GRANVILLE VANCE
public health

# IMPROVEMENT 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: 467028 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 03/10/2031

***NOTE TO INSPECTIONS DIVISION:** Building Permits cannot be issued with this Improvement Permit.

| | |
|---|---|
| Applicant: | CHRSITINA COBB |
| Address: | 2503 US HWY 158 |
| City: | OXFORD |
| State/Zip: | NC 27565 |
| Phone #: | home: (919) 675-7275 |

| | |
|---|---|
| Property Owner: | CHRSITINA COBB |
| Address: | 2503 US HWY 158 |
| City: | OXFORD |
| State/Zip: | NC. 27565 |
| Phone #: | home: (919) 675-7275 |

## Property Location & Site Information

Address: WATKINS WILKINS ROAD , NC Subdivision: Block/Phase: NEW Lot:

Road #:

Structure: SINGLE FAMILY

# of Bedrooms: 4

# of People:

*Water Supply: ~~N/A~~ well

## Directions

GPS

## System Specifications

**Initial System**

Usable Soil Depth: 36

Design Flow: 480

Soil Application Rate: 0.2750

*System Classification/Description:
Type IIIb - Wastewater System with a Single Pump o

*Proposed System:
25% REDUCTION

Minimum Trench Depth: 20 Inches

Maximum Trench Depth: 24 Inches

Septic Tank: 1000 Gallons

Pump Required: (X) Yes ( ) No ( ) May Be Required

Pump Tank: 1000 Gallons

Repair System Required: (X) Yes ( ) No ( ) No, but has Available Space * 15A NCAC 18A. 1945 * Repair Area Exempt

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.

***Site Modifications**

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

***Permit Conditions**

Keep all parts of the septic 10ft min. from any property line. Keep septic 5ft min. from any part of the house and 50ft min. from any well or well location.

**The Department and Local Health Department may impose conditions on the issurance and may revoke the permits for failure of the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation it the site plan, plat, or intended use changes (NCGS 130A-335(f)). The person owning or controlling the system location, installing, operation, maintenance, monitoring, reporting, and repair (per rule .0301((a).**

Authorized State Agent: Wilkerson, Austin Date of Issue: 03/10/2026

Austin Wilkerson REHS

Total TIme: (HH:MM) ____ : ____

(/) Hand Drawing ( ) Import Drawing **Site Plan/Drawing attached.**

GRANVILLE VANCE public health

# Construction Authorization

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

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☐ Open Pump System Sheet

| | |
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| Phone #: | home: (919) 675-7275 |

## Property Location & Site Information

Address/Road #: WATKINS WILKINS ROAD , NC
Subdivision:
Phase: NEW Lot:

**Directions:**

GPS

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People:
*Water Supply: NEW WELL

## System Specifications

Usuable Soil Depth: 36
Design Flow: 480
Soil Application Rate: 0.2750
*System Classification/Description: Type IIIb - Wastewater System with a Single Pump o
*Proposed System: 25% REDUCTION

Minimum Trench Depth: 20 Inches
Maximum Trench Depth: 24 Inches
Minimum Soil Cover: Inches
Maximum Soil Cover: Inches
*Distribution Type: PRESSURE MANIFOLD
Septic Tank: 1,000 Gallons
Pump Required: (X) Yes ( ) No ( ) May Be Required
Pump Tank: 1,000 Gallons
Grease Trap: Gallons

Nitrification Field: 1310 Sq. ft.
No. Drain Lines: 3
Total Trench Length: 435 ft.
Trench Spacing: 9 - Inches
Trench Width: 3 - Feet
Aggregate Depth: inches

( ) Inches O.C.
(X) Feet O.C.

Septic Tank Installer Grade Level Required: ( ) I ( ) II ( ) III ( ) IV

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

***Permit Conditions:**

Keep all parts of the septic 10ft min. from any property line. Keep septic 5ft min. from any part of the house and 50ft min. from any well or well location.

The Authorization for Wastewater System Construction shall be valid for a period equal to the period of validity of the Improvement Permit and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the Construction Permit, the information submitted in the application for a permit or Construction Authorization shall become invalid , and may be suspended or revoked (.0204(k)(1)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regaurding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301((a)).

Authorized State Agent: Wilkerson, Austin Austin Wilkerson REHS Date of Issue: 03/10/2026

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

(/) Hand Drawing ( ) Import Drawing

Total Time : (HH:MM)

**Granville-Vance Dist. Health Department**
**Environmental Health**

Pin _____ Permit Number 467028

✓ Improvement Permit ✓ Construction Authorization

## SITE SKETCH

Christina Cobb — Applicants Name

Watkins Wilkinson Rd — Address

_____ — Subdivision – Section – Lot

Azi W/ PELLS — Authorized State Agent

3/10/26 — Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that proper grade is maintained.

