

PERMIT NUMBER 4396

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS

COUNTY:	TAX NO.	TYPE OF ESTABLISHMENT			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
Granville	SR. NO. NC 96	RESIDENCE ☒	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS: 5	
OWNER: Roger + Franklin Johnny Castellanos		BUSINESS ☐			
		OTHER ☐			
APPLICANT: Gary Shipley		WATER SUPPLY			*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.
APPLICANT'S ADDRESS:		PUBLIC ☐	WELL ☒	OTHER ☐	
PROPERTY ADDRESS/LOCATION: 3603 Copper Creek Lane		TYPE OF WASTEWATER SYSTEM			
		DESCRIPTION	INITIAL INSTALLATION	REPAIR ☒ Type III b, g	
SUBDIVISION: Copper Creek		DESIGN FLOW:			
LOT NUMBER: 33		LTAR:			
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		ABSORPTION AREA:			
Existing System House New Line 100' 3' Copper Creek Ln.		TRENCH WIDTH:		3'	
		TRENCH SPACING:		9' o.c.	
		TOTAL TRENCH LENGTH:		100'	
		NUMBER OF TRENCHES:		1	
		GRAVEL DEPTH:		Innovative	
		TANK SIZE:		Existing	
		CONDITIONS:	See Authorization to Construct		
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: Johnny Castellanos				4-15-05	
ISSUED BY: David Cumbee					
OPERATION PERMIT				DATE:	PERMIT VALID FOR 5 YEARS FROM DATE OF ISSUE
SYSTEM INSTALLED BY: Backley Brothers				4-15-05	
ISSUED BY: David Cumbee					

1. NAME OF THE PARTY		2. ADDRESS		3. OCCUPATION		4. DATE OF BIRTH		5. SEX		6. RELIGION		7. EDUCATION		8. MARITAL STATUS		9. POLITICAL PARTY		10. SIGNATURE		11. DATE		12. PLACE		13. NAME OF THE WITNESS		14. SIGNATURE		15. DATE		16. PLACE		17. NAME OF THE WITNESS		18. SIGNATURE		19. DATE		20. PLACE		21. NAME OF THE WITNESS		22. SIGNATURE		23. DATE		24. PLACE		25. NAME OF THE WITNESS		26. SIGNATURE		27. DATE		28. PLACE		29. NAME OF THE WITNESS		30. SIGNATURE		31. DATE		32. PLACE		33. NAME OF THE WITNESS		34. SIGNATURE		35. DATE		36. PLACE		37. NAME OF THE WITNESS		38. SIGNATURE		39. DATE		40. PLACE		41. NAME OF THE WITNESS		42. SIGNATURE		43. DATE		44. PLACE		45. NAME OF THE WITNESS		46. SIGNATURE		47. DATE		48. PLACE		49. NAME OF THE WITNESS		50. SIGNATURE		51. DATE		52. PLACE		53. NAME OF THE WITNESS		54. SIGNATURE		55. DATE		56. PLACE		57. NAME OF THE WITNESS		58. SIGNATURE		59. DATE		60. PLACE		61. NAME OF THE WITNESS		62. SIGNATURE		63. DATE		64. PLACE		65. NAME OF THE WITNESS		66. SIGNATURE		67. DATE		68. PLACE		69. NAME OF THE WITNESS		70. SIGNATURE		71. DATE		72. PLACE		73. NAME OF THE WITNESS		74. SIGNATURE		75. DATE		76. PLACE		77. NAME OF THE WITNESS		78. SIGNATURE		79. DATE		80. PLACE		81. NAME OF THE WITNESS		82. SIGNATURE		83. DATE		84. PLACE		85. NAME OF THE WITNESS		86. SIGNATURE		87. DATE		88. PLACE		89. NAME OF THE WITNESS		90. SIGNATURE		91. DATE		92. PLACE		93. NAME OF THE WITNESS		94. SIGNATURE		95. DATE		96. PLACE		97. NAME OF THE WITNESS		98. SIGNATURE		99. DATE		100. PLACE		101. NAME OF THE WITNESS		102. SIGNATURE		103. DATE		104. PLACE		105. NAME OF THE WITNESS		106. SIGNATURE		107. DATE		108. PLACE		109. NAME OF THE WITNESS		110. SIGNATURE		111. DATE		112. PLACE		113. NAME OF THE WITNESS		114. SIGNATURE		115. DATE		116. PLACE		117. NAME OF THE WITNESS		118. SIGNATURE		119. DATE		120. PLACE		121. NAME OF THE WITNESS		122. SIGNATURE		123. DATE		124. PLACE		125. NAME OF THE WITNESS		126. SIGNATURE		127. DATE		128. PLACE		129. 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**GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS**

COUNTY: <i>Granville</i>	TAX NO. <i>182600484683</i>	TYPE OF ESTABLISHMENT			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS. *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. *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.
	SR. NO. <i>Aug 96</i>	RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: <i>3</i>	NUMBER OF OCCUPANTS: <i>Spec</i>	
OWNER: <i>Rogers + Franklin Dev.</i>					
APPLICANT: <i>Gary Shipley</i>		WATER SUPPLY			
APPLICANT'S ADDRESS: <i>1662 Fern Hollow Dr Franklin, 27525</i>		PUBLIC ☐	WELL ☒	OTHER ☐	
PROPERTY ADDRESS/LOCATION: <i>Copper Creek Lane</i>		TYPE OF WASTEWATER SYSTEM			
		DESCRIPTION	INITIAL INSTALLATION	REPAIR	
SUBDIVISION: <i>Copper Creek</i>		DESIGN FLOW:	<i>300 gal/day</i>		
LOT NUMBER: <i>33</i>		LTAR:	<i>300 gal/day</i>		
REFERENCE SKETCH (SEE PLAT FOR DETAILS) <i>See attached sheet for sketch</i> <i>Lines dug laid and on contour will trend depth 18" - 24"</i> <i>stay 10' from property line and 100' from any well</i> →		ABSORPTION AREA:	<i>1200 ft²</i>		
		TRENCH WIDTH:	<i>3'</i>		
		TRENCH SPACING:	<i>9' o.c.</i>		
		TOTAL TRENCH LENGTH:	<i>400'</i>		
		NUMBER OF TRENCHES:	<i>3</i>	<i>pressure main, full distribution</i>	
		GRAVEL DEPTH:	<i>12"</i>		
		TANK SIZE:	<i>1000 gal S.T + 1000 gal P.T</i>		
		CONDITIONS:	<i>See Authorization to Construct</i>		
IMPROVEMENT PERMIT				DATE:	
FOR: <i>Rogers + Franklin / Shipley</i>				<i>12-11-02</i>	
ISSUED BY: <i>David Cumber</i>					
OPERATION PERMIT				DATE:	
SYSTEM INSTALLED BY: <i>Robert Blackley</i>				<i>6-17-04</i>	
ISSUED BY: <i>M. E. Young, R.S. / M. E. Y.</i>				<i>7-26-04</i>	

Pump System new zoning needed

Robert Blackley

Monday June 14th

PERMIT NUMBER 3655

Last Thing

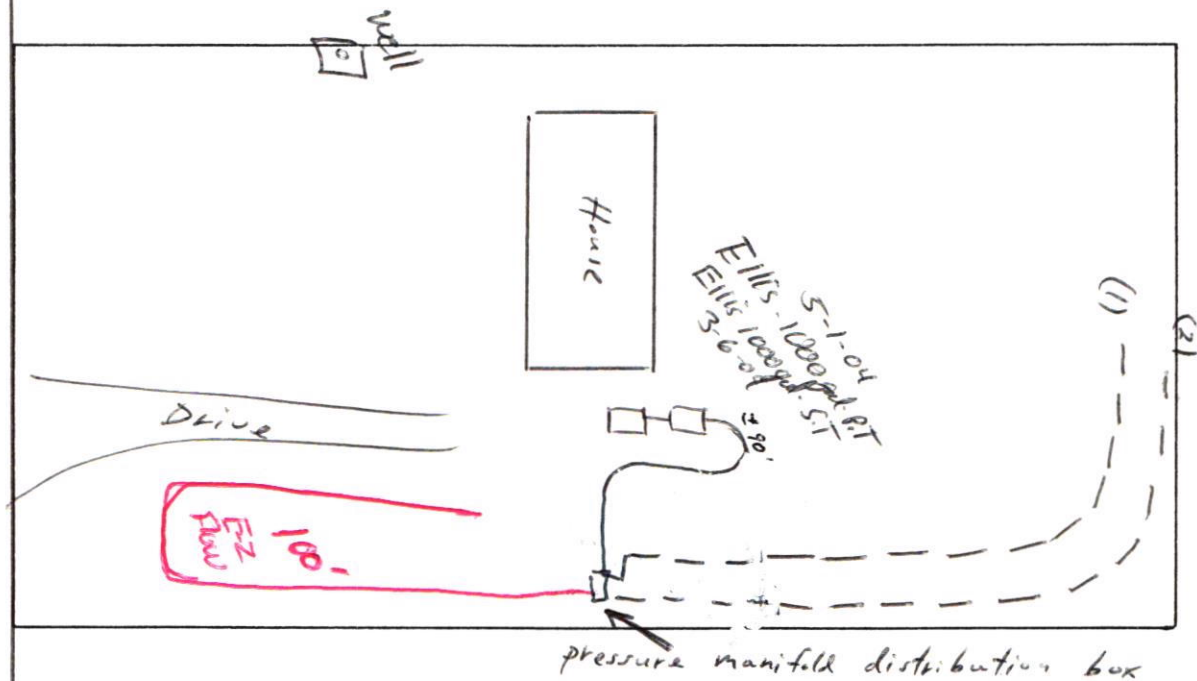
10' from right side property line

15' from front

← N.C. 96

Copper Creek Drive

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.



GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor Roger & Franklin / Gary Shipley Date 6-7-04 S.R. No. NC96

Location/Address Copper Creek Lane

Subdivision/Mobile Home Park Name Copper Creek Lot Size _____

Permit No. # 3655 Lot No. 32

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: septic pressure manifold pump tank 1000

Tank Size 1000 gal. 1000

Distribution Box ☒ No. Lines 2

Nitrification Field 1200 Sq. Ft.

Lines: 1 2 3 4 5 6

Width 3' 3' 3' _____

Length 150' 150' 100' _____

Grade 0" 0" 0" _____

Stone Depth 15 15 10 15-2 flow

Layout to be followed by installer:

Repair completed 4-15-05 by Robert Blackley

E2 Flow unit,

Improvements Permit By David Cumber Installer Robert Blackley

Certificate of Completion By Eddie Yount / AEY Date of Inspection 6-19-04 / 7-26-04

* 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.