

N2 1316

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION

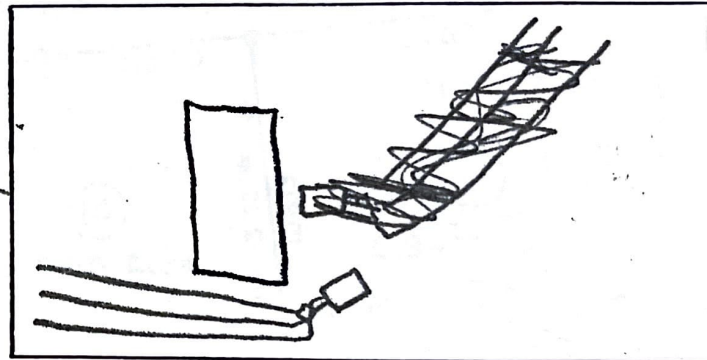
OWNER/AGENT Junious Terry
 LOCATION US #1 Bypass 72 N Cobble Creek Dr STATE ROAD NO. _____
 SUBDIVISION NAME Cobblestone 0452 A01015 LOT NO. 15

SYSTEM DESIGNED FOR:

NEW SYSTEM ☒ REPAIR _____ RESIDENCE house BUSINESS _____ OTHER _____
 NO. BEDROOMS 3 NO. OCCUPANTS 2 WATER SUPPLY: INDIVIDUAL _____ PUBLIC ☒
 LOT SIZE .84 ACRES F _____ L _____ B _____ R _____
 SEPTIC TANK 1000 GALLONS PUMP TANK _____ GALLONS DISTRIBUTION box
 NITRIFICATION FIELD 900 SQUARE FEET NUMBER OF LINES 3
 LENGTH OF LINES 100' WIDTH OF LINES 36" STONE DEPTH 12"

CONDITIONS _____

st. LAYOUT



NOTICE: The above are minimum specifications for a sewage disposal system on the above captioned property. This permit is subject to compliance with local zoning and building regulations and all the provisions of the Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal of the North Carolina Administrative Code. This permit may not be altered without written permission from a representative of the Granville-Vance District Health Department. System must be installed within _____ years of date of issuance. This permit is subject to revocation if site plans or the intended use changes.

I understand the requirements of this permit and the information I have provided is accurate to the best of my knowledge.

OWNER/AGENT _____ DATE _____
 IMPROVEMENT PERMIT BY: Wallace T. Vaughn RS DATE 8-8-95
 CERTIFICATE OF COMPLETION BY: Wallace T. Vaughn RS DATE 3-11-96
 SYSTEM INSTALLED BY: John Ayres

NOTICE: This approval indicates that the installation complies with all applicable state and local regulations, but shall in no way be taken as a guarantee that the system will function satisfactorily for any given period of time and the Granville-Vance District Health Department will not be held responsible for a malfunctioning system.

Mildred S. Wortham and
W.H. Stone, Jr.
D.B. 536 Pg. 310

