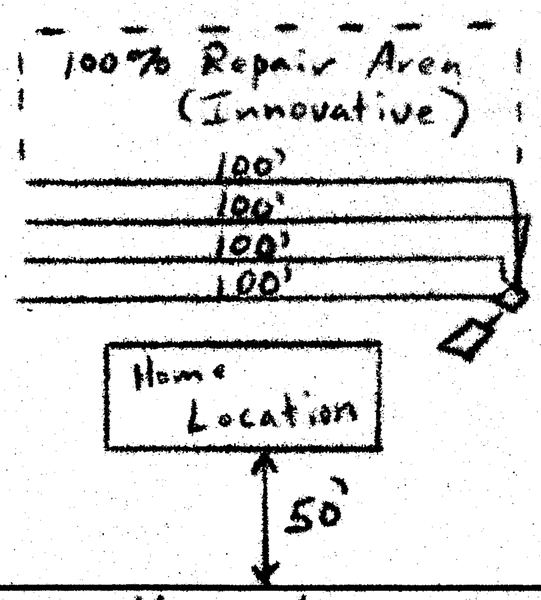
* Revised Permit
Changed from 4 bedroom to
3 and from pump system to conv.

PERMIT NUMBER 4202

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

Fax # 433-9592

COUNTY: Vance	TAX NO. 0461C05015	TYPE OF ESTABLISHMENT		
	SR. NO.	RESIDENCE ✓ BUSINESS ___ OTHER ___	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS: ≤ 8
OWNER: Homeboys Housing				
APPLICANT: Same		WATER SUPPLY		
APPLICANT'S ADDRESS:		PUBLIC ___	WELL ✓	OTHER ___
PROPERTY ADDRESS/LOCATION: 192 Mum Ln.		TYPE OF WASTEWATER SYSTEM: Conventional (Type II A)		
		DESCRIPTION	INITIAL INSTALLATION	REPAIR Innovative [redacted]
SUBDIVISION: Spring Forest		DESIGN FLOW:	360 g/day	
LOT NUMBER: 56		LTAR:	.3	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		ABSORPTION AREA:	1,200 ft²	
		TRENCH WIDTH:	3'	
		TRENCH SPACING:	9'	
		TOTAL TRENCH LENGTH:	400'	
		NUMBER OF TRENCHES:	4	
		GRAVEL DEPTH:	12"	
		TANK SIZE:	1,000 g	
		CONDITIONS:	24" Trench Depth	



*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.

IMPROVEMENT PERMIT FOR: Homeboy's Housing ISSUED BY: Mac Shingleton	DATE: 4-19-04
OPERATION PERMIT SYSTEM INSTALLED BY: Cole Backhoe Service - Thomas ISSUED BY: Mac Shingleton, RS	DATE: 7-23-04

PERMIT VALID FOR 5 YEARS FROM DATE OF ISSUE