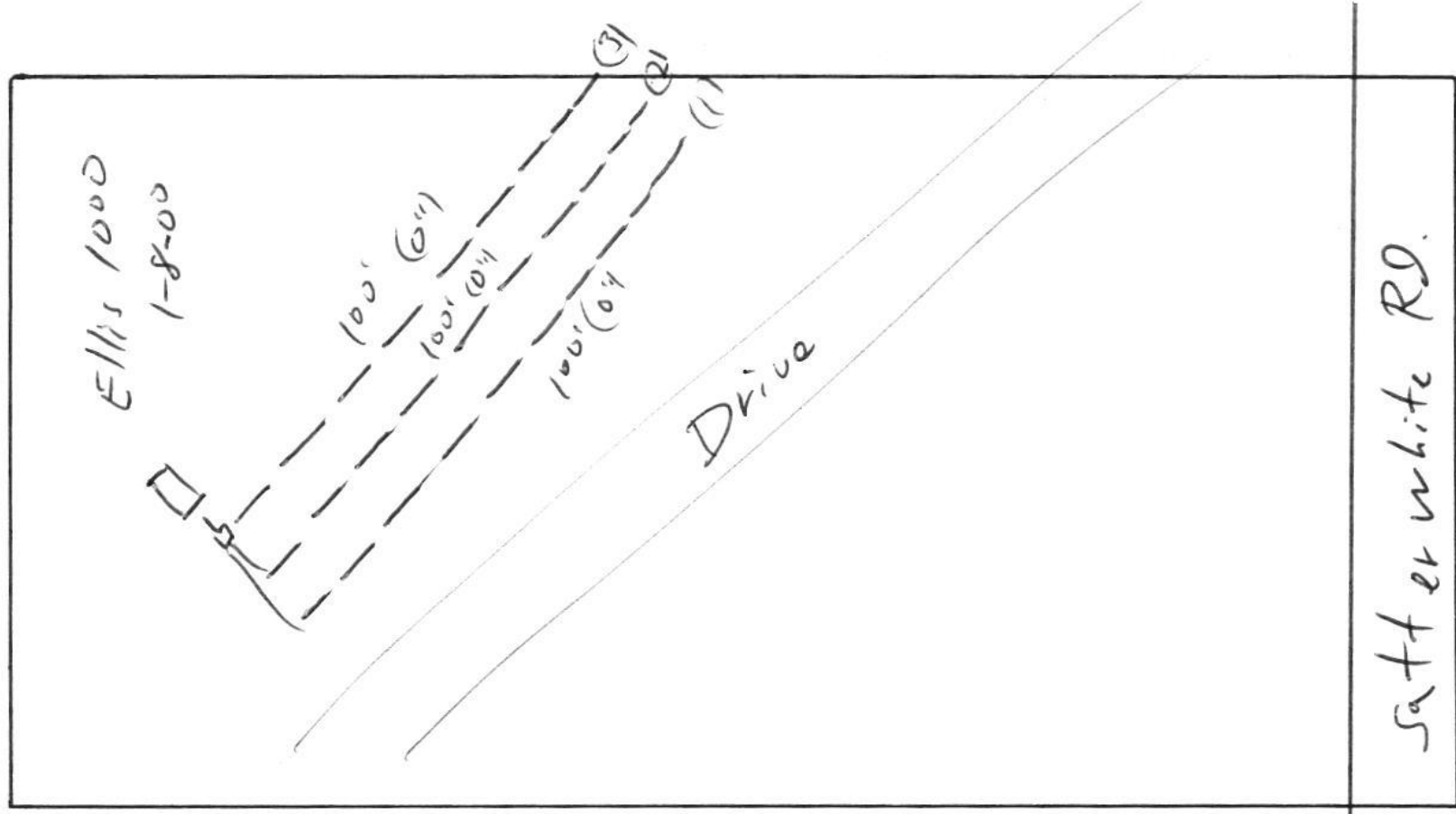
Date 8-21-79

Certificate of Completion By Bobby E. Greene

Date 4-13-81

Installed By Pete Ellington - Oxford, N.C.

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.



S.R. 1317

N. 96 N

GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor Tommy Barr Date 3-24-00 S.R. No. 1317

Location/Address Satterwhite Rd.

Subdivision/Mobile Home Park Name _____ Lot Size _____

Permit No. # 2368 Lot No. _____

New System ☒ Repair _____

House ☒ Mobile Home _____ Business _____

No. Bedrooms _____ No. People _____ No. Toilets _____

Water Supply: Private ☒ Approved _____

Semi-Public _____ Unapproved _____

Public _____ None _____

Nitrification System:

Tank Size 1000 gal. 3

Distribution Box ☒ No. Lines _____

Nitrification Field 900 Sq. Ft.

Lines: 1 2 3 4 5 6

Width 3' 3' 3' _____

Length 100' 100' 100' _____

Grade 0" 0" 0" _____

Stone Depth 12" 12" 12" _____

Layout to be followed by installer:

Improvements Permit By David Cumbee Installer Norman Clifford

Certificate of Completion By Eddie Yount Date of Inspection 3-24-00

* 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.

2:30 Friday April 24th Norman Clifford
 Just ^{before} past Shop Rite, RD

PERMIT NUMBER 2368

gazebo

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	SIR NO. 1317	RESIDENCE BUSINESS OTHER	NUMBER OF BEDROOMS:	NUMBER OF OCCUPANTS:	
OWNER: Tommy Bass		pool house (gazebo)			
APPLICANT: Same		WATER SUPPLY			
APPLICANT'S ADDRESS: 1569 Satterwhite Rd		PUBLIC	WELL	OTHER	*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.
PROPERTY ADDRESS/LOCATION: Satterwhite Rd. 1569 Satterwhite Rd		TYPE OF WASTEWATER SYSTEM			
		DESCRIPTION	INITIAL INSTALLATION	REPAIR	
SUBDIVISION:		DESIGN FLOW:			
LOT NUMBER:		LTAR:	.4		
REFERENCE SKETCH (SEE PLAT FOR DETAILS) See attached sheet for layout lines dug level and on contour trench depth 18"-24" 		ABSORPTION AREA:	900 sq ft.		
		TRENCH WIDTH:	3'		
		TRENCH SPACING:	9' c.		
		TOTAL TRENCH LENGTH:	250'		
		NUMBER OF TRENCHES:	2		
		GRAVEL DEPTH:	12"		
		TANK SIZE:	900 or 1000 gal		
		CONDITIONS:	*See auth to Construct		*THIS IMPROVEMENT PERMIT IS SUBJECT TO REVOCATION IF THE INTENDED USE CHANGE FROM THOSE SHOWN ON THE IMPROVEMENT PERMIT. CHANGES SHALL REQUIRE HEALTH DEPARTMENT APPROVAL.
IMPROVEMENT PERMIT		DATE:			
FOR: Tommy Bass ISSUED BY: David Cumbee		3-6-2000			
OPERATION PERMIT		DATE:			
SYSTEM INSTALLED BY: Norman Clifford ISSUED BY: M.E. Yount, RS		3-24-00			

11
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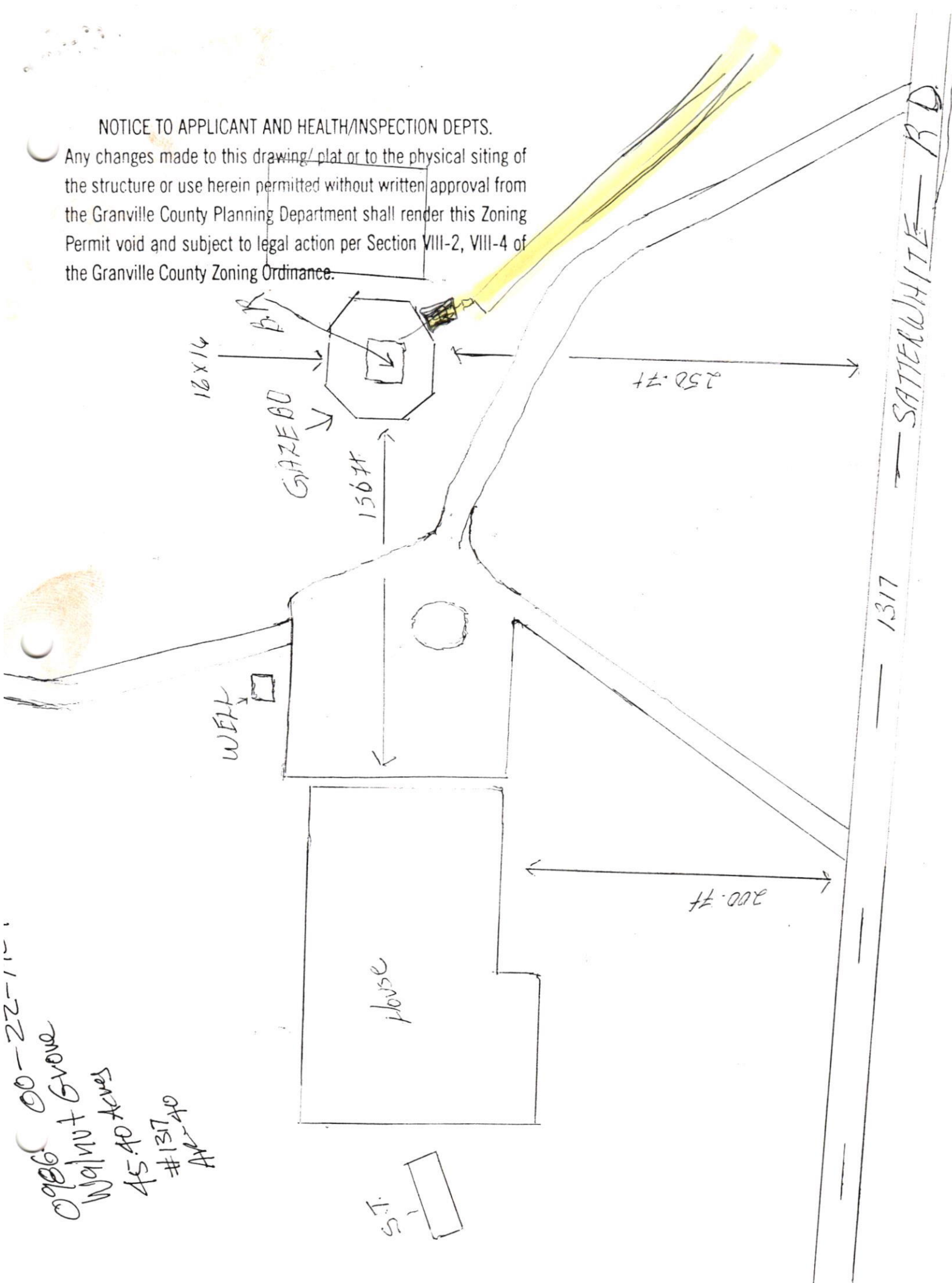
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NOTICE TO APPLICANT AND HEALTH/INSPECTION DEPTS.

Any changes made to this drawing/ plat or to the physical siting of the structure or use herein permitted without written approval from the Granville County Planning Department shall render this Zoning Permit void and subject to legal action per Section VIII-2, VIII-4 of the Granville County Zoning Ordinance.



GRANVILLE - VANCE DISTRICT HEALTH DEPARTMENT
AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 3-6-2000 IMPROVEMENT PERMIT NUMBER: 2368
COUNTY: GRANVILLE VANCE TAX NUMBER: _____
OWNER / CONTRACTOR: Tommy Bass
LOCATION / ADDRESS: Satherwhite Rd.
STATE ROAD NUMBER: 1317
SUBDIVISION NAME: _____ LOT NUMBER: _____
AUTHORIZATION ISSUED BY: David Cumbee DATE: 3-6-2000

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 2368 AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.
2. THE WASTEWATER SYSTEM SHALL NOT BE COVERED OR PLACED INTO USE UNTIL INSPECTED BY THE GRANVILLE - VANCE DISTRICT HEALTH DEPARTMENT AND AN OPERATION PERMIT ISSUED.
3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.
4. OTHER CONDITIONS: Keep gazebo up hill enough to get lines
on contour above driveway - tank may need to be shallow
Stay 100' from well
10' from property lines + at least 5' from any structure

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE GRANVILLE - VANCE DISTRICT HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Tommy L. Bass
SIGNATURE OF OWNER / OWNER'S REPRESENTATIVE

2-3-00
DATE

ON-SITE WASTEWATER SYSTEM APPLICATION
GRANVILLE-VANCE HEALTH DISTRICT

COUNTY OF Granville PIN # _____

☒ NEW PERMIT

☐ EXPANSION PERMIT

☐ REPAIR PERMIT

☐ RENEWAL OF EXISTING PERMIT

OWNER: Tommy Bass

PHONE #: 693-1064

OWNER'S ADDRESS: _____

APPLICANT: Tommy Bass

PHONE #: _____

APPLICANT'S ADDRESS: 1569 Satterwhite Rd Ofad NC 27565

ADDRESS/LOCATION OF PROPERTY: SR # 137

ROAD NAME Satterwhite Rd

SUBDIVISION: _____

PHASE _____

LOT # _____

LOT SIZE + - 45.4 acres

☐ RESIDENTIAL

NUMBER OF
BEDROOMS _____

NUMBER OF
OCCUPANTS _____

☐ BASEMENT

PLUMBING IN
BASEMENT _____

☐ COMMERCIAL

NUMBER OF EMPLOYEES _____

*gazebo with bathroom

STRUCTURE: _____

SITE BUILT _____

SW _____

DW _____

MOD _____

SQ. FT _____

ACCS BLDG. _____

WATER SUPPLY: _____

☐ PUBLIC

☐ PRIVATE

☒ WELL

☐ SPRING

☐ OTHER

☒ EXISTING WASTEWATER SYSTEM

☒ EASEMENTS OR RIGHT OF WAY

☐ WELLS, SPRINGS, OR EXISTING WATER LINES

☐ DESIGNATED WETLANDS

☐ WATERSHED

☐ FLOOD PLAIN

YOU MUST SUBMIT A PLAT OF YOUR PROPERTY WITH THIS APPLICATION

I HEREBY MAKE APPLICATION TO THE GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT FOR A SOIL SITE EVALUATION FOR AN ON-SITE 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 PRESENT THE MAXIMUM FACILITIES TO BE PLACED ON THE PROPERTY. PERMIT IS SUBJECT TO REVOCATION IF SITE PLANS OR THE INTENDED USE CHANGES.

DATE: 2-3-00

OWNER/AUTHORIZED AGENT: Tommy Bass

DIRECTIONS TO
PROPERTY: 2 miles on right on hwy

SPECIAL INSTRUCTIONS: * will have 1 pool at location later

GRANVILLE COUNTY PLANNING DEPARTMENT
122 Williamsboro Street - P.O. Box 877
Oxford, NC 27565
Telephone (919) 603-1331
Fax (919) 603-0535

ZONING PERMIT NBR: 8700

ISSUE DATE: 2/3/2000

Owner as on tax records: BASS, TOMMY AND EFFIE
Mailing address : 1569 SATTERWHITE RD., OXFORD, NC 27565
Telephone number : (919) 693-1064
Applicant : BASS, TOMMY
A-Mailing address : 1569 SATTERWHITE RD., OXFORD, NC 27565
A-Telephone number : (919) 693-1064
Fee : \$20.00

Proposed Use : OTHER
Tax PIN Nbr : 098600227484
NCSR Name & # : SATTERWHITE RD. #1317
Street Address :
Lot Size : +/-45.4 AC
Subdivision :
Phase :
Twnc : WG
Zoning : AR-40
Watershed (y/n) : N
Flood Plain (y/n) : N

Proposed land use indicated is permitted in the zoning district. The following minimum zoning requirements must be met.

Lot area(sq ft): 40000
Front yard depth(ft) : 50
Corner side yard depth(ft): 25
Lot width(ft) : 100
Side yard depth(ft) : 15
Rear yard depth(ft): 25

NOTES

SEE ATTACHED SHEET FOR SITE PLAN

: ACCESSORY BUILDING WITH BATHROOM THAT WILL BE 16 FEET X 16 FEET.

HEALTH DEPT. COPY

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**

Signature of Owner or Authorized Agent

Date

Permit Approved By

Date 2.3.00

**GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH FEES**

Applicant Johnny Bass
Subdivision _____ Lot # _____

SERVICE REQUESTED	FEE	QUANTITY	TOTAL
IP + LOT EVALUATION	\$150	✓	150 ⁰⁰
IP FOR SYSTEMS OTHER THAN CONV	\$ 50		
EXISTING SYSTEM INSPECTION	\$ 50		
PERMIT UPGRADE	\$ 25		
WATER SAMPLE (Bacterial OR Chemical)	\$ 35		
SWIMMING POOL (Permit AND Inspection)	\$100		
OTHER (i.e.: copies, additional site visits)			
TOTAL DUE:			150 ⁰⁰

Anita J. Paul *sa*
Environmental Health Specialist or Secretary

2-3-00
Date

Receipt Number:

27560

Amount Paid:

150⁰⁰ cash

Date:

2-3-00

Secretary's Initials:

af**THIS IS NOT A RECEIPT OR PERMIT**

SOIL/SITE EVALUATION SHEET

Factors	Profile		Profile		Profile	
	1	2	3	4	5	6
Landscape Position	S					
Slope	2-4%					
Horizon I Depth	0-3"					
Texture Group	Si1					
Consistence	vfr					
Structure	cr					
Mineralogy	1:1					
Horizon II Depth	3"-36"					
Texture Group	Si1					
Consistence	fr					
Structure	sbk					
Mineralogy	1:1					
Horizon III Depth						
Texture Group						
Consistence						
Structure						
Mineralogy						
Horizon IV Depth						
Texture Group						
Consistence						
Structure						
Mineralogy						
Soil Wetness						
Restrictive Horizon						
Saprolite						
Classification	PS					
Long-Term Acceptance Rate	.4					

Site Classification

Site Long-Term Acceptance Rate:

Evaluated By: David C. Carter

Other(s) Present:

Remarks: Dunes have all similar/identical soils

* bathroom w/ shower 250' of line c.k. w/ owner 900 gal tank?

Landscape Position

R-Ridge
S-Shoulder slope
L-Linear slope
FS-Foot slope
N-nose slope
H-Head slope
Cc-Concave slope
Cv-Convex slope
T-terrace
FP-Flood plain

Texture

s-sand
ls-loamy sand
sl-sandy loam
l-loam
si-silt
sil-silt loam
sicl-silty clay loam
cl-clay loam
scl-sandy clay loam
sc-sandy clay
sic-silty clay
c-clay

Moist Consistence

vfr-very friable
fr-friable
fi-firm
vfi-very firm
efi-extremely firm

Wet Consistence

ns-non-sticky
ss-slightly sticky
s-sticky
vs-very sticky
np-non-plastic
sp-slightly plastic
p-plastic
vp-very plastic

Classification

s-suitable
u-unsuitable
ps-provisionally suitable
Long-Term Acceptance Rate
gallons/day/ft.²

Structures

-single grain
-massive
cr-crumb
gr-grainular
sbk-sub-angular blocky
abk-angular blocky
pl-platy
pr-prismatic

Mineralogy

1:1
2:1
mixed
Saprolite
s-suitable
u-unsuitable

OWNER Tommy Bass PERMIT NUMBER 2368
DATE 3-24-00 CONTRACTOR Norman Clifford
WEATHER CONDITIONS Sunny Warm SOIL WETNESS CONDITIONS moist

SEPTIC TANK		INITIAL	DATE
MANUFACTURER	Ellis	MS	3-24-00
DATE OF MANUFACTURE	1-8-00		
STAMP	yes		
CAPACITY	1000		
TEE	yes		
BAFFLE	yes		
SEALANT	yes		
Air Gap yes, Filter yes, Marker yes			
PUMP TANK			
MANUFACTURER			
DATE OF MANUFACTURE			
STAMP			
CAPACITY			
SEALANT			
MANHOLE			
DRAW DOWN TEST			

PUMP		PUMP	
MANUFACTURER AND MODEL NUMBER	_____	_____	_____
CONTROL PANEL	_____	_____	_____
ALARM	_____	_____	_____
ELECTRICAL CONNECTION	_____	_____	_____

DISTRIBUTION BOX				
LEVEL		yes	MEZ	3-24.00
EQUAL DISTRIBUTION		yes		
OTHER				

PIPE SIZE _____

GATE VALVES _____

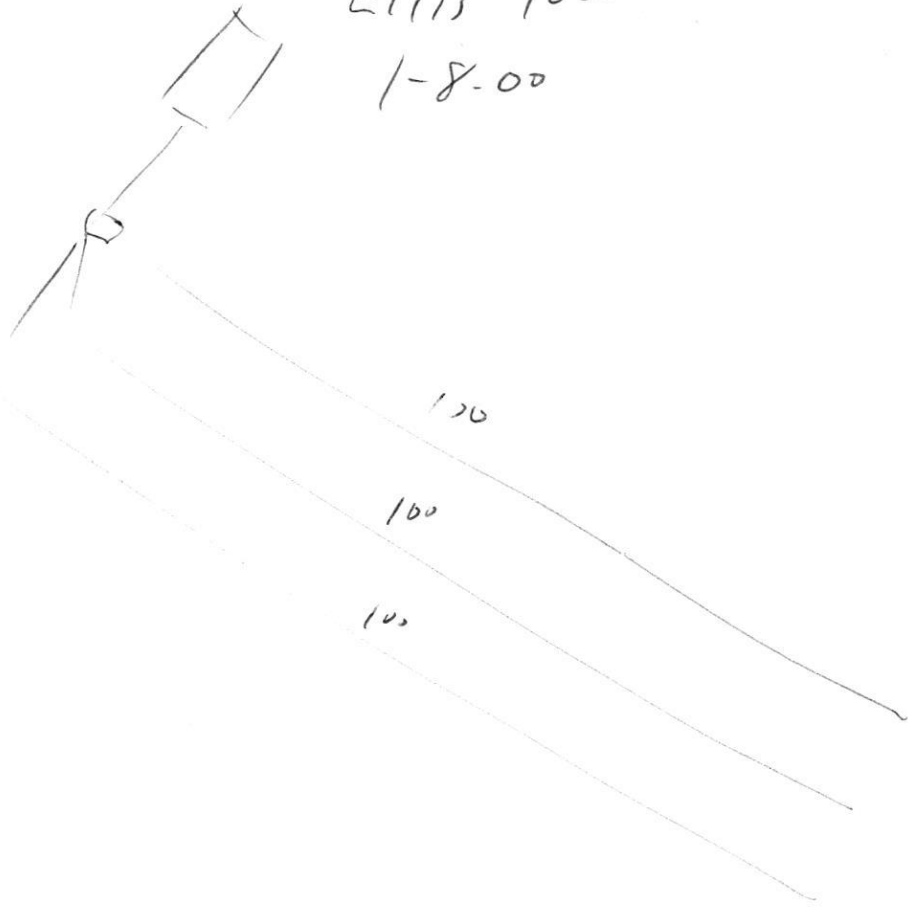
OTHER _____

[illegible]

LINE 1	LINE 2	LINE 3		
3'	3'	3'	<i>mez.</i>	3-24-00
100'	100'	100'		
0'	0'	0'		
12'	12'	12'		

COMMENTS: _____

Ellis 1600
1-8-00



Satterwhite RL

NC 96
→