

PERMIT NUMBER 3330

**GRANVILLE - VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS**

COUNTY: VANCE	TAX NO. 0408 03044	TYPE OF ESTABLISHMENT			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS. *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. *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.
	SR NO.	RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS: 3	
OWNER: WDT - CONSTRUCTION DENNIS THARRINGTON					
APPLICANT: KELCEY HAYES		WATER SUPPLY			
APPLICANT'S ADDRESS: 64 ALLEN RD		PUBLIC ☐	WELL ☒	OTHER ☐	
PROPERTY ADDRESS/LOCATION: 64 ALLEN RD		TYPE OF WASTEWATER SYSTEM			
		DESCRIPTION	INITIAL INSTALLATION	REPAIR	
SUBDIVISION:		DESIGN FLOW:	360 gpd		
LOT NUMBER: 1		LTAR:	0.3		
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		ABSORPTION AREA:	1200 FT²		
		TRENCH WIDTH:	3'		
		TRENCH SPACING:	9' ON CENTERS		
		TOTAL TRENCH LENGTH:	400'		
		NUMBER OF TRENCHES:	5		
		GRAVEL DEPTH:	12"		
		TANK SIZE:	1000 GAL		
		CONDITIONS:	36" TRENCH DIA		
IMPROVEMENT PERMIT				DATE:	
FOR: KELCEY HAYES				9-9-02	
ISSUED BY: <i>Paul T. [Signature]</i>					
OPERATION PERMIT				DATE:	
SYSTEM INSTALLED BY: WADDELL				3-4-03	
ISSUED BY: <i>Paul T. [Signature]</i>					