

PERMIT NUMBER 4477

## GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS

|                                                                                                                                                                                                                                                                   |                                |                                                                                                                      |                                              |                                    |                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COUNTY:                                                                                                                                                                                                                                                           | TAX NO.<br><u>181400629122</u> | TYPE OF ESTABLISHMENT                                                                                                |                                              |                                    | *THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.                                                                                         |
| <u>Granville</u>                                                                                                                                                                                                                                                  | SR. NO. <u>17111</u>           | RESIDENCE <input checked="" type="checkbox"/><br>BUSINESS <input type="checkbox"/><br>OTHER <input type="checkbox"/> | NUMBER OF BEDROOMS:<br><u>3</u>              | NUMBER OF OCCUPANTS:<br><u>5pc</u> |                                                                                                                                                                                       |
| OWNER: <u>Wynn Construction</u>                                                                                                                                                                                                                                   |                                |                                                                                                                      |                                              |                                    |                                                                                                                                                                                       |
| APPLICANT: <u>Same</u>                                                                                                                                                                                                                                            |                                | WATER SUPPLY                                                                                                         |                                              |                                    |                                                                                                                                                                                       |
| APPLICANT'S ADDRESS:                                                                                                                                                                                                                                              |                                | PUBLIC <input type="checkbox"/>                                                                                      | WELL <input checked="" type="checkbox"/>     | OTHER <input type="checkbox"/>     | *THE IMPROVEMENTS PERMIT MUST BE ATTACHED TO A CONSTRUCTION AUTHORIZATION BEFORE OBTAINING BUILDING PERMIT OR OTHER CONSTRUCTION PERMITS AND BEFORE A WASTEWATER SYSTEM IS INSTALLED. |
| PROPERTY ADDRESS/LOCATION:<br><u>Lake Ridge Drive</u>                                                                                                                                                                                                             |                                | TYPE OF WASTEWATER SYSTEM                                                                                            |                                              |                                    |                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                   |                                | DESCRIPTION                                                                                                          | INITIAL INSTALLATION <u>Type III 9</u>       | REPAIR <u>Type III 9</u>           |                                                                                                                                                                                       |
| SUBDIVISION: <u>Falls Meadows</u>                                                                                                                                                                                                                                 |                                | DESIGN FLOW:                                                                                                         | <u>360 gal/day</u>                           |                                    |                                                                                                                                                                                       |
| LOT NUMBER: <u>31</u>                                                                                                                                                                                                                                             |                                | LTAR:                                                                                                                | <u>3 gal/day/ft<sup>2</sup></u>              |                                    |                                                                                                                                                                                       |
| REFERENCE SKETCH (SEE PLAT FOR DETAILS)<br><u>* See attached sheet for sketch</u><br><u>Lines dug 16' deep and on contour</u><br><u>Trench depth 18'-24'</u><br><u>Stub out for tank at back corner - keep upper line tight to house but no closer than 10' →</u> |                                | ABSORPTION AREA:                                                                                                     | <u>500ft<sup>2</sup> → 900ft<sup>2</sup></u> |                                    |                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                   |                                | TRENCH WIDTH:                                                                                                        | <u>3'</u>                                    |                                    |                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                   |                                | TRENCH SPACING:                                                                                                      | <u>9' O.C.</u>                               |                                    |                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                   |                                | TOTAL TRENCH LENGTH:                                                                                                 | <u>* 300' Innovative product</u>             |                                    |                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                   |                                | NUMBER OF TRENCHES:                                                                                                  | <u>2 @ 150' each</u>                         |                                    |                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                   |                                | GRAVEL DEPTH:                                                                                                        | <u>12"</u>                                   |                                    |                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                   |                                | TANK SIZE:                                                                                                           | <u>1000 gal x 10' Box</u>                    |                                    |                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                   |                                | CONDITIONS: *                                                                                                        | <u>See Authorization to Construct</u>        |                                    |                                                                                                                                                                                       |
| IMPROVEMENT PERMIT                                                                                                                                                                                                                                                |                                |                                                                                                                      |                                              | DATE:                              | *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.           |
| FOR: <u>Wynn Construction</u>                                                                                                                                                                                                                                     |                                |                                                                                                                      |                                              | <u>1-10-05</u>                     |                                                                                                                                                                                       |
| ISSUED BY: <u>David Cumber</u>                                                                                                                                                                                                                                    |                                |                                                                                                                      |                                              |                                    |                                                                                                                                                                                       |
| OPERATION PERMIT                                                                                                                                                                                                                                                  |                                |                                                                                                                      |                                              | DATE:                              |                                                                                                                                                                                       |
| SYSTEM INSTALLED BY: <u>Sen Cole</u>                                                                                                                                                                                                                              |                                |                                                                                                                      |                                              | <u>5-5-05</u>                      |                                                                                                                                                                                       |
| ISSUED BY: <u>Jimmy B. Dayton, Jr.</u>                                                                                                                                                                                                                            |                                |                                                                                                                      |                                              |                                    |                                                                                                                                                                                       |

# GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor Wynn Construction Date 5-5-05 S.R. No. 1711

Location/Address \_\_\_\_\_

Subdivision/Mobile Home Park Name Falls meadow Lot Size \_\_\_\_\_

Permit No. # 4477 Lot No. 31

New System ☒ Repair \_\_\_\_\_

House ☒ Mobile Home \_\_\_\_\_ Business \_\_\_\_\_

No. Bedrooms 3 No. People \_\_\_\_\_ No. Toilets \_\_\_\_\_

Water Supply: Private ☒ Approved \_\_\_\_\_

Semi-Public \_\_\_\_\_ Unapproved \_\_\_\_\_

Public \_\_\_\_\_ None \_\_\_\_\_

Nitrification System:

Tank Size 1000 gal.

Distribution Box ☒ No. Lines 2

Nitrification Field 900 Sq. Ft.

Lines: 1' 2' 3' 4' 5' 6'

Width 3' 3' \_\_\_\_\_

Length 12' 12' \_\_\_\_\_

Grade 0" 6" \_\_\_\_\_

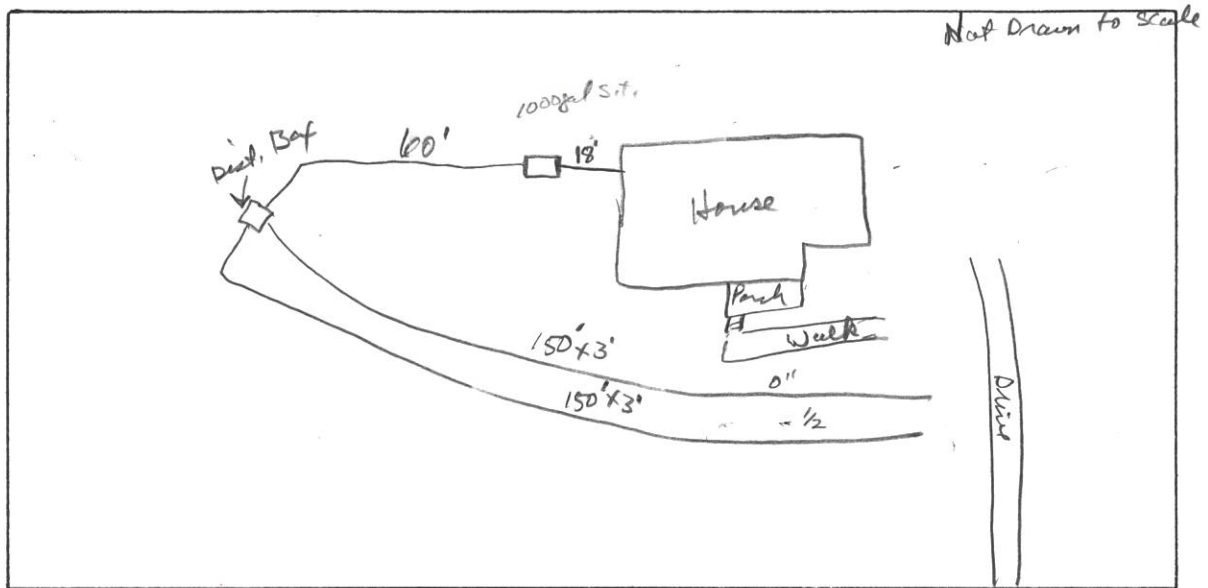
Stone Depth Infiltrator \_\_\_\_\_

Layout to be followed by installer:

Improvements Permit By DAVID CUMBER, RS Installer Jim Cole

Certificate of Completion By Jimmy B. Clayton, RS Date of Inspection 5-5-05

\* Construction must comply with all other applicable state and local regulations, but the permit is not a guarantee that the system will not malfunction and the Granville-Vance Health District will not be held responsible for a malfunctioning system.



NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.