Shop

PERMIT NUMBER 1318

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville	TAX NO.	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
	LOT SIZE	RESIDENCE ___ BUSINESS ___ OTHER ___	NUMBER OF BEDROOMS: 2	NUMBER OF OCCUPANTS:	
APPLICANT'S NAME & ADDRESS: Kelly Gentry		WATER SUPPLY WELL ☐ PUBLIC ☐	INITIAL INSTALLATION	REPAIR	
		TYPE OF WASTEWATER SYSTEM	III g		
PROPERTY ADDRESS/LOCATION: 2910 Flat Rock Rd		DESIGN FLOW:	240 gpd		*THIS IMPROVEMENT PERMIT IS SUBJECT TO REVOCATION IF THE INTENDED USE CHANGES FROM THOSE SHOWN ON THE IMPROVEMENT PERMIT. CHANGES SHALL REQUIRE HEALTH DEPARTMENT APPROVAL.
		LTAR:	.3 gpd/ft²		
SUBDIVISION:		ABSORPTION AREA:	600 ft²		
LOT NUMBER:		TRENCH WIDTH	36"		
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:	24-28"		
* Contractor may use a gravity system if minimum slope requirements can be met. * NEMA 4x control panel with alarm * 1/2" sch 40 taps with adjustment values.		TRENCH SPACING:	9' o.c.		
		TOTAL TRENCH LENGTH:	200'		
		NUMBER OF TRENCHES:	2 or 3		
		GRAVEL / ACCEPTED:	Accepted		PERMIT VALID FOR: 5 YEARS YES NO
		TANK SIZE:	1000 gal		
		PUMP TANK SIZE:	N/A ~~1000 gal~~ WTB		NO EXPIRATION YES NO
		DISTRIBUTION DEVICE:	~~Pressure manifold~~ "D" Box WTB		

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IMPROVEMENT PERMIT DATE: 3-13-19

FOR: Kelly Gentry

ISSUED BY: Autumn Cowan

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CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 1318

Unless otherwise indicated, the same conditions above apply regarding system type, layout, location and installation requirement.

(The wastewater system cannot be installed until authorization is signed)

Comments: _____

Date: 3-13-19 Environmental Health Specialist: Autumn Cowan

Construction Authorization Addendum ☐ Yes ☐ No

OPERATION PERMIT DATE: 6-24-19

SYSTEM INSTALLED BY: Blackley

ISSUED BY: _____

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

Granville – Vance District Health Department
Environmental Health

Pin 183700290333 Permit Number 7748

✓ Improvement Permit ✓ Construction Authorization

Final Sketch

Alma Blackley — Applicants Name
n/a — Subdivision – Section – Lot

Physical Address: 2910 Flat Rock Rd

Cole's Backhoe Service — System Installer
4-17-14 — Date

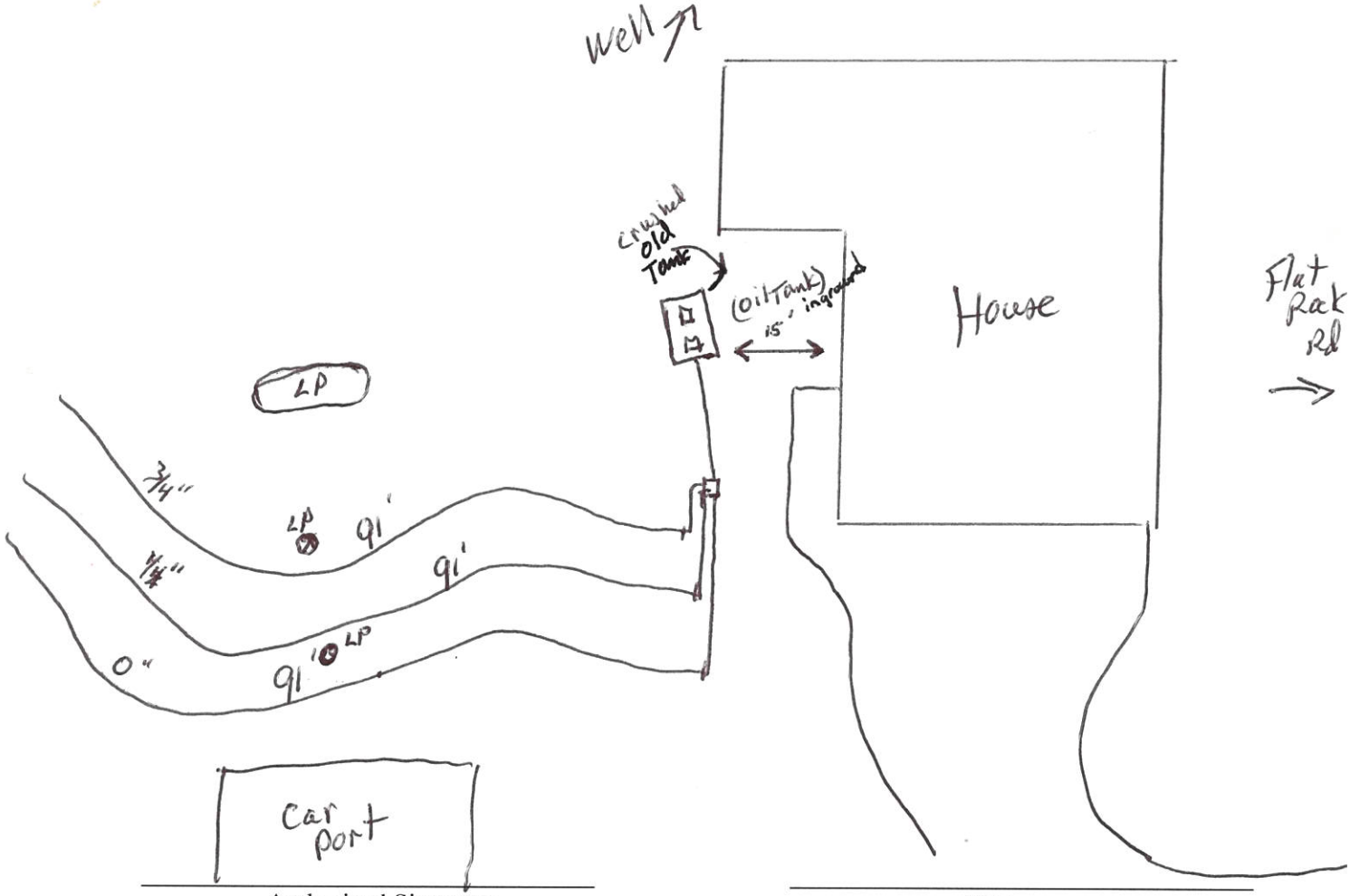
System design and details as installed.

Septic Tank Information:
Date: 6-20-13
Manufacture: Ellis - 1000 gal
ID #: STB - 789

Pump Tank Information:
Date:
Manufacturer:
ID #:

Distribution Box X
Pressure Manifold
Serial Distribution
Pump Info:

Type of Facility: House Number of Bedrooms: 2 Well Drilled: X
Type of System: X Gravity ___ Pump X Gravel ___ Polystyrene ___ Chamber ___ Other: ___



Authorized Signature — Date

David Cole

↓ Philo White Rd