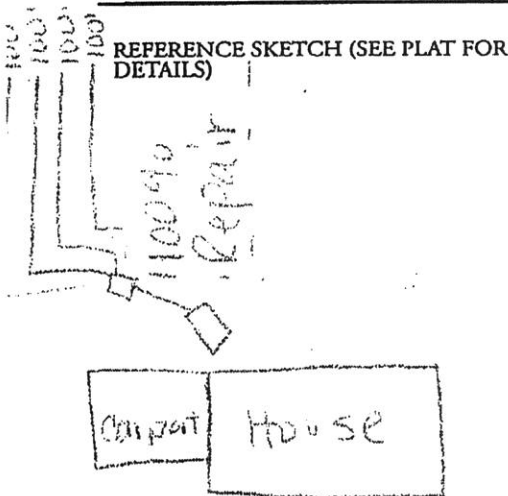


PERMIT NUMBER _____

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: 6	
OWNER: Alan Faulkner		WATER SUPPLY	WELL ☒ PUBLIC ☐	OTHER ☐	
APPLICANT'S ADDRESS: 45 Faulkner Town Rd Henderson, NC 27537		TYPE OF WASTEWATER SYSTEM	INITIAL ☒ INSTALLATION	REPAIR SAME	
PROPERTY ADDRESS/LOCATION: 452 Dogwood Trl		DESIGN FLOW:	360 gpd		*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: Creekside		LTAR:	3'		
LOT NUMBER: 22E		ABSORPTION AREA:	1200 SF		
		TRENCH WIDTH:	3'		
		TRENCH DEPTH:	18" 24"		
		TRENCH SPACING:	9' centers		
		TOTAL TRENCH LENGTH:	400'		
		NUMBER OF TRENCHES:	3 or 4		
		GRAVEL DEPTH:	12"		PERMIT VALID FOR: 5 YEARS ☒ YES ☐ NO
		TANK SIZE:	1000g		
		PUMP TANK SIZE:	n/a		NO EXPIRATION YES ☐ NO ☒
		DISTRIBUTION DEVICE:	DBOX		



IMPROVEMENT PERMIT DATE: 06/18/08
FOR: Alan Faulkner
ISSUED BY: Sarah Mather-Durham, RSI

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 06251

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: 06/18/08 Environmental Health Specialist: Sarah Mather-Durham, RSI
Construction Authorization Addendum ☐ Yes ☒ No

OPERATION PERMIT DATE: 10/23/2008
SYSTEM INSTALLED BY: Cole's Backhoe - Jim
ISSUED BY: Sarah Mather-Durham, RSI
PERFORMANCE, MONITORING, MAINTENANCE AND OPERATION
AS REQUIRED BY RULE .1961

ED

