

PERMIT NUMBER 4273

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY:	TAX NO.	TYPE OF ESTABLISHMENT			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS. *THE IMPROVEMENTS PERMIT MUST BE ATTACHED TO A CONSTRUCTION AUTHORIZATION BEFORE OBTAINING BUILDING PERMIT OR OTHER CONSTRUCTION PERMITS AND BEFORE A WASTEWATER SYSTEM IS INSTALLED. *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
<i>Granville</i>	<i>19300079216</i>	RESIDENCE ☒	NUMBER OF BEDROOMS:	NUMBER OF OCCUPANTS:	
OWNER:	SR. NO.	BUSINESS ☐	<i>3</i>	<i>2</i>	
<i>Finford Ann Freese</i>	<i>7622</i>	OTHER ☐			
APPLICANT:		WATER SUPPLY			
APPLICANT'S ADDRESS:		PUBLIC ☐	WELL ☒	OTHER ☐	
<i>4157 Conard Mill Rd</i>					
PROPERTY ADDRESS/LOCATION:		TYPE OF WASTEWATER SYSTEM			
<i>Same</i>		DESCRIPTION	INITIAL INSTALLATION	REPAIR	
SUBDIVISION:	<i>Granville</i>	DESIGN FLOW:	<i>360 GPD</i>		
LOT NUMBER:	<i>3</i>	LTAR:	<i>136 F²</i>		
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		ABSORPTION AREA:	<i>1700 F²</i>		
<i>Keep Septic shallow, install</i>		TRENCH WIDTH:	<i>3'</i>		
		TRENCH SPACING:	<i>9'</i>		
		TOTAL TRENCH LENGTH:	<i>400'</i>		
		NUMBER OF TRENCHES:	<i>5</i>		
		GRAVEL DEPTH:	<i>12"</i>		
		TANK SIZE:	<i>1000 gal</i>		
		CONDITIONS:	<i>Location in Area Shown on Plat</i>		
IMPROVEMENT PERMIT		DATE:			
FOR: <i>Finford Ann Freese</i>		<i>6-7-04</i>			
ISSUED BY: <i>Jim B. Clayton RS</i>					
OPERATION PERMIT		DATE:			
SYSTEM INSTALLED BY:					
ISSUED BY:					