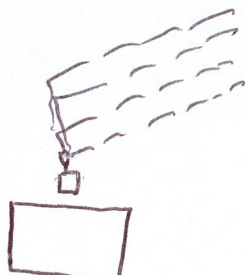
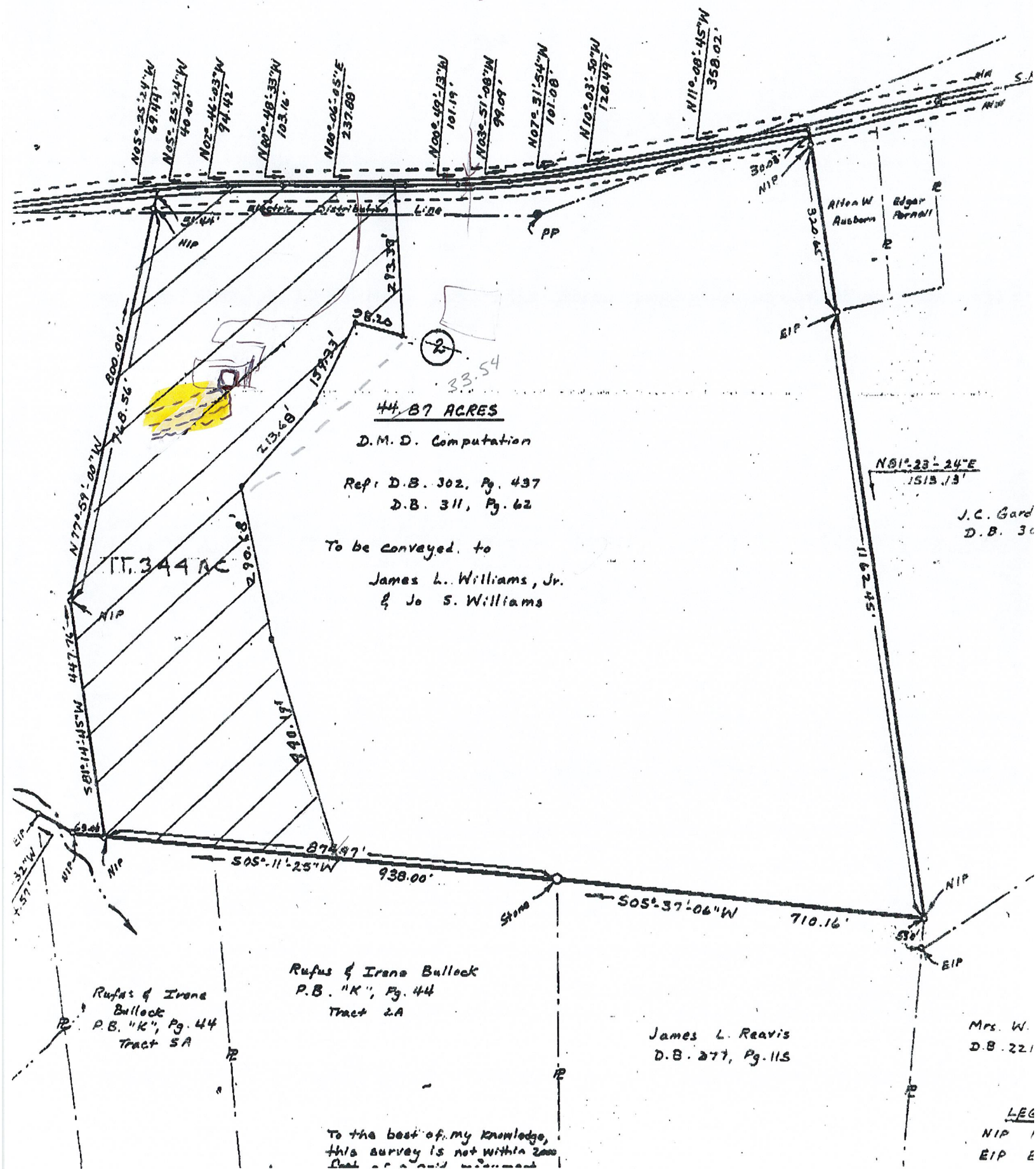


PERMIT NUMBER **2324**

**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.
<i>Vance</i>	SR NO. <i>1318</i>	RESIDENCE ☒	NUMBER OF BEDROOMS:	NUMBER OF OCCUPANTS:	
OWNER: <i>Jo S. Williams</i>		BUSINESS ☐	<i>3</i>	<i>1</i>	
APPLICANT: <i>Same</i>		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:		TYPE OF WASTEWATER SYSTEM			
<i>Spring Valley Lake Rd</i>		DESCRIPTION	INITIAL INSTALLATION	REPAIR	
SUBDIVISION: ☐		DESIGN FLOW:	<i>360</i>		
LOT NUMBER: ☐		LTAR:	<i>1.3</i>		
REFERENCE SKETCH (SEE PLAT FOR DETAILS) 		ABSORPTION AREA:	<i>1200²ft</i>		
		TRENCH WIDTH:	<i>3</i>		
		TRENCH SPACING:	<i>9'</i>		
		TOTAL TRENCH LENGTH:	<i>400'</i>		
		NUMBER OF TRENCHES:	<i>30.4</i>		
		GRAVEL DEPTH:	<i>12"</i>		
		TANK SIZE:	<i>1000</i>		
<i>1318</i>		CONDITIONS:			*THIS IMPROVEMENT PERMIT IS SUBJECT TO REVOCATION IF THE INTENDED USE CHANGE FROM THOSE SHOWN ON THE IMPROVEMENT PERMIT. CHANGES SHALL REQUIRE HEALTH DEPARTMENT APPROVAL.
IMPROVEMENT PERMIT			DATE:		
FOR:			<i>2-11-2000</i>		
ISSUED BY: <i>Walter D. Vaughan PS</i>					
OPERATION PERMIT			DATE:		
SYSTEM INSTALLED BY:					
ISSUED BY:					



GRANVILLE - VANCE DISTRICT HEALTH DEPARTMENT
AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

DATE: 2-11-2000 IMPROVEMENT PERMIT NUMBER: 2324
COUNTY: GRANVILLE VANCE TAX NUMBER: _____
OWNER / CONTRACTOR: Jo S Williams
LOCATION / ADDRESS: Spring Valley Lake Rd
STATE ROAD NUMBER: 1318
SUBDIVISION NAME: _____ LOT NUMBER: _____
AUTHORIZATION ISSUED BY: W. Vaughn DATE: 2-11-2000

AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 2324 AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.
2. THE WASTEWATER SYSTEM SHALL NOT BE COVERED OR PLACED INTO USE UNTIL INSPECTED BY THE GRANVILLE - VANCE DISTRICT HEALTH DEPARTMENT AND AN OPERATION PERMIT ISSUED.
3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.
4. OTHER CONDITIONS: _____

OWNER CERTIFICATION

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE GRANVILLE - VANCE DISTRICT HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

Jo S Williams
SIGNATURE OF OWNER / OWNER'S REPRESENTATIVE

01-06-00
DATE