PERMIT NUMBER 9283

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.
	SR. NO.	RESIDENCE ✓ BUSINESS — OTHER —	NUMBER OF BEDROOMS: 4	NUMBER OF OCCUPANTS: 8 MAX
APPLICANT: Traditions Builders		WATER SUPPLY	WELL ✓ PUBLIC —	OTHER —
APPLICANT'S NAME & ADDRESS:		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	REPAIR
			III g	
PROPERTY ADDRESS/LOCATION: Hillcrest Way		DESIGN FLOW:	480 gpd	
		LTAR:	.3 gpd/ft²	
SUBDIVISION: Windsor Lakes		ABSORPTION AREA:	1,200 ft²	
LOT NUMBER: 48		TRENCH WIDTH:	36"	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:	18-20"	*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.
* Risers on tank		TRENCH SPACING:	9' O.C.	
* Stay as close to house with line as possible. (6')		TOTAL TRENCH LENGTH:	400'	
		NUMBER OF TRENCHES:	3	
		GRAVEL DEPTH:	N/A	
		TANK SIZE:	1000 gal	PERMIT VALID FOR: 5 YEARS YES (5) NO
		PUMP TANK SIZE:	N/A	
		DISTRIBUTION DEVICE:	D-Box	NO EXPIRATION YES NO (✓)

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IMPROVEMENT PERMIT DATE: 1/10/18

FOR: Traditions Builders

ISSUED BY: Adam Currin

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CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# _____

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: 1/10/18 Environmental Health Specialist: Adam Currin

Construction Authorization Addendum ☐ Yes ☐ No

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OPERATION PERMIT DATE: Tank 5-30-18 (AWC) 6-5-18

SYSTEM INSTALLED BY: Brantley

ISSUED BY: Adam Currin

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

Granville-Vance District Health Department

Environmental Health

PIN _____

Final Sketch

Date 6-5-18

Traditions Builder — Applicant's Name

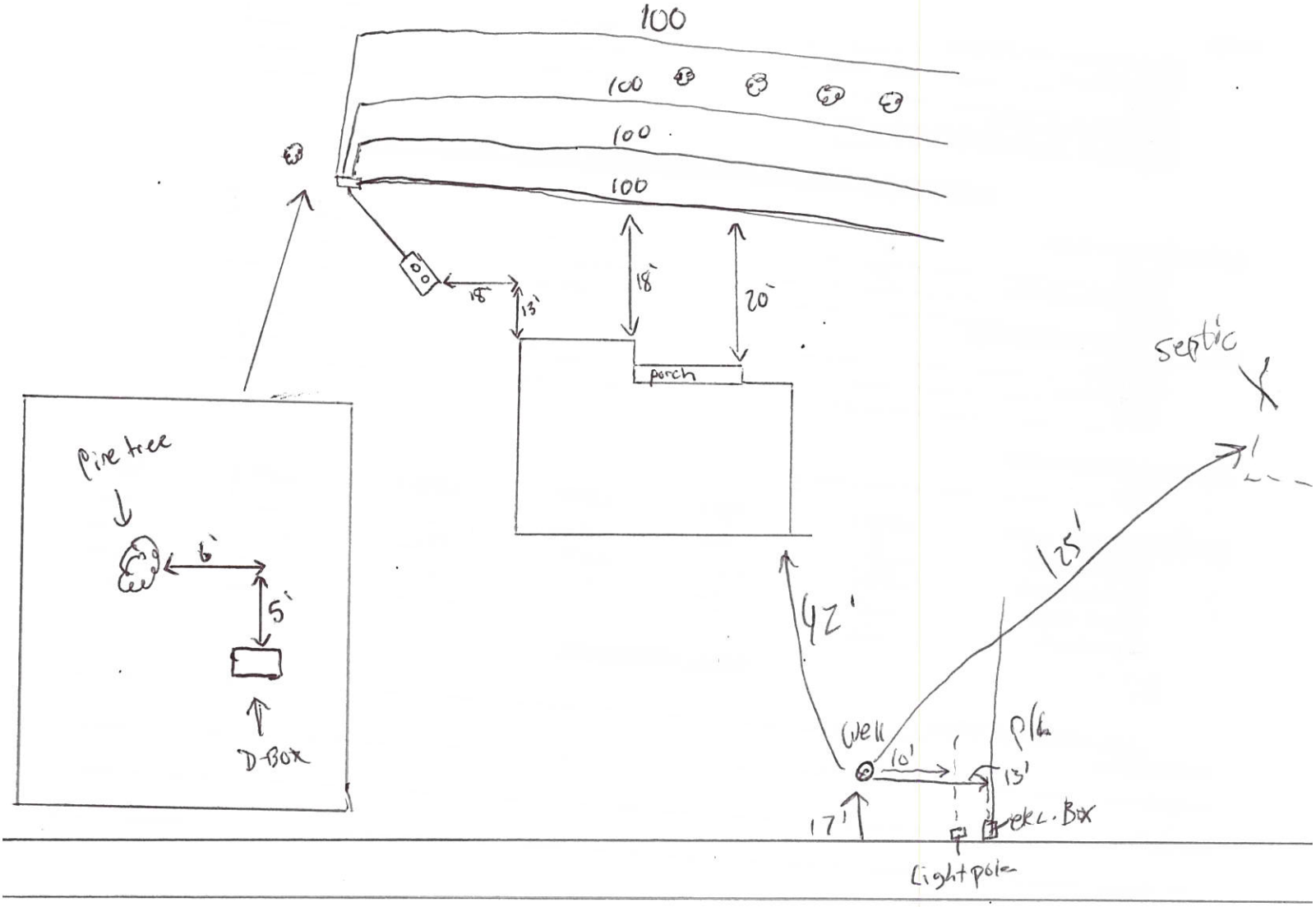
9283 — Permit No.

Windsor Lakes/48 — Subdivision/Lot Number

Brantley — System Installer

Physical Address: Hillcrest Way

Authorized Signature



SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

SEPTIC AND PUMP TANK INSPECTION

INITIAL: awc

DATE: 5-30-18

SEPTIC TANK
- Manufacturer: DB
- Date of Manufacture: 3-6-18
- Stamp: STB-502
- Capacity: 1000
- Tee: ✓
- Baffle: ✓
- Sealant: ✓
- AIR GAP: ✓, FILTER: ____, RISER: ✓

PUMP TANK
- Manufacture: ____
- Date of Manufacture: ____
- Stamp: ____
- Capacity: ____
- Sealant: ____
- Manhole: ____
- RISER: ____, SEALANT: ____

MECHANICAL INSPECTION

PUMP
- Manufacturer and Model #: ____
- Control Panel: ____
- Alarm: ____
- Electrical Connection: ____
- SEALANT AROUND CONDUIT: ____

NITRIFICATION/DISTRIBUTION AND DRAINFIELD INSPECTION

awc

6-4-18

DISTRIBUTION BOX
- Level: ✓
- Equal Distribution: ✓
- Other: ____

DISTRIBUTION MANIFOLD
- Pipe Size: ____
- Gate Valves: ____
- Other: ____

OTHER DISTRIBUTION
- Type: ____

NITRIFICATION LINES	LINE 1	LINE 2	LINE 3	LINE 4	LINE 5	LINE 6
Trench Width	3'	3'	3'	3'		
Trench Length	100'	100'	100'	100'		
Trench Grade	✓	✓	✓	✓		
Stone Depth	—	—	—	—		

EZ-Flow

WELL INSPECTION

LOCATION OF WELL: ____

COMMENTS: