

Nº 1057

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION

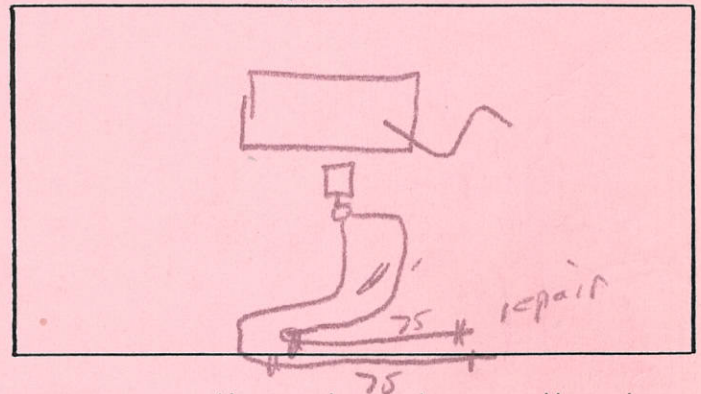
OWNER/AGENT Smith (Charles)
LOCATION 63 New Circle Ln STATE ROAD NO. _____
SUBDIVISION NAME Taylor Farm 0365.001014 LOT NO. 36

SYSTEM DESIGNED FOR:

NEW SYSTEM _____ REPAIR ✓ RESIDENCE _____ BUSINESS _____ OTHER _____
NO. BEDROOMS 3 NO. OCCUPANTS 2 WATER SUPPLY: INDIVIDUAL ✓ PUBLIC _____
LOT SIZE _____ ACRES F _____ L _____ B _____ R _____
SEPTIC TANK Exist GALLONS PUMP TANK _____ GALLONS DISTRIBUTION _____
NITRIFICATION FIELD 450 SQUARE FEET NUMBER OF LINES 2
LENGTH OF LINES 75' WIDTH OF LINES 36 STONE DEPTH 18"

CONDITIONS 75' added
to existing lower 2
line

LAYOUT



NOTICE: The above are minimum specifications for a sewage disposal system on the above captioned property. This permit is subject to compliance with local zoning and building regulations and all the provisions of the Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal of the North Carolina Administrative Code. This permit may not be altered without written permission from a representative of the Granville-Vance District Health Department. System must be installed within _____ years of date of issuance. This permit is subject to revocation if site plans or the intended use changes.

I understand the requirements of this permit and the information I have provided is accurate to the best of my knowledge.

OWNER/AGENT _____ DATE _____
IMPROVEMENT PERMIT BY: Walter J. Vaughn RS DATE 3-16-95
CERTIFICATE OF COMPLETION BY: Walter J. Vaughn RS DATE 3-16-95
SYSTEM INSTALLED BY: Lynn Cole

NOTICE: This approval indicates that the installation complies with all applicable state and local regulations, but shall in no way be taken as a guarantee that the system will function satisfactorily for any given period of time and the Granville-Vance District Health Department will not be held responsible for a malfunctioning system.