

# PUMP TO CONVENTIONAL - ORIGINAL & REPAIR

## PERMIT GOOD FOR 5 YEARS

PERMIT NUMBER 4059

2:30  
Time

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

|                                                                                                                         |                              |                                                                                                                      |                                             |                                     |                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COUNTY:<br><b>VANCE</b>                                                                                                 | TAX NO.<br><b>0354001027</b> | TYPE OF ESTABLISHMENT                                                                                                |                                             |                                     | *THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.                                                                                         |
| OWNER: <b>T&amp;W INVESTMENTS</b>                                                                                       | SR. NO.                      | RESIDENCE <input checked="" type="checkbox"/><br>BUSINESS <input type="checkbox"/><br>OTHER <input type="checkbox"/> | NUMBER OF BEDROOMS:<br><b>4 3</b>           | NUMBER OF OCCUPANTS:<br><b>≤ 86</b> |                                                                                                                                                                                       |
| APPLICANT: <b>WA. CURRIE</b>                                                                                            |                              | WATER SUPPLY                                                                                                         |                                             |                                     |                                                                                                                                                                                       |
| APPLICANT'S ADDRESS:                                                                                                    |                              | PUBLIC <input type="checkbox"/>                                                                                      | WELL <input checked="" type="checkbox"/>    | OTHER <input type="checkbox"/>      |                                                                                                                                                                                       |
| PROPERTY ADDRESS/LOCATION:<br><del>301 S. B. Harrison Rd</del><br><b>306 S B Harrison Rd</b><br><del>138 Tyler Ct</del> |                              | TYPE OF WASTEWATER SYSTEM                                                                                            |                                             |                                     | *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. |
| SUBDIVISION: <b>SOMERSET PLANTATION</b><br>LOT NUMBER: <b>27</b><br><b>73065</b>                                        |                              | DESCRIPTION                                                                                                          | INITIAL INSTALLATION                        | REPAIR                              |                                                                                                                                                                                       |
|                                                                                                                         |                              | DESIGN FLOW:                                                                                                         | <del>480</del> <b>360</b> gal/day           |                                     |                                                                                                                                                                                       |
| REFERENCE SKETCH (SEE PLAT FOR DETAILS)<br><b>*SEE ATTACHED LAYOUT</b>                                                  |                              | LTAR:                                                                                                                | <b>0.3</b>                                  |                                     |                                                                                                                                                                                       |
|                                                                                                                         |                              | ABSORPTION AREA:                                                                                                     | <del>1200</del> <b>1600</b> FT <sup>2</sup> |                                     |                                                                                                                                                                                       |
|                                                                                                                         |                              | TRENCH WIDTH:                                                                                                        | <b>3'</b>                                   |                                     |                                                                                                                                                                                       |
|                                                                                                                         |                              | TRENCH SPACING:                                                                                                      | <b>AT LEAST 9' ON CENTERS</b>               |                                     |                                                                                                                                                                                       |
|                                                                                                                         |                              | TOTAL TRENCH LENGTH:                                                                                                 | <del>535</del> <b>400'</b>                  |                                     |                                                                                                                                                                                       |
|                                                                                                                         |                              | NUMBER OF TRENCHES:                                                                                                  | <b>4 3</b>                                  |                                     |                                                                                                                                                                                       |
|                                                                                                                         |                              | GRAVEL DEPTH:                                                                                                        | <b>12"</b>                                  |                                     |                                                                                                                                                                                       |
| PERMIT VALID FOR 5 YEARS FROM DATE OF ISSUANCE                                                                          |                              | TANK SIZE:                                                                                                           | <b>1000 GAL</b>                             |                                     |                                                                                                                                                                                       |
|                                                                                                                         |                              | CONDITIONS:                                                                                                          | <b>24" TRENCH DEPTH</b>                     |                                     |                                                                                                                                                                                       |
| IMPROVEMENT PERMIT<br>FOR: <b>T&amp;W INVESTMENTS</b><br>ISSUED BY: <b>Paul G. [Signature]</b>                          |                              |                                                                                                                      |                                             | DATE:<br><b>11-19-03</b>            | *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.           |
| OPERATION PERMIT<br>SYSTEM INSTALLED BY: <b>Cole's Backhoe Service</b><br>ISSUED BY:                                    |                              |                                                                                                                      |                                             | DATE:                               |                                                                                                                                                                                       |