PERMIT NUMBER 1432

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville	TAX NO.	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
	LOT SIZE	RESIDENCE ✓ BUSINESS ___ OTHER ___	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS: 6 MAX	
APPLICANT'S NAME & ADDRESS: John Sossaman		WATER SUPPLY WELL ☑ PUBLIC ☐	INITIAL INSTALLATION	REPAIR	
		TYPE OF WASTEWATER SYSTEM			
PROPERTY ADDRESS/LOCATION: 4135 Somerset Dr		DESIGN FLOW:		360 gpd	*THIS IMPROVEMENT PERMIT IS SUBJECT TO REVOCATION IF THE INTENDED USE CHANGES FROM THOSE SHOWN ON THE IMPROVEMENT PERMIT. CHANGES SHALL REQUIRE HEALTH DEPARTMENT APPROVAL.
		LTAR:		.3 gpd/ft2	
SUBDIVISION: Stoneridge		ABSORPTION AREA:		900 ft2	
LOT NUMBER: 5		TRENCH WIDTH		36"	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:		18-24"	
*Add tee + filter to tank. *Set new D-Box *Stay atleast 15' from pool and 50' from any well.		TRENCH SPACING:		9' o.c.	
		TOTAL TRENCH LENGTH:		300'	
		NUMBER OF TRENCHES:		3	
		GRAVEL / ACCEPTED:		Accepted	PERMIT VALID FOR: 5 YEARS (YES) NO
		TANK SIZE:		Existing	
		PUMP TANK SIZE:		N/A	NO EXPIRATION YES (NO)
		DISTRIBUTION DEVICE:		D-Box	

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IMPROVEMENT PERMIT DATE: 8-12-19

FOR: John Sossaman

ISSUED BY: Autumn Cramer

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CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 1432

Unless otherwise indicated, the same conditions above apply regarding system type, layout, location and installation requirement.

(The wastewater system cannot be installed until authorization is signed)

Comments: _____

Date: 8-12-19 Environmental Health Specialist: Autumn Cramer

Construction Authorization Addendum ☑ Yes ☐ No

OPERATION PERMIT DATE: 9-25-19

SYSTEM INSTALLED BY: Williams Grading

ISSUED BY: Autumn Cramer

PERFORMANCE, MONITORING, MAINTENANCE AND OPERATION AS REQUIRED BY RULE 1961

SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

SEPTIC AND PUMP TANK INSPECTION

SEPTIC TANK	INITIAL	DATE
Manufacturer _____		
Date of Manufacture _____		
Stamp _____		
Capacity _____		
Tee Existing		
Baffle _____		
Sealant _____		
AIR GAP_____,FILTER_____, RISER_____		

PUMP TANK		
Manufacture _____		
Date of Manufacture _____		
Stamp _____		
Capacity _____		
Sealant _____		
Manhole _____		
RISER_____, SEALANT_____		

MECHANICAL INSPECTION

PUMP		
Manufacturer and Model # _____		
Control Panel _____		
Alarm _____		
Electrical Connection _____		
SEALANT AROUND CONDUIT_____		

NITRIFICATION/DISTRIBUTION AND DRAINFIELD INSPECTION

DISTRIBUTION BOX		
Level ✓	GWC	9-23-19
Equal Distribution ✓	↓	↓
Other _____		
DISTRIBUTION MANIFOLD		
Pipe Size _____		
Gate Valves _____		
Other _____		

OTHER DISTRIBUTION
Type _____

NITRIFICATION LINES	LINE 1	LINE 2	LINE 3	LINE 4	LINE 5	LINE 6
Trench Width	3'	3'	3'			
Trench Length	100'	100'	100'			
Trench Grade	✓	✓	✓			
Stone Depth	–	–	–			

EZ-Flow

WELL INSPECTION

LOCATION OF WELL_____ _____ _____

COMMENTS:

_____

_____

_____

Granville – Vance District Health Department
Environmental Health

Pin _____ Permit Number 1432

Final Sketch

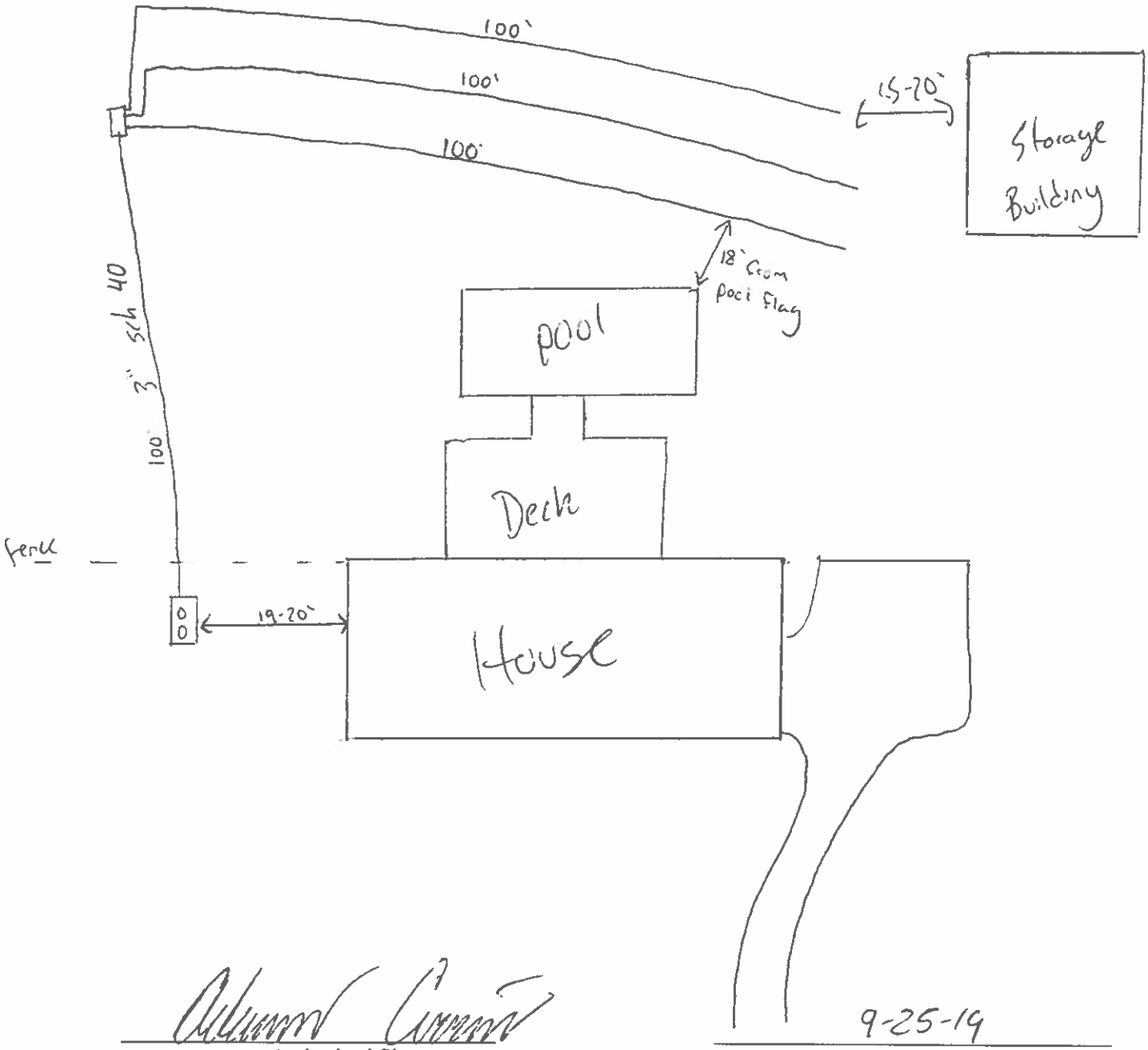
John Sossoman
Applicants Name

Stoneridge / 5
Subdivision – Section – Lot

Physical Address: 4135 Somerset Pr Number of Bedrooms 3

Williams Grading
System Installer

9-25-19
Date



Authorized Signature

9-25-19
Date

Granville-Vance District Health Department

Lisa M. Harrison, MPH, Health Director
Post Office Box 367
Oxford, North Carolina 27565

Granville County Health Dept.
101 Hunt Drive
Oxford, NC 27565
Phone: (919) 693-2688
Fax: 919-690-0106

Vance County Health Dept.
115 Charles Rollins Road
Henderson, NC 27536
Phone: (252) 492-7915
Fax: (252) 492-4219

Recertification of an Existing On-Site System and Well

Owner Name / Applicant Name: John Sossamon Date: 8-12-19
Physical Address: 4135 Somerset Dr Contact Number: 919-805-0425
Subdivision: Stoneridge Lot # 5 Zoning Permit # 21175

Septic Permit #: _____ Date Installed: _____

Recertification Of: 3 **Bedrooms Allowed** **Existing House Replacement**: Size:_____

Pool: ✓ - Size: 16x32
Septic Redesign/Upgrade: ✓
Permit # 1432

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 #: 1432
*** 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: _____

Adam Cross 8/12/19
Signature of REHS **Date**