* Pump System

PERMIT NUMBER 05559

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Vance	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: 4	NUMBER OF OCCUPANTS: ≤8	
OWNER: Thomas Uniache		WATER SUPPLY	WELL ✓ PUBLIC —	OTHER —	
APPLICANT'S ADDRESS:		TYPE OF WASTEWATER SYSTEM	INITIAL Type III INSTALLATION Pump to Conv.	REPAIR Same	
PROPERTY ADDRESS/LOCATION: Bobbitt Rd.		DESIGN FLOW:	490 g/day		*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:	.3		
SUBDIVISION: Canterbury Forest		ABSORPTION AREA:	1,600 ft²		
LOT NUMBER: 7		TRENCH WIDTH:	3'		
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:	24"		
		TRENCH SPACING:	9' centers		
		TOTAL TRENCH LENGTH:	533'		
		NUMBER OF TRENCHES:	4		
		GRAVEL DEPTH:	12"		PERMIT VALID FOR: 5 YEARS (YES) NO
		TANK SIZE:	1,000 g		
		PUMP TANK SIZE:	1,000 g		NO EXPIRATION YES (NO)
		DISTRIBUTION DEVICE:	Pressure Manifold		

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IMPROVEMENT PERMIT DATE:

FOR: Thomas Uniacke

ISSUED BY: Mac Shingleton, RS 9-20-05

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CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 05559

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: 9-20-05 Environmental Health Specialist: Mac Shingleton, RS

Construction Authorization Addendum ☐ Yes ☒ No

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OPERATION PERMIT DATE:

SYSTEM INSTALLED BY: _____

ISSUED BY: _____

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

Lot # 7
Canterbury Forest

Scale 1" = 40'