

PERMIT NUMBER 06459

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.
OWNER:	SR. NO.	RESIDENCE ☒	NUMBER OF BEDROOMS:	NUMBER OF OCCUPANTS:	
		BUSINESS ☐			
		OTHER ☐			
APPLICANT'S ADDRESS:		WATER SUPPLY	WELL ☒	OTHER ☐	*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.
		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	REPAIR	
PROPERTY ADDRESS/LOCATION:		DESIGN FLOW:			
SUBDIVISION:		LTAR:			
LOT NUMBER:		ABSORPTION AREA:			
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH WIDTH:			
		TRENCH DEPTH:			
		TRENCH SPACING:			
		TOTAL TRENCH LENGTH:			
		NUMBER OF TRENCHES:			
		GRAVEL DEPTH:			PERMIT VALID FOR: 5 YEARS YES ☒ NO ☐
		TANK SIZE:			
		PUMP TANK SIZE:			NO EXPIRATION YES ☐ NO ☒
		DISTRIBUTION DEVICE:			

IMPROVEMENT PERMIT

DATE:

FOR:

ISSUED BY:

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 06459

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: Follow attached Tap Chart for distribution

Date: 7-31-07 Environmental Health Specialist: David P. Cumber

Construction Authorization Addendum ☐ Yes ☒ No

OPERATION PERMIT

DATE: 3-28-17

SYSTEM INSTALLED BY: David Brantley

ISSUED BY: Adam Curren

PERFORMANCE, MONITORING, MAINTENANCE AND OPERATION

AS REQUIRED BY RULE .1961