

*25% Reduction Accepted System

PERMIT NUMBER 07456

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY:	TAX NO. 0580 01029	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: 6	
OWNER: David Vick Reeves Land One LLC		WATER SUPPLY	WELL ☒ PUBLIC ☐	OTHER ☐	
APPLICANT'S ADDRESS:		TYPE OF WASTEWATER SYSTEM	INITIAL Type II INSTALLATION Accepted	REPAIR Pump to Accepted	
PROPERTY ADDRESS/LOCATION: 43 Mt. Pleasant Church Rd.		DESIGN FLOW:	360 g/day		*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.
SUBDIVISION:		LTAR:	.3		
LOT NUMBER: Lot # H		ABSORPTION AREA:	900 ft ²		
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH WIDTH:	3'		
* Contact Health Dept. for construction authorization after new map for Lot H is recorded.		TRENCH DEPTH:	18"		PERMIT VALID FOR: 5 YEARS ☒ YES ☐ NO
		TRENCH SPACING:	9' centers		
		TOTAL TRENCH LENGTH:	300'		
		NUMBER OF TRENCHES:	4		
		GRAVEL DEPTH:	NA		NO EXPIRATION YES ☐ NO ☒
		TANK SIZE:	1,000 g		
		PUMP TANK SIZE:	NA		
		DISTRIBUTION DEVICE:	D-box		

IMPROVEMENT PERMIT DATE:

FOR:

ISSUED BY:

Mac Shingleton, REHS

12-6-12

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: 7/30/19 Environmental Health Specialist:

Chm: RA

Construction Authorization Addendum ☐ Yes ☐ No

OPERATION PERMIT

DATE: 7/30/19

SYSTEM INSTALLED BY:

CBS

ISSUED BY:

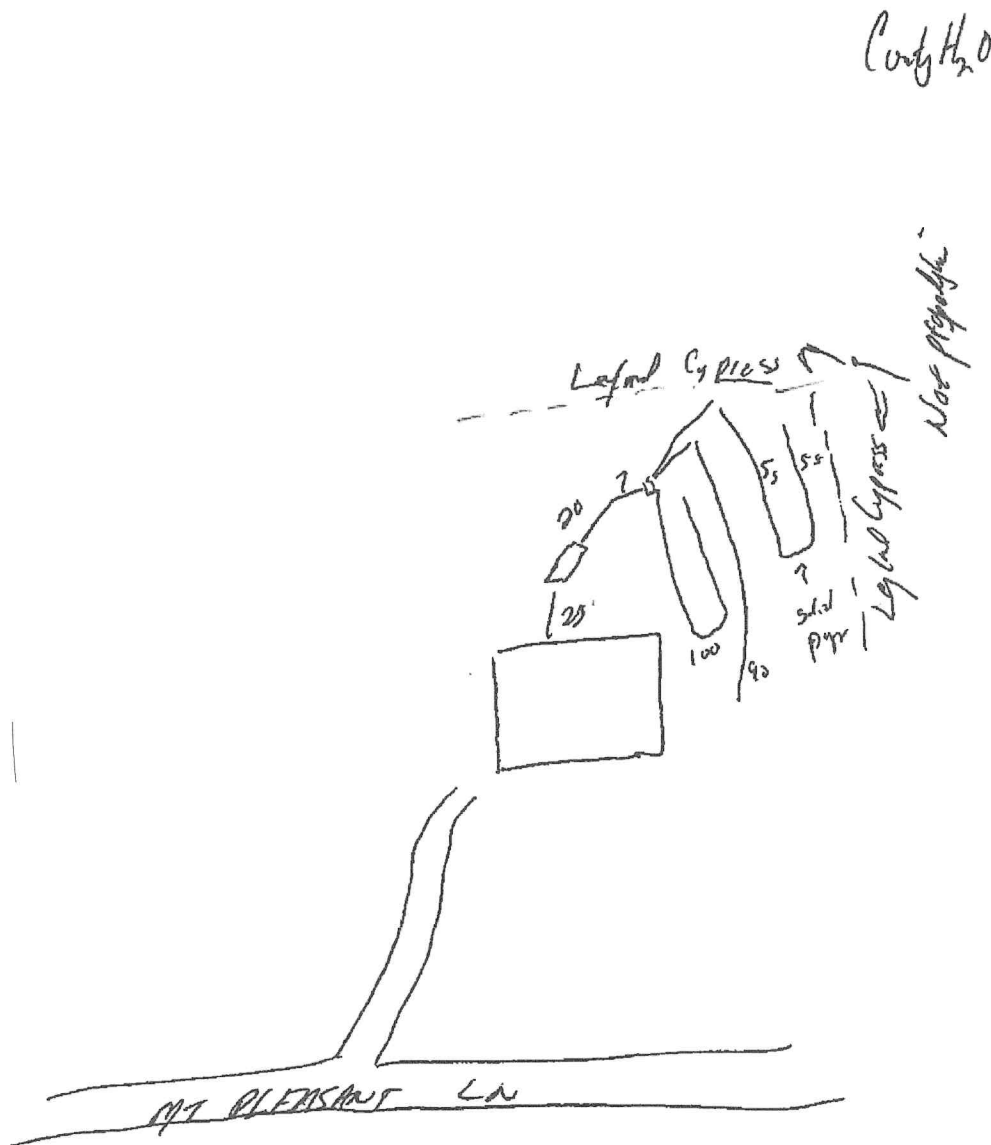
Chm: RA

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

Final Sketch

Mt Pleasant Church & H
Subdivision - Section - Lot

System design and details as installed.



Chi Hall

7/30/19

Date _____