

pump 10:30 5-10-13  
12:00

PERMIT NUMBER **07393**

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT  
IMPROVEMENT AND OPERATION PERMITS

2 only #  
1769

|                                                                                                              |                           |                                               |                                                 |                                |                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------|-------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COUNTY:                                                                                                      | TAX NO.                   | TYPE OF ESTABLISHMENTS                        |                                                 |                                | THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.                                                                               |
| Granville                                                                                                    | 182-100691666             | RESIDENCE <input checked="" type="checkbox"/> | NUMBER OF BEDROOMS:                             | NUMBER OF OCCUPANTS:           |                                                                                                                                                                            |
|                                                                                                              | SR. NO.                   | BUSINESS <input type="checkbox"/>             | 4                                               | 3 max                          |                                                                                                                                                                            |
|                                                                                                              | OWNER: Satterwhite Const. | OTHER <input type="checkbox"/>                |                                                 |                                |                                                                                                                                                                            |
| APPLICANT'S ADDRESS:                                                                                         |                           | WATER SUPPLY                                  | WELL PUBLIC <input checked="" type="checkbox"/> | OTHER <input type="checkbox"/> | 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. |
| 5933 Farmwood Rd Raleigh NC 27610                                                                            |                           | TYPE OF WASTEWATER SYSTEM                     | INITIAL INSTALLATION                            | REPAIR                         |                                                                                                                                                                            |
| PROPERTY ADDRESS/LOCATION:                                                                                   |                           | DESIGN FLOW:                                  | Type III b, g                                   | Type III b, g                  |                                                                                                                                                                            |
| Antler Dr                                                                                                    |                           | LTAR:                                         | 440 gpd                                         | 275 gpd/ft                     |                                                                                                                                                                            |
| SUBDIVISION: Marshall Landing                                                                                |                           | ABSORPTION AREA:                              | 1' x 15' ft <sup>2</sup>                        |                                |                                                                                                                                                                            |
| LOT NUMBER: 33                                                                                               |                           | TRENCH WIDTH:                                 | 3'                                              |                                |                                                                                                                                                                            |
| REFERENCE SKETCH (SEE PLAT FOR DETAILS)                                                                      |                           | TRENCH DEPTH:                                 | 24"                                             |                                |                                                                                                                                                                            |
| - Follow Soil Consultant layout/design<br>- call for re flagging if necessary<br>- install in dry conditions |                           | TRENCH SPACING:                               | 9' o.c.                                         |                                |                                                                                                                                                                            |
|                                                                                                              |                           | TOTAL TRENCH LENGTH:                          | 440'                                            |                                |                                                                                                                                                                            |
|                                                                                                              |                           | NUMBER OF TRENCHES:                           | 6 w/ stepdowns                                  |                                |                                                                                                                                                                            |
|                                                                                                              |                           | GRAVEL DEPTH:                                 | Accepted status                                 |                                |                                                                                                                                                                            |
|                                                                                                              |                           | TANK SIZE:                                    | 1200 gal                                        |                                |                                                                                                                                                                            |
|                                                                                                              |                           | PUMP TANK SIZE:                               | 1200 gal                                        |                                |                                                                                                                                                                            |
|                                                                                                              |                           | DISTRIBUTION DEVICE:                          | Pressure manifold                               |                                | 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: 3-14-2012

FOR: Satterwhite Const.  
ISSUED BY: David Cumbee

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 7393

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: stay 10' from property line + 10' from building foundation

Date: 3-14-13 Environmental Health Specialist: D. Cumbee

Construction Authorization Addendum ☐ Yes ☒ No

OPERATION PERMIT

DATE: 5-10-13

SYSTEM INSTALLED BY: J. H. Henshaw  
ISSUED BY: D. Cumbee

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

Granville - Vance District Health Department  
Environmental Health

Pin 18240041064

Permit Number 7393

Improvement Permit

Construction Authorization

Final Sketch

Applicants Name  
*Shirley Green*

Subdivision - Section - Lot  
*Marble Land - 10 + 33*

Physical Address:

*Antenna Drive*

System Installer

*Imusti*

Date  
*5-10-13*

System design and details as installed.

Septic Tank Information:

Date: *1-30-13*  
Manufacturer: *DB-1200*  
ID #: *STB-34*

Pump Tank Information:

Date: *9-10-12*  
Manufacturer: *DB-1200*  
ID #: *PT-V43*

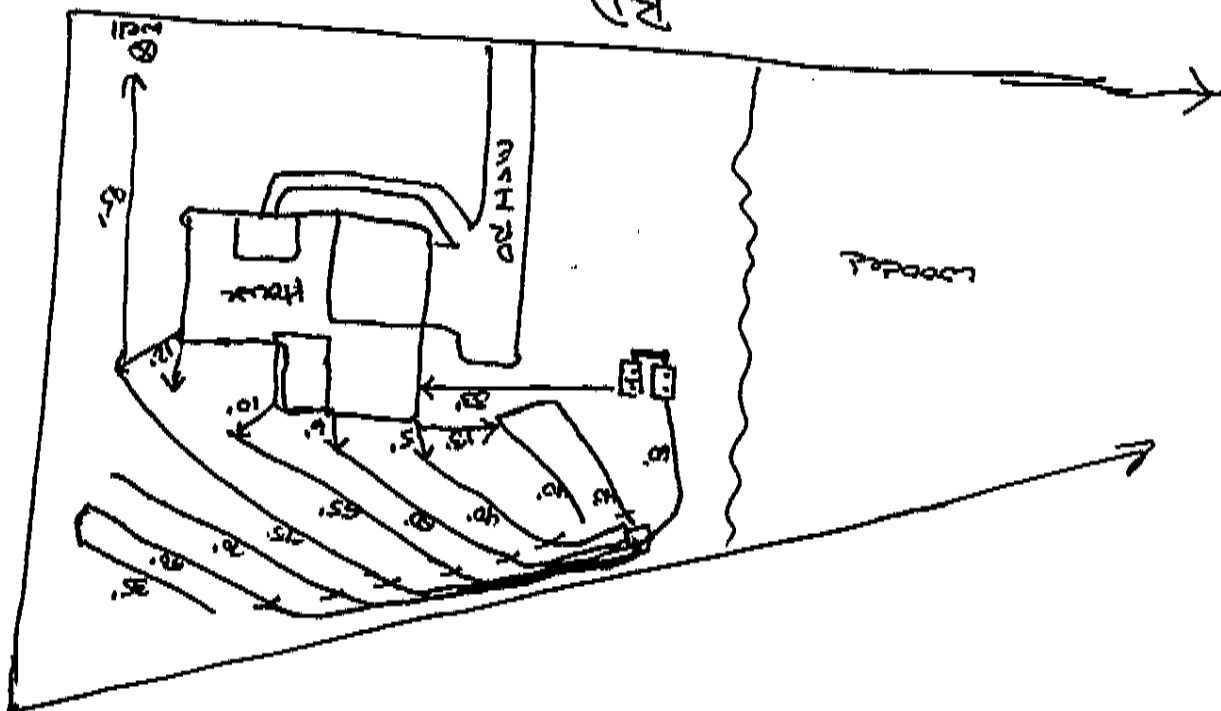
Distribution Box  
Pressure Manifold  
Serial Distribution  
Pump Info:

Well Drilled: *yes*  
Chamber  
Other:

Number of Bedrooms: *4*  
Polystyrene  
Gravel

Type of Facility: *Residential*  
Type of System: *Gravity*  
Pump

Septic tank and pump details



Authorized Signature  
*[Signature]*

Date  
*5-10-13*