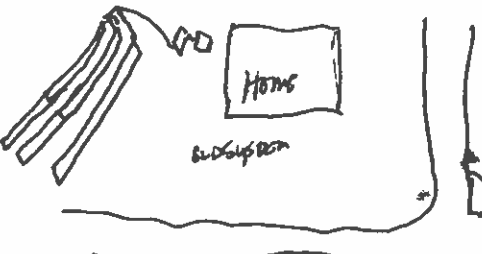


611425-1886

PERMIT NUMBER 8979

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS

COUNTY:	TAX NO. <i>Deport</i>	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
<i>Vance</i>	SR. NO.	RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: <i>3</i>	NUMBER OF OCCUPANTS: <i>4</i>	
APPLICANT: <i>Linda Wilson</i>		WATER SUPPLY <i>County</i>	WELL ☐ PUBLIC ☒	OTHER ☐	
APPLICANT'S NAME & ADDRESS:		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	REPAIR <i>Type IIIb</i>	*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.
PROPERTY ADDRESS/LOCATION: <i>119 Deer Wood Trail</i>		DESIGN FLOW:		<i>3606 gpd</i>	
SUBDIVISION: <i>Hickory NC 27536</i>		LTAR:			
LOT NUMBER:		ABSORPTION AREA:		<i>1380 ft²</i>	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH WIDTH:		<i>6'</i>	
		TRENCH DEPTH:		<i>Shallow as possible</i>	
		TRENCH SPACING:		<i>9' o.c.</i>	
		TOTAL TRENCH LENGTH:		<i>75'</i>	
		NUMBER OF TRENCHES:		<i>3</i>	
		GRAVEL DEPTH:		<i>12" or greater</i>	
		TANK SIZE:		<i>Exists</i>	
		PUMP TANK SIZE:		<i>1000 Gallon</i>	PERMIT VALID FOR 5 YEARS ☒ YES ☐ NO
		DISTRIBUTION DEVICE:		<i>pressure manhole</i>	

***** IMPROVEMENT PERMIT DATE: *7/11/17* *****

FOR: *Linda Wilson*
ISSUED BY: *Ch. Hall*

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# *8926*

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: *Existing tank will have to be replaced if it does not have a baffle wall*
ADHA HC box w/ ALARM 1/2" 1/4" taps w/ adjustment valves

Date: *5/17/17* Environmental Health Specialist: *Ch. Hall*

Construction Authorization Addendum ☐ Yes ☒ No

OPERATION PERMIT

DATE:

SYSTEM INSTALLED BY:

ISSUED BY:

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

Granville - Vance District Health Department
Environmental Health

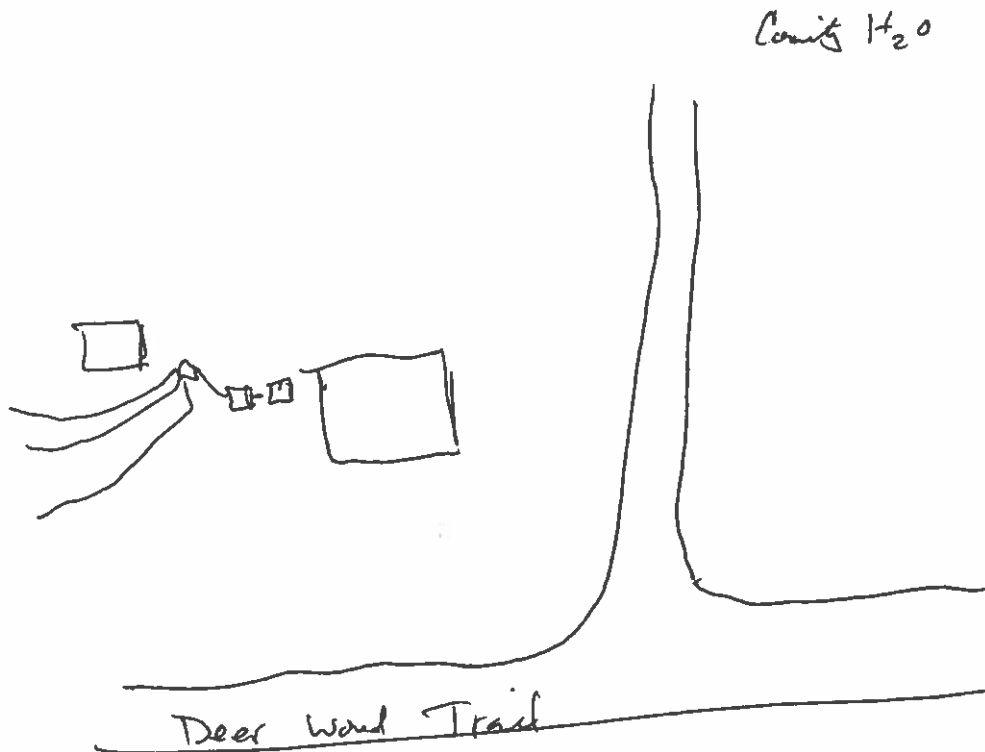
Final Sketch

Pin Repeal

Subdivision - Section - Lot

Physical Address: 119 Deer Wood Trail

System design and details as installed.



CA-HOP
Authorized Signature

6/9/17
Date

GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor PHILLIPS, GLENN Date 9-22-88 S.R. No. _____

Location/Address DEE US# 158 Bypass 119 DeerWard Tr

Subdivision/Mobile Home Park Name West Hills 0411401001 Lot Size .95
Lot No. 2119

New System ☒ Repair _____
House ☒ Mobile Home _____ Business _____
No. Bedrooms 3 No. People 4 No. Toilets 2
Water Supply: Private _____ Approved _____
Semi-Public _____ Unapproved _____
Public ☒ None _____

Layout to be followed by installer:

Nitrification System:

Tank Size 1000 gal.
Distribution Box yes No. Lines 2 - 320 ft.
Nitrification Field 96 C Sq. Ft.

Lines:	1	2	3	4	5	6
Width	<u>3'</u>	<u>3'</u>				
Length	<u>140'</u>	<u>140'</u>				
Grade						
Stone Depth	<u>18" - 24"</u>					

Improvements Permit By JK Kelly Installer Jerry McGhee
Certificate of Completion By JK Date of Inspection 9-22-88

* 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.

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.

