* ~~Pump System~~ must Gravity!

PERMIT NUMBER 057

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Vance

TAX NO.

SR. NO.

OWNER: Patrick Brame

APPLICANT'S ADDRESS: ~~3643~~ 3650 Bobbitt Rd. Pittsboro, NC 27544

PROPERTY ADDRESS/LOCATION: Bobbitt Rd. / ~~Just Past Ford Rd.~~

SUBDIVISION:

LOT NUMBER:

REFERENCE SKETCH (SEE PLAT FOR DETAILS)

* Health Dept. must be contacted to obtain Construction Authorization prior to construction of home.

TYPE OF ESTABLISHMENTS		
RESIDENCE ✓ BUSINESS — OTHER —	NUMBER OF BEDROOMS: 4	NUMBER OF OCCUPANTS: 5
WATER SUPPLY	WELL — PUBLIC —	OTHER —
TYPE OF WASTEWATER SYSTEM	INITIAL Type III Installation Pump to Conv.	REPAIR Same
DESIGN FLOW:	480 g/day	
LTAR:	.3	
ABSORPTION AREA:	1,600 ft²	
TRENCH WIDTH:	3'	
TRENCH DEPTH:	18"	
TRENCH SPACING:	9' centers	
TOTAL TRENCH LENGTH:	535'	
NUMBER OF TRENCHES:	5	
GRAVEL DEPTH:	12"	
TANK SIZE:	1,000 g	
PUMP TANK SIZE:	1,000 gal	
DISTRIBUTION DEVICE:	Pressure ~~Gravity~~ Manifold	

*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.

*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.

PERMIT VALID FOR: 5 YEARS (YES) NO

NO EXPIRATION YES (NO)

****

IMPROVEMENT PERMIT DATE:

FOR: Patrick Brame

ISSUED BY: Mac Shingleton, RS 10-4-06

****

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 5239

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: _____

Date: 2-6-13 Environmental Health Specialist: Walter D Vaughan REHS

Construction Authorization Addendum ☐ Yes ☐ No

****

OPERATION PERMIT DATE: 10/28/14

SYSTEM INSTALLED BY: TT Robertson

ISSUED BY: Chris Hall

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

Granville-Vance Dist. Health Department
Environmental Health

Pin 0484 04612 Permit Number 5739

___ Improvement Permit ___/___ Construction Authorization

SITE SKETCH

PATRICK BROME
Applicants Name

365 Bobbitt Rd
Subdivision – Section – Lot

Chris Hall
Authorized State Agent

10/28/14
Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to insure that proper grade is maintained.