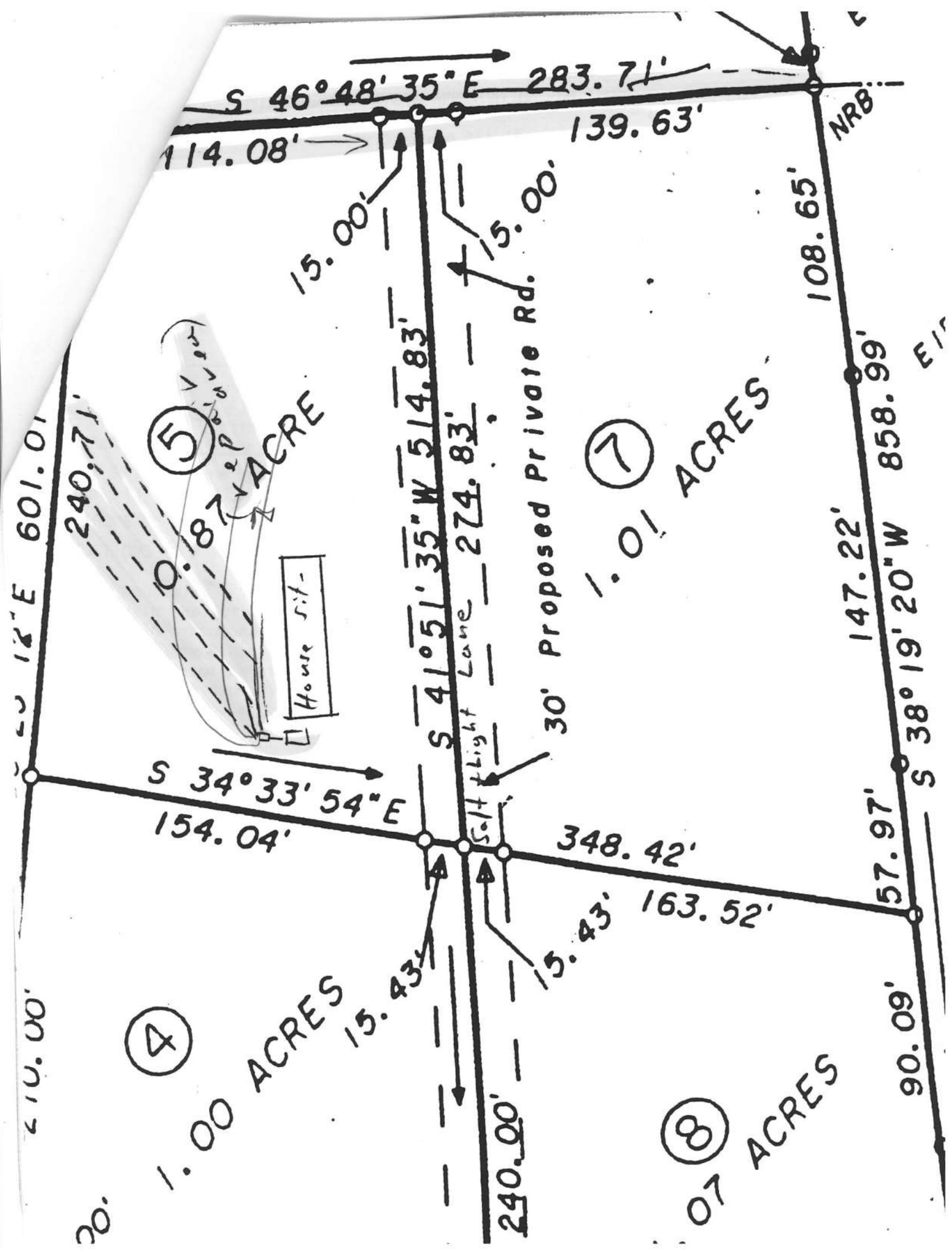


GRANVILLE - VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS

COUNTY: <i>Vance</i>	TAX NO. <i>0331 03036</i>	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. <i>1344</i>		RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: <i>3</i>	NUMBER OF OCCUPANTS:	
OWNER: <i>John Foster Homes</i>					
APPLICANT: <i>Tracey Foster</i>		WATER SUPPLY			
APPLICANT'S ADDRESS: <i>NC 20 Box 1208 Henderson</i>		PUBLIC ☐	WELL ☒	OTHER ☐	
PROPERTY ADDRESS/LOCATION: <i>Salt + Light Lane off Plum Nutt. Rd. #1 NC 39 N 71 Plum Lo</i>		TYPE OF WASTEWATER SYSTEM			
SUBDIVISION: <i>Plum Nutt.</i> LOT NUMBER: <i>5</i>		DESCRIPTION	INITIAL ☒ INSTALLATION	REPAIR	
		DESIGN FLOW:	<i>360 gpm</i>		
REFERENCE SKETCH (SEE PLAT FOR DETAILS) <i>See sketch on back. Dig trenches 18"-24" deep (level) on contour. Stay at least 5' from house, 10' from property line + 100' from any well. Do not install or call for inspection in rain.</i>		LTAR:	<i>.4</i>		
		ABSORPTION AREA:	<i>900 sq. ft.</i>		
		TRENCH WIDTH:	<i>3'</i>		
		TRENCH SPACING:	<i>9' on center</i>		
		TOTAL TRENCH LENGTH:	<i>300 ft</i>		
		NUMBER OF TRENCHES:	<i>3-5</i>		
		GRAVEL DEPTH:	<i>12"</i>		
		TANK SIZE:	<i>1000 gal.</i>		
CONDITIONS:					
IMPROVEMENT PERMIT					DATE:
FOR: <i>John Foster Homes / Tracey Foster</i>					<i>12-29-98</i>
ISSUED BY: <i>M. E. Young R.S.</i>					
OPERATION PERMIT					DATE:
SYSTEM INSTALLED BY: <i>John Ayseue</i>					<i>5-23-2000</i>
ISSUED BY: <i>W. V. [Signature]</i>					



SEPTIC DISPOSAL SYSTEM INSPECTION REPORT

John Foster Homes PERMIT NUMBER 1691
5-23-2000 CONTRACTOR John Ayres
 CONDITIONS overcast SOIL WETNESS CONDITIONS OK

SEPTIC AND PUMP TANK INSPECTION

SEPTIC TANK MANUFACTURER <u>GCP</u> DATE OF MANUFACTURE <u>4-15-2000</u> STAMP <u>✓</u> CAPACITY <u>1000</u> TEE <u>✓</u> BAFFLE <u>✓</u> SEALANT <u>✓</u>	INITIAL <u>WTA</u>	DATE <u>5-23-2000</u>
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PUMP TANK MANUFACTURER _____ DATE OF MANUFACTURE _____ STAMP _____ CAPACITY _____ SEALANT _____ MANHOLE _____ DRAW DOWN TEST _____		
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MECHANICAL INSPECTION

PUMP MANUFACTURER AND MODEL NUMBER _____ CONTROL PANEL _____ ALARM _____ ELECTRICAL CONNECTION _____		
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NITRIFICATION DISTRIBUTION AND DRAINFIELD INSPECTION

DISTRIBUTION BOX LEVEL _____ EQUAL DISTRIBUTION _____ OTHER _____		
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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	<u>3</u>	<u>3</u>	<u>3</u>			
TRENCH LENGTH	<u>100</u>	<u>100</u>	<u>100</u>			
TRENCH GRADE	<u>✓</u>					
STONE DEPTH	<u>12</u>	<u>12</u>	<u>12</u>			

COMMENTS: _____

