

* Installed with P2 Flow

No home on property at time of inspection.

PERMIT NUMBER _____

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS

COUNTY:	TAX NO.	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
	SR. NO.	RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS: 4	
OWNER:		WATER SUPPLY	WELL ☐ PUBLIC ☐	OTHER ☐	
APPLICANT'S ADDRESS:		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	REPAIR	*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:		DESIGN FLOW:			
SUBDIVISION:		LTAR:			
LOT NUMBER:		ABSORPTION AREA:			
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH WIDTH:			
		TRENCH DEPTH:			
		TRENCH SPACING:			
		TOTAL TRENCH LENGTH:			
		NUMBER OF TRENCHES:			
		GRAVEL DEPTH:			
		TANK SIZE:			
		PUMP TANK SIZE:			
		DISTRIBUTION DEVICE:			

PERMIT VALID FOR: 5 YEARS

YES NO

NO EXPIRATION

YES NO

*****IMPROVEMENT PERMIT DATE:*****

FOR:

ISSUED BY:

*****CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 2664*****

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: 5-8-09 Environmental Health Specialist: [Signature] Construction Authorization Addendum ☐ Yes ☒ No

*****OPERATION PERMIT DATE:*****

SYSTEM INSTALLED BY: Vernon Dickerson
ISSUED BY: [Signature] 5-8-09

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

