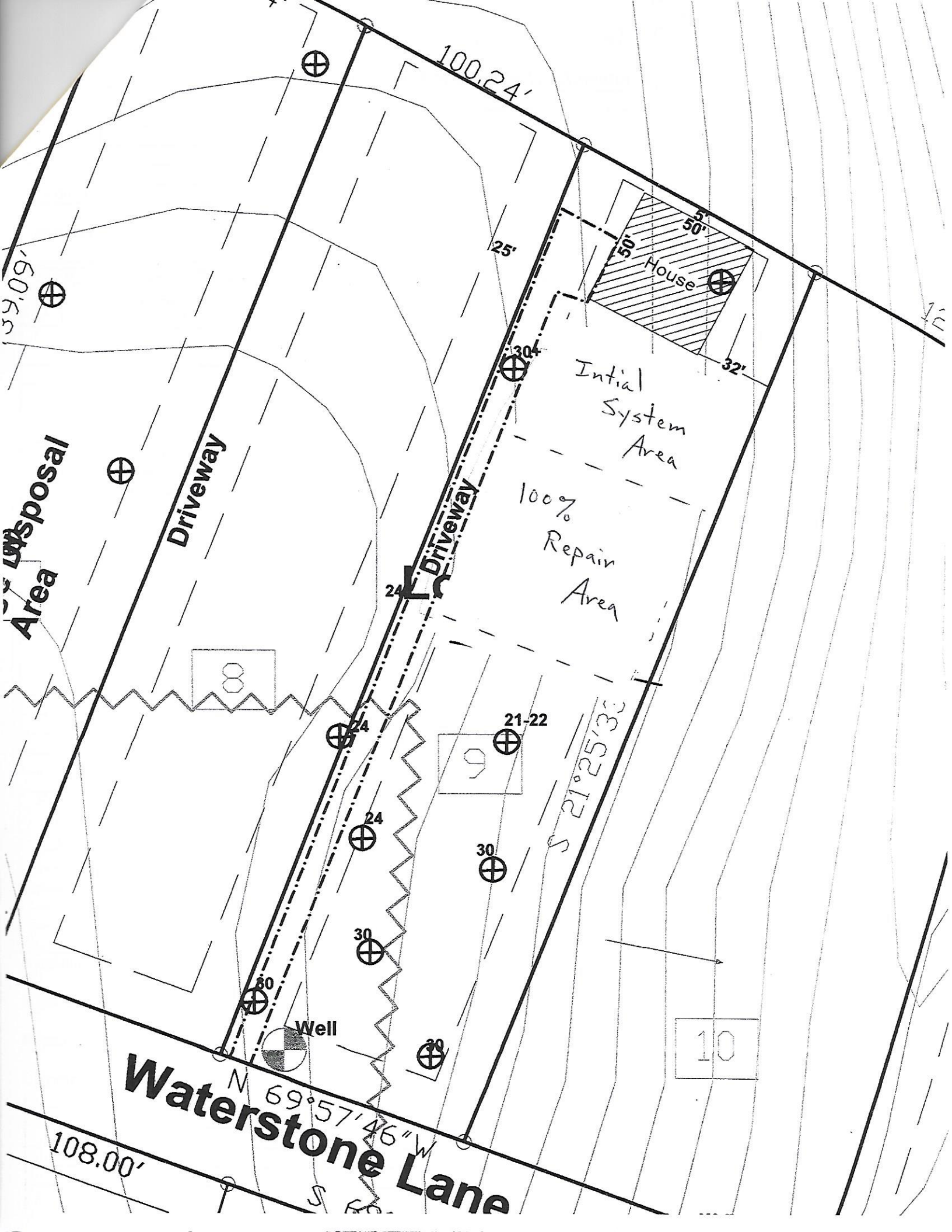




\* Pump System

PERMIT NUMBER 06734

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT  
IMPROVEMENT AND OPERATION PERMITS

|                                                                                           |                              |                                                                                                                      |                                                                             |                                |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COUNTY:                                                                                   | TAX NO.                      | TYPE OF ESTABLISHMENTS                                                                                               |                                                                             |                                | *THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.                                                                               |
| Vance                                                                                     | SR. NO.                      | RESIDENCE <input checked="" type="checkbox"/><br>BUSINESS <input type="checkbox"/><br>OTHER <input type="checkbox"/> | NUMBER OF BEDROOMS: <u>3</u>                                                | NUMBER OF OCCUPANTS: <u>3</u>  |                                                                                                                                                                             |
|                                                                                           | OWNER:<br>Lake Peninsula LLC | WATER SUPPLY                                                                                                         | WELL <input checked="" type="checkbox"/><br>PUBLIC <input type="checkbox"/> | OTHER <input type="checkbox"/> |                                                                                                                                                                             |
|                                                                                           | APPLICANT'S ADDRESS:         | TYPE OF WASTEWATER SYSTEM                                                                                            | INITIAL <u>Type III</u><br>INSTALLATION<br><u>Pump to Conv.</u>             | REPAIR<br><u>Same</u>          |                                                                                                                                                                             |
| PROPERTY ADDRESS/LOCATION:                                                                | DESIGN FLOW:                 |                                                                                                                      |                                                                             |                                | *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. |
| 727 Waterstone Ln.                                                                        | LTAR:                        |                                                                                                                      |                                                                             |                                |                                                                                                                                                                             |
| SUBDIVISION:<br>The Peninsula @ Kerr Lake                                                 | ABSORPTION AREA:             |                                                                                                                      |                                                                             |                                |                                                                                                                                                                             |
| LOT NUMBER: <u>9</u>                                                                      | TRENCH WIDTH:                |                                                                                                                      |                                                                             |                                |                                                                                                                                                                             |
| REFERENCE SKETCH (SEE PLAT FOR DETAILS)                                                   | TRENCH DEPTH:                |                                                                                                                      |                                                                             |                                |                                                                                                                                                                             |
| * Contact Health Dept. for construction authorization prior to obtaining building permit. | TRENCH SPACING:              |                                                                                                                      |                                                                             |                                |                                                                                                                                                                             |
|                                                                                           | TOTAL TRENCH LENGTH:         |                                                                                                                      |                                                                             |                                |                                                                                                                                                                             |
|                                                                                           | NUMBER OF TRENCHES:          |                                                                                                                      |                                                                             |                                |                                                                                                                                                                             |
|                                                                                           | GRAVEL DEPTH:                |                                                                                                                      |                                                                             |                                |                                                                                                                                                                             |
|                                                                                           | TANK SIZE:                   |                                                                                                                      |                                                                             |                                |                                                                                                                                                                             |
|                                                                                           | PUMP TANK SIZE:              |                                                                                                                      |                                                                             |                                |                                                                                                                                                                             |
|                                                                                           | DISTRIBUTION DEVICE:         |                                                                                                                      |                                                                             |                                |                                                                                                                                                                             |
| *****                                                                                     |                              |                                                                                                                      |                                                                             |                                | PERMIT VALID FOR: 5 YEARS<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                            |
| *****                                                                                     |                              |                                                                                                                      |                                                                             |                                | NO EXPIRATION<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                        |

IMPROVEMENT PERMIT

DATE:

FOR:

ISSUED BY:

Mac Shingleton, REHS / CHS 6-21-12 14/4/17

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 6734

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: House must set in designated area

Date: 4/4/17

Environmental Health Specialist:

Ch. Hall

Construction Authorization Addendum ☒ Yes ☐ No

OPERATION PERMIT

DATE:

SYSTEM INSTALLED BY:

ISSUED BY:

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