4 | 120 / 12 = 30

SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

SEPTIC AND PUMP TANK INSPECTION

		INITIAL	DATE
SEPTIC TANK			
Manufacturer	Ellis	LDW	10/24/2016
Date of Manufacture	6-10-16		
Stamp	✓		
Capacity	1000		
Tee	—		
Baffle	—		
Sealant	—		
AIR GAP ____, FILTER ____, RISER ____			
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		
DISTRIBUTION MANIFOLD		
Pipe Size		
Gate Valves		
Other		

OTHER DISTRIBUTION
Type ____

NITRIFICATION LINES	LINE 1	LINE 2	LINE 3	LINE 4	LINE 5	LINE 6
Trench Width	3	3	3	3		
Trench Length	120	120	120	120		
Trench Grade	✓	—	—	—		
Stone Depth	18"	18"	18"	18"		
	30 panels	30 panels	30 panels	30 panels		

WELL INSPECTION

LOCATION OF WELL ____

COMMENTS:

Granville – Vance District Health Department
Environmental Health

Final Sketch

Pin_____

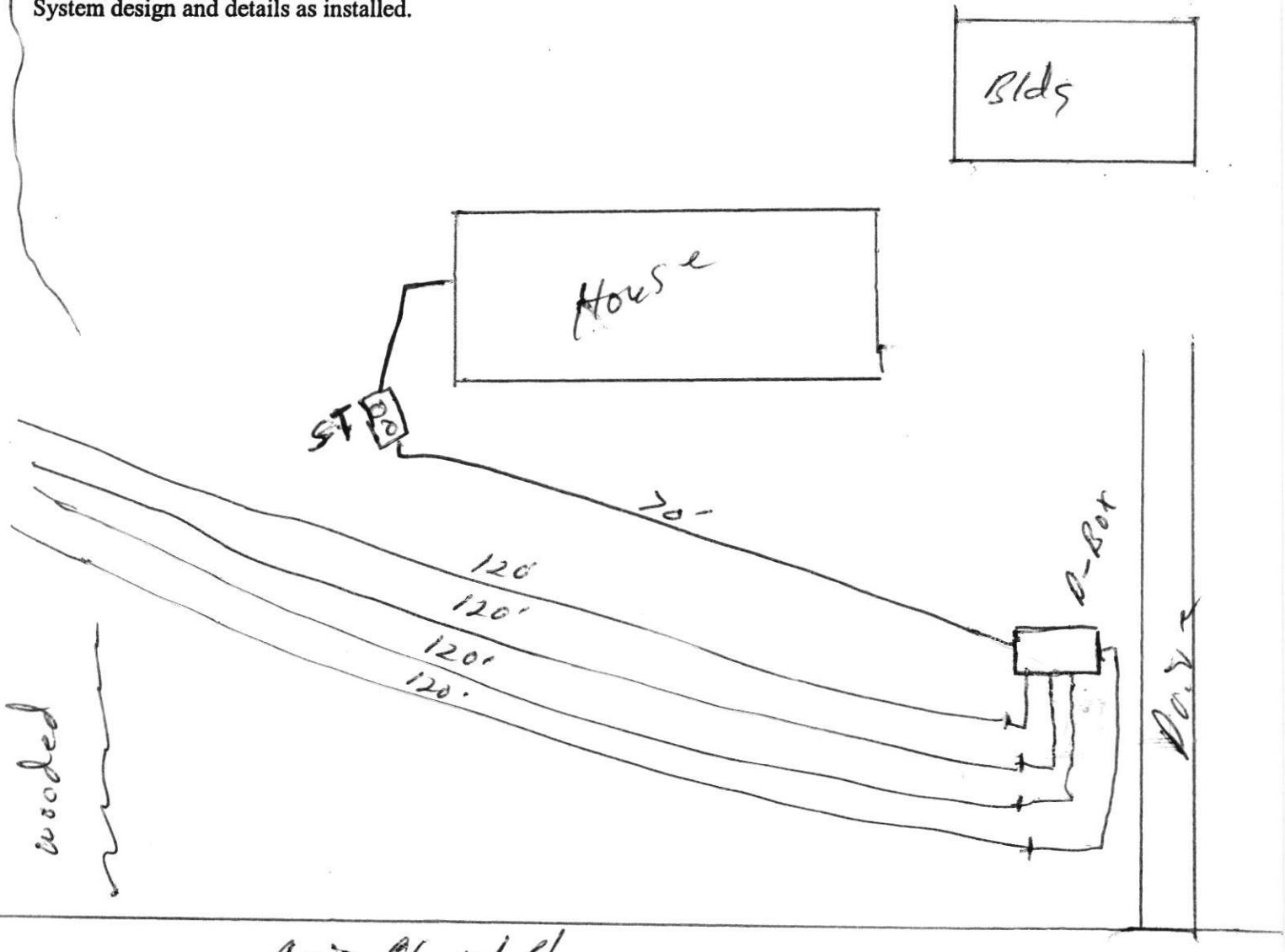
___Improvement Permit ___Construction Authorization

Jerry Dickerson Permit No. 8791 NA
Applicant's Name Subdivision – Section – Lot

Physical Address: 9590 Amis Chapel Rd

CBS Lincoln 10/26/2016
System Installer Date

System design and details as installed.



Walter L. Vaughan 10/26/2016
Authorized Signature Date

PERMIT NUMBER 8791

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville	TAX NO.	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
	SR. NO. 1403	RESIDENCE — BUSINESS — OTHER —	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS:	
APPLICANT: Jerry Karen Dickerson		WATER SUPPLY	WELL — PUBLIC —	OTHER —	
APPLICANT'S NAME & ADDRESS:		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	REPAIR	
PROPERTY ADDRESS/LOCATION: 9570 Amis Chapel Rd		DESIGN FLOW:		360	*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.
		LTAR:		0.25	
SUBDIVISION:		ABSORPTION AREA:		1440	
LOT NUMBER:		TRENCH WIDTH:		3'	
REFERENCE SKETCH (SEE PLAT FOR DETAILS) = cover with suitable soil only		TRENCH DEPTH:		36"	
		TRENCH SPACING:		9'	
		TOTAL TRENCH LENGTH:	9570	480'	
		NUMBER OF TRENCHES:		4	low profile chamber
		GRAVEL DEPTH:		8" stone 18" gravel	PERMIT VALID FOR: 5 YEARS YES NO
		TANK SIZE:		1000	
		PUMP TANK SIZE:		NA	
		DISTRIBUTION DEVICE:		D-box	NO EXPIRATION YES NO

****

IMPROVEMENT PERMIT DATE: 9/27/2016

FOR:

ISSUED BY: Walter T. Hall REHS

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CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 8791

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: _____

Date: 9/27/2016 Environmental Health Specialist: Walter T. Hall REHS

Construction Authorization Addendum ❑ Yes ❑ No

****

OPERATION PERMIT DATE: 10/26/2016

SYSTEM INSTALLED BY: C&S

ISSUED BY: Walter T. Hall

PERFORMANCE, MONITORING, MAINTENANCE AND OPERATION AS REQUIRED BY RULE .1961