REPAIR

PERMIT NUMBER 07866

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville	TAX NO. 099104708518	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
	SR. NO. Old 75	RESIDENCE ✓ BUSINESS — OTHER —	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS: max 6	
OWNER: Tom Contaffa		WATER SUPPLY Private	WELL ✓ PUBLIC —	OTHER —	
APPLICANT'S ADDRESS: 4553 Old NC 75		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	REPAIR	
PROPERTY ADDRESS/LOCATION: 4553 Old NC 75		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:			
SUBDIVISION:		ABSORPTION AREA:			
LOT NUMBER: /		TRENCH WIDTH:		~~10~~ 10'x10'	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:			
		TRENCH SPACING:			
locate on pump out septic tank.		TOTAL TRENCH LENGTH:		10'x10' pit	
		NUMBER OF TRENCHES:			
locate end of lines and plumb into existing lines with 10x10 pit -4' deep		GRAVEL DEPTH:		12"	PERMIT VALID FOR: 5 YEARS (YES) NO
		TANK SIZE:		existing	
		PUMP TANK SIZE:			NO EXPIRATION YES (NO)
		DISTRIBUTION DEVICE:			

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IMPROVEMENT PERMIT DATE: 6-23-14

FOR: Tom Contaffa

ISSUED BY: Cassandra "Casey" Champion REHS

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CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 7866

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: 6-23-14 Environmental Health Specialist: [signature] Construction Authorization Addendum ❑ Yes ❑ No

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OPERATION PERMIT DATE: 8-29-14

SYSTEM INSTALLED BY: [signature]

ISSUED BY: [signature]

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

Granville – Vance District Health Department
Environmental Health

Pin 0991047085 18 Permit Number 7866

✓ Improvement Permit ✓ Construction Authorization

REPAIR

Final Sketch

Tom Cantaffa
Applicants Name

Subdivision – Section – Lot

Physical Address: 4553 Old NC 75

Clay Breedlove
System Installer

8-29-14
Date

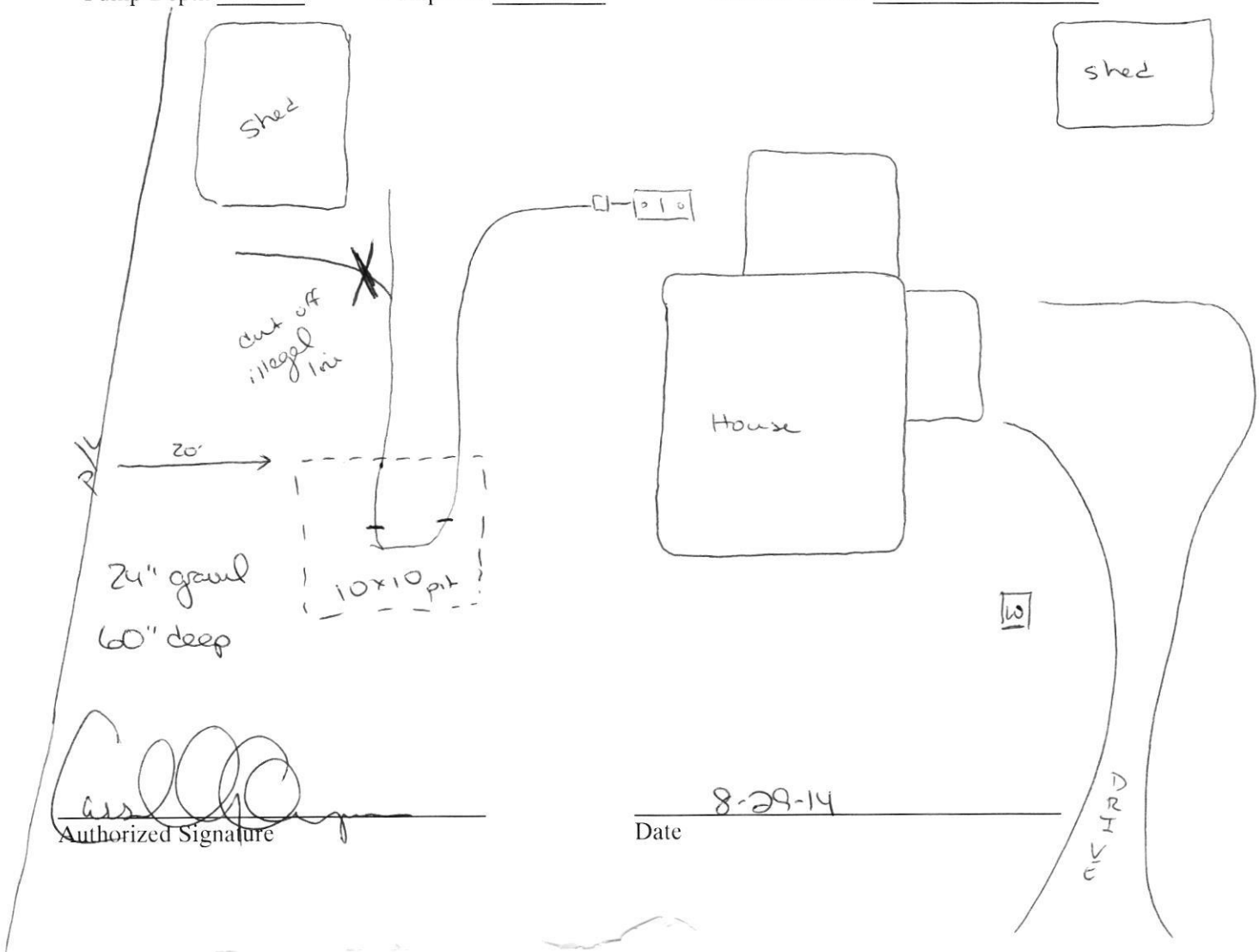
System design and details as installed.

Septic Tank Information:
Date:
Manufacture: existing
ID #:

Pump Tank Information:
Date:
Manufacturer:
ID #:

Distribution Box
Pressure Manifold
Serial Distribution
Pump Info:

Type of Facility: Residence Number of Bedrooms: Well Drilled at time of inspection: Y or N
Type of System: ✓ Gravity ___ Pump ✓ Gravel ___ Polystyrene ___ Chamber ___ Other: ___
Well Info: Date drilled: ___ Driller Name: ___ Depth: ___ GPM: ___ Casing: ___
Pump Depth ___ Pump HP: ___ Installer Name: ___



Authorized Signature

8-29-14
Date