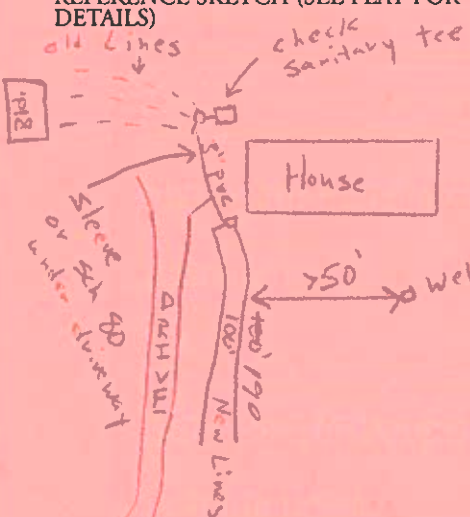


* Repair Permit
- Contact Health Dept. prior to installation
PERMIT NUMBER 06061

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.
Vance	SR. NO.	RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS: 2	
OWNER: Ashley + Kristi Gill		WATER SUPPLY	WELL ☒ PUBLIC ☐	OTHER ☐	
APPLICANT'S ADDRESS: 5141 NC 39 Hwy. N Henderson, NC 27537		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	REPAIR	*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.
PROPERTY ADDRESS/LOCATION: Same		DESIGN FLOW:		360 g/day	
SUBDIVISION:		LTAR:		.3	
LOT NUMBER:		ABSORPTION AREA:		538 ft ² (new)	
		TRENCH WIDTH:		3'	
REFERENCE SKETCH (SEE PLAT FOR DETAILS) 		TRENCH DEPTH:		24"	
		TRENCH SPACING:		9' centers	
		TOTAL TRENCH LENGTH:		578 (new)	
		NUMBER OF TRENCHES:			
		GRAVEL DEPTH:		12"	
		TANK SIZE:		Existing	
		PUMP TANK SIZE:		NA	
		DISTRIBUTION DEVICE:		D-box	PERMIT VALID FOR: 5 YEARS YES ☒ NO ☐
					NO EXPIRATION YES ☐ NO ☒

NC 39 IMPROVEMENT PERMIT DATE:*****

FOR: Ashley + Kristi Gill
ISSUED BY: Mac Shingleton, R.S. 2-16-07

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 06061

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: 2-16-07 Environmental Health Specialist: Mac Shingleton, R.S.
Construction Authorization Addendum ☐ Yes ☐ No

OPERATION PERMIT DATE:

SYSTEM INSTALLED BY: K.T. Moore 2-28-07
ISSUED BY: Walter S. Vaughan, R.S.

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