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: 467058 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 04/08/2031

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

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

Property Owner:	CHRISTINA 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

Directions

GPS

System Specifications

Initial System

Usable Soil Depth: 36

Design Flow: 480

Soil Application Rate: 0.2750

Minimum Trench Depth: 20 Inches

Maximum Trench Depth: 24 Inches

*System Classification/Description:
Type IIIg - Other Non-Conventional Systems

Septic Tank: 1000 Gallons

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

*Proposed System:
25% REDUCTION

Pump Tank: _____ Gallons

Repair System Required: (X) Yes ◯ No ◯ No, but has Available Space

Repair System

Usable Soil Depth: 36

Soil Application Rate: 0.275

Minimum Trench Depth: _____ Inches

Maximum Trench: Depth: _____ Inches

*System Classification/Description:
Type IIIe - PPBPS Gravity System

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

*Proposed System: HORIZONTAL PPBPS

Pump Tank: _____ Gallons

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**

Pump may be needed. Fence off septic area to avoid vehicular traffic on system prior to received CA. Driveway to hug right property line to avoid encroachment on septic. Min. 50' off wells.

CDP File Number: 467058 County ID Number:

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: Bullock, Will Date of Issue: 04/08/2026

Total Time: (HH:MM)

◉ Hand Drawing ○ Import Drawing ****Site Plan/Drawing attached.**** ____ : ____

Granville-Vance Dist. Health Department
Environmental Health

Pin _____ Permit Number P-467058

✓ Improvement Permit ___ Construction Authorization

SITE SKETCH

Christina Cobb — Applicants Name

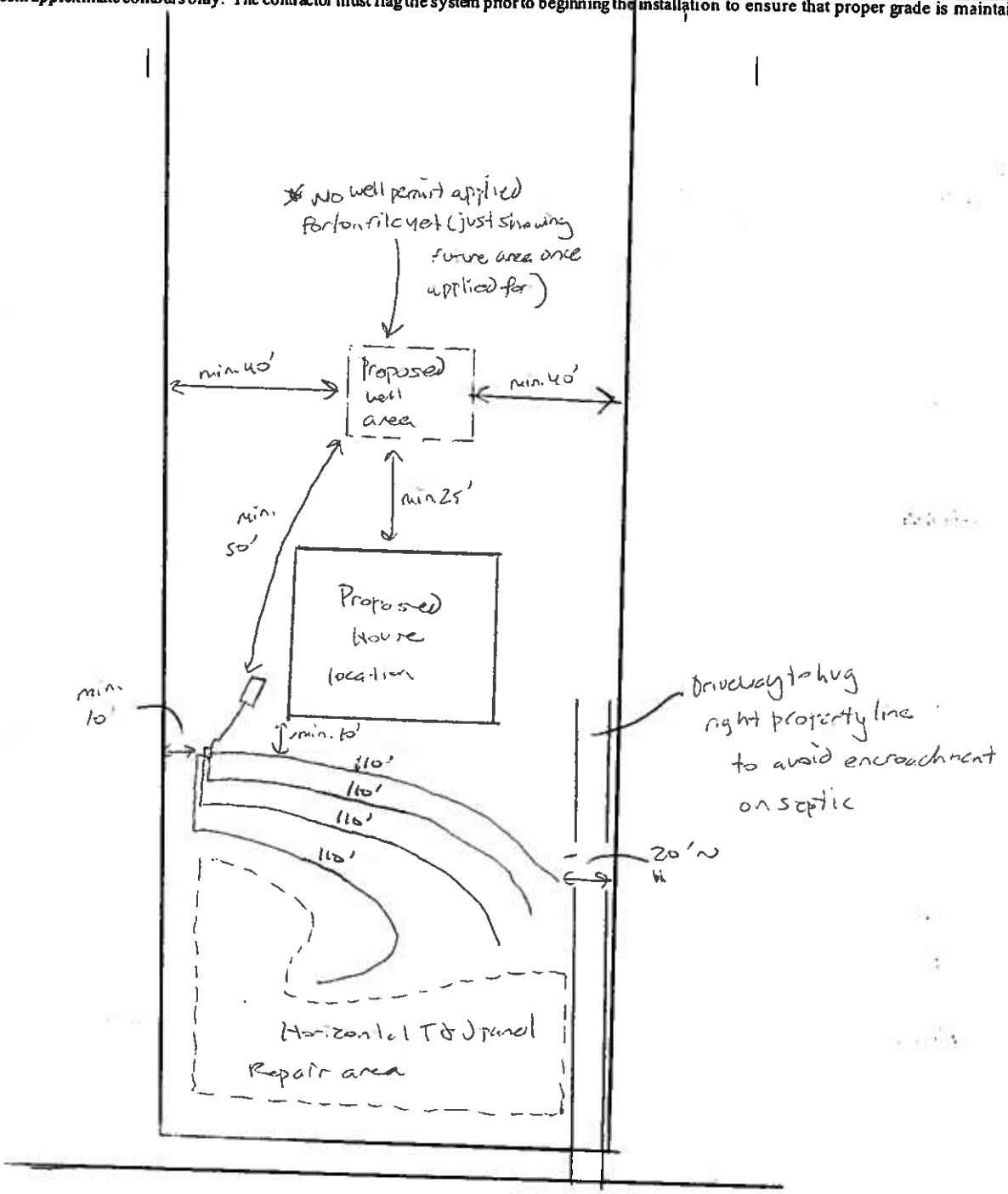
Watkins Wilkinson rd. — Address

lot 5 — Subdivision – Section – Lot

Authorized State Agent

4/8/26 — 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.



PERMIT CONDITIONS WHEN SEPTIC SYSTEMS ARE TO BE INSTALLED IN FRONT YARD

Prior to CA: Erect a 4' tall protection fence along grade line. Grade line is indicated on drawing No grading or construction traffic allowed inside septic area ***OR PERMIT MAY BE REVOKED.*** *Septic contractor must meet EHS onsite prior to working on system. No clearing of trees within area reserved for septic system without prior consultation with EHS. Utilities shall not cross the drainfield House gutter and foundation drains shall discharge away from and around area reserved for system and repair.*