

PERMIT NUMBER 8585

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.
<u>Vance</u>	SR. NO.	RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: <u>3</u>	NUMBER OF OCCUPANTS: <u>5</u>	
APPLICANT: <u>Jonathan Stryon</u>		WATER SUPPLY	WELL ☒ PUBLIC ☐	OTHER ☐	
APPLICANT'S NAME & ADDRESS: <u>323 E Stratford Dr Henderson, NC 27531</u>		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	REPAIR	
PROPERTY ADDRESS/LOCATION:		DESIGN FLOW:		<u>360 GPD</u>	*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:		LIAR:			
LOT NUMBER:		ABSORPTION AREA:		<u>300 ft²</u>	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH WIDTH:		<u>3</u>	
		TRENCH DEPTH:		<u>36"</u>	PERMIT VALID FOR: 5 YEARS ☒ YES ☐ NO
		TRENCH SPACING:		<u>9' O.C.</u>	
		TOTAL TRENCH LENGTH:		<u>100'</u>	
		NUMBER OF TRENCHES:		<u>1</u>	
		GRAVEL DEPTH:		<u>12" 5ft 12" 5ft 12" 5ft</u>	NO EXPIRATION YES ☒ NO ☐
		TANK SIZE:		<u>12' x 12'</u>	
		PUMP TANK SIZE:		<u>NA</u>	
		DISTRIBUTION DEVICE:		<u>D'Box</u>	

IMPROVEMENT PERMIT

DATE: 10/12/16FOR: Jonathan Stryon
ISSUED BY: Ch. HLCONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 8585

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: 12" sand, 12" sand, 12" sand - install down to in top 12" of stoneDate: 10/12/16 Environmental Health Specialist: Ch. HLConstruction Authorization Addendum ☐ Yes ☒ No

OPERATION PERMIT

DATE: 10/12/16SYSTEM INSTALLED BY: CBS
ISSUED BY: Ch. HL

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