

SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

SEPTIC AND PUMP TANK INSPECTION

SEPTIC TANK

Manufacturer Mills
 Date of Manufacture 3-4-19
 Stamp STB-858
 Capacity 1000
 Tee ✓
 Baffle ✓
 Sealant ✓
 AIR GAP ✓, FILTER ✓, RISER ✓

INITIAL

awc
J
J
J
J

DATE

4-25-19
J
J
J
J

PUMP TANK

Manufacture _____
 Date of Manufacture _____
 Stamp _____
 Capacity _____
 Sealant _____
 Manhole _____
 RISER _____, SEALANT _____

MECHANICAL INSPECTION

PUMP

Manufacturer and Model # _____
 Control Panel _____
 Alarm _____
 Electrical Connection _____
 SEALANT AROUND CONDUIT _____

NITRIFICATION/DISTRIBUTION AND DRAINFIELD INSPECTION

DISTRIBUTION BOX

Level ✓
 Equal Distribution ✓
 Other _____

awc
J
J

4-25-19
J
J

DISTRIBUTION MANIFOLD

Pipe Size _____
 Gate Valves _____
 Other _____

OTHER DISTRIBUTION

Type _____

NITRIFICATION LINES

Trench Width _____
 Trench Length _____
 Trench Grade _____
 Stone Depth _____

LINE 1

3'
110'
✓
—

LINE 2

3'
100'
✓
—

LINE 3

3'
100'
✓
—

LINE 4

3'
90'
✓
—

LINE 5

3'
80'
✓
—

LINE 6

EZ-Flow

WELL INSPECTION

LOCATION OF WELL

Front

COMMENTS:

Granville-Vance District Health Department

Environmental Health

PIN _____

Final Sketch

Date 4-29-19

Jeff Curry

Applicant's Name

1159

Permit No.

Subdivision/Lot Number . .

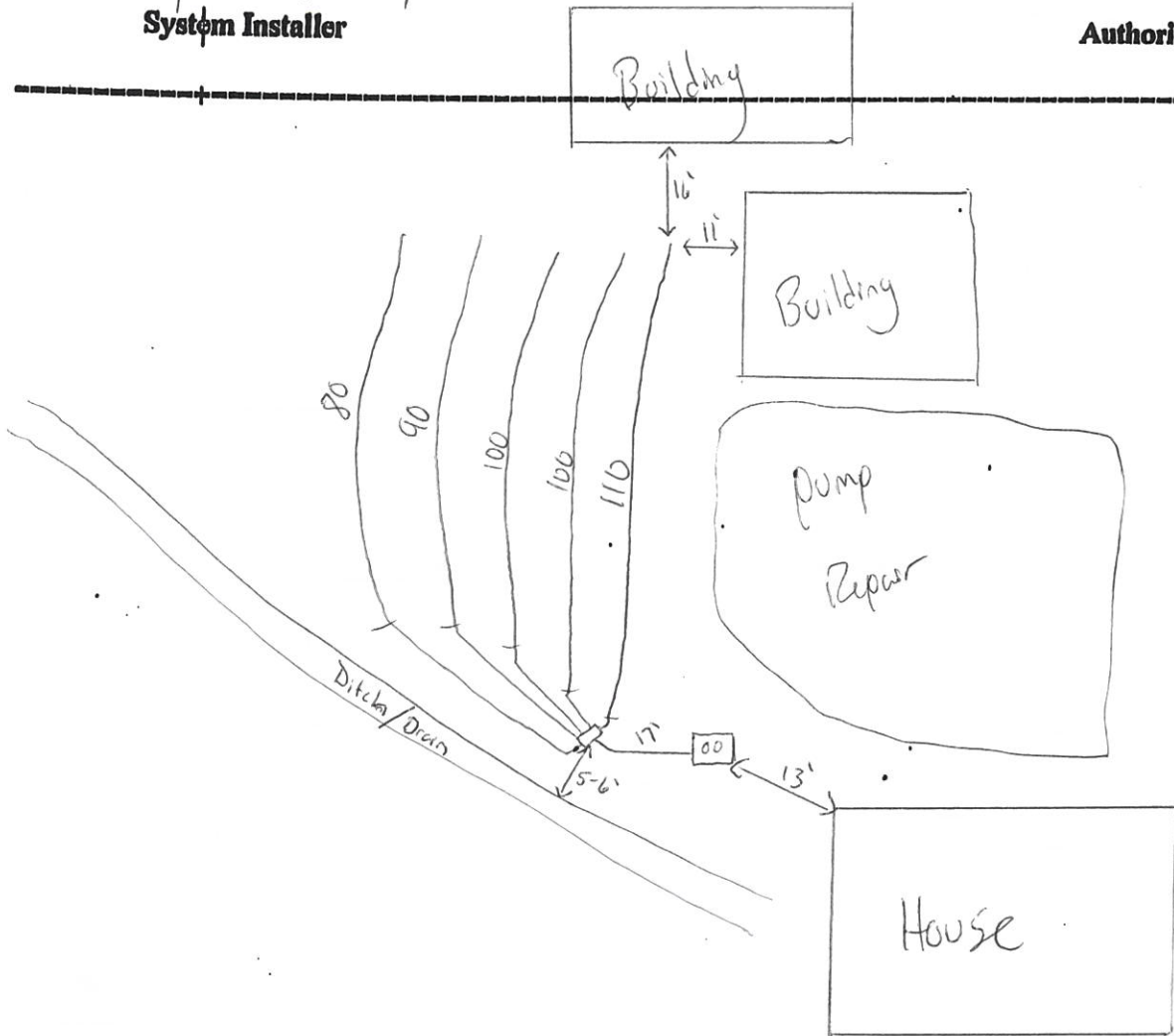
Physical Address: Sanders Rd

Phillip Blackley

System Installer

Adam Carr

Authorized Signature



Sanders Rd

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS

COUNTY: <u>Granville</u>	TAX NO.	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS. *THIS IMPROVEMENT PERMIT IS SUBJECT TO REVOCATION IF THE INTENDED USE CHANGES FROM THOSE SHOWN ON THE IMPROVEMENT PERMIT. CHANGES SHALL REQUIRE HEALTH DEPARTMENT APPROVAL.
APPLICANT'S NAME & ADDRESS <u>Jeff Curry</u>	LOT SIZE	RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: <u>3</u>	NUMBER OF OCCUPANTS: <u>6 MAX</u>	
	PROPERTY ADDRESS/LOCATION: <u>Sanders Rd</u>	WATER SUPPLY WELL ☒ PUBLIC ☐	INITIAL INSTALLATION	REPAIR	
		TYPE OF WASTEWATER SYSTEM	<u>II</u>	<u>II</u>	
SUBDIVISION:	DESIGN FLOW:	360 gpd			PERMIT VALID FOR: 5 YEARS YES ☒ NO ☐ NO EXPIRATION YES ☐ NO ☒
LOT NUMBER:	LTAR:	<u>.25 gpd/ft²</u>			
REFERENCE SKETCH (SEE PLAT FOR DETAILS)	ABSORPTION AREA:	<u>1,440 Ft²</u>			
*No reduction if accepted product is used!! *Do not install when wet *Do not exceed trench depth.	TRENCH WIDTH	<u>36"</u>			
	TRENCH DEPTH:	<u>18"</u>			
	TRENCH SPACING:	<u>9'-0.c.</u>			
	TOTAL TRENCH LENGTH:	<u>480'</u>			
	NUMBER OF TRENCHES:	<u>4</u>			
	GRAVEL / ACCEPTED:	<u>Gravel (12")</u>			
	TANK SIZE:	<u>1000 gal</u>			
	PUMP TANK SIZE:	<u>N/A</u>			
	DISTRIBUTION DEVICE:	<u>D-Box</u>			

 FOR: Jeff Curry IMPROVEMENT PERMIT DATE: 7-24-18
 ISSUED BY: Adam Crow

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 1159

Unless otherwise indicated, the same conditions above apply regarding system type, layout, location and installation requirement.

(The wastewater system cannot be installed until authorization is signed)

Comments: _____

Date: 7-24-18 Environmental Health Specialist: Adam Crow
 Construction Authorization Addendum ☒ Yes ☐ No

OPERATION PERMIT

DATE: 4-24-19

SYSTEM INSTALLED BY: Phillip Blackley

ISSUED BY: Adam Crow

PERFORMANCE, MONITORING, MAINTENANCE AND OPERATION

AS REQUIRED BY R.U.F. 1961

