

PERMIT NUMBER **06276**

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS

COUNTY: Vance	TAX NO. 0465A01015	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS. *THIS IMPROVEMENT PERMIT IS SUBJECT TO REVOCATION IF THE INTENDED USES CHANGE FROM THOSE SHOWN ON THE IMPROVEMENT PERMIT. CHANGES SHALL REQUIRE HEALTH DEPARTMENT APPROVAL.
	SR. NO.	RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS: 2	
OWNER: Yolanda Richardson	WATER SUPPLY	WELL ☒ PUBLIC ☐	OTHER ☐		
APPLICANT'S ADDRESS: 146 Oak Forest Dr.	TYPE OF WASTEWATER SYSTEM	INITIAL Type II INSTALLATION Conventional	REPAIR Same		
PROPERTY ADDRESS/LOCATION:	DESIGN FLOW:	360 g/day			
	LTAR:	.3			
SUBDIVISION: Oak Forest	ABSORPTION AREA:	1,200 ft²			
LOT NUMBER: 15	TRENCH WIDTH:	3'			
REFERENCE SKETCH (SEE PLAT FOR DETAILS)	TRENCH DEPTH:	24"			
	TRENCH SPACING:	9' centers			
	TOTAL TRENCH LENGTH:	400'			
	NUMBER OF TRENCHES:	45			
	GRAVEL DEPTH:	12"			
	TANK SIZE:	1,000 g			
	PUMP TANK SIZE:	NA			
	DISTRIBUTION DEVICE:	D-box		PERMIT VALID FOR: 5 YEARS YES ☒ NO ☐	
				NO EXPIRATION YES ☐ NO ☒	

***** IMPROVEMENT PERMIT DATE: *****

FOR:

ISSUED BY:

Mac Shingleton, RS

12-31-08

***** CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# **06276** *****

Unless otherwise indicated, the same conditions above apply regarding system type, layout, location and installation requirements.
(The wastewater system cannot be installed until authorization is signed)

Comments:

Date: **12-31-08**

Environmental Health Specialist:

Mac Shingleton, RS

Construction Authorization Addendum

☐ Yes ☒ No

***** OPERATION PERMIT DATE: **02/09/2009** *****

OPERATION PERMIT

DATE: **02/09/2009**

SYSTEM INSTALLED BY:

Pearce Backhoe

ISSUED BY:

Sarah Mott & Durham, RS

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

