

PERMIT NUMBER **06276**

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS

COUNTY: Vance	TAX NO. 046SA01015	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: 3	NUMBER OF OCCUPANTS: 2	
OWNER: Yolanda Richardson		WATER SUPPLY	WELL ☒ PUBLIC ☐	OTHER ☐	
APPLICANT'S ADDRESS: 146 Oak Forest Dr.		TYPE OF WASTEWATER SYSTEM	INITIAL TYPE II INSTALLATION Conventional	REPAIR Same	
PROPERTY ADDRESS/LOCATION:		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.
		LTAR:	.3		
SUBDIVISION: Oak Forest		ABSORPTION AREA:	1,200 ft²		
LOT NUMBER: 15		TRENCH WIDTH:	3'		
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:	24"		
		TRENCH SPACING:	9' centers		
		TOTAL TRENCH LENGTH:	400'		
		NUMBER OF TRENCHES:	45		
		GRAVEL DEPTH:	12"		
		TANK SIZE:	1,000 g		
		PUMP TANK SIZE:	NA		
		DISTRIBUTION DEVICE:	D-box		PERMIT VALID FOR: 5 YEARS ☒ YES ☐ NO
					NO EXPIRATION ☐ YES ☒ NO

IMPROVEMENT PERMIT DATE: _____

FOR:

ISSUED BY: **Mac Shingleton, RS**

12-31-08

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# **06276**

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: **12-31-08**

Environmental Health Specialist: **Mac Shingleton, RS**

Construction Authorization Addendum

☐ Yes ☒ No

OPERATION PERMIT

DATE: **02/09/2009**

SYSTEM INSTALLED BY: **Pearce Backhoe**

ISSUED BY: **Shah Mottah Durham, RS**

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

