

PERMIT NUMBER **06551**

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.
Granville	105102656990	RESIDENCE ☒	NUMBER OF BEDROOMS:	NUMBER OF OCCUPANTS:	
	SR. NO. 1502	BUSINESS ☐	3	2	
	OWNER: Robert + Anne Miller	OTHER ☐			
APPLICANT'S ADDRESS:		WATER SUPPLY	WELL ☒	OTHER ☐	*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.
158 Ketchum Hill Rd Port Crane NY 13833		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	REPAIR	
Brenda Newton, agent		DESIGN FLOW:	360 GPD	Prompt repair Type II b	
PROPERTY ADDRESS/LOCATION:		LTAR:	1.36 F ²		
SUBDIVISION:		ABSORPTION AREA:	900 F ²		
Island Creek Lakeland		TRENCH WIDTH:	3'		
LOT NUMBER: 22 Farms		TRENCH DEPTH:	18-24"		
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH SPACING:	9'		
See attached Plat		TOTAL TRENCH LENGTH:	300'		
If you have questions about Sewer Systems contact Health Dept. 693-2688.		NUMBER OF TRENCHES:	3		
		GRAVEL DEPTH:	Accepted		PERMIT VALID FOR 5 YEARS YES ☒ NO ☐
		TANK SIZE:	1000 gal		
		PUMP TANK SIZE:			NO EXPIRATION YES ☐ NO ☒
		DISTRIBUTION DEVICE:	Dist. Box		

IMPROVEMENT PERMIT

DATE: 10-16-07

FOR: Robert + Anne Miller

ISSUED BY:

Jerry B. Clayton, AS

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 06551

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: locate system in area shown on Plat + tagged on lot

Date: 10-16-07

Environmental Health Specialist:

Jerry B. Clayton, AS

Construction Authorization Addendum ☐ Yes ☒ No

OPERATION PERMIT

DATE:

SYSTEM INSTALLED BY:

ISSUED BY:

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

