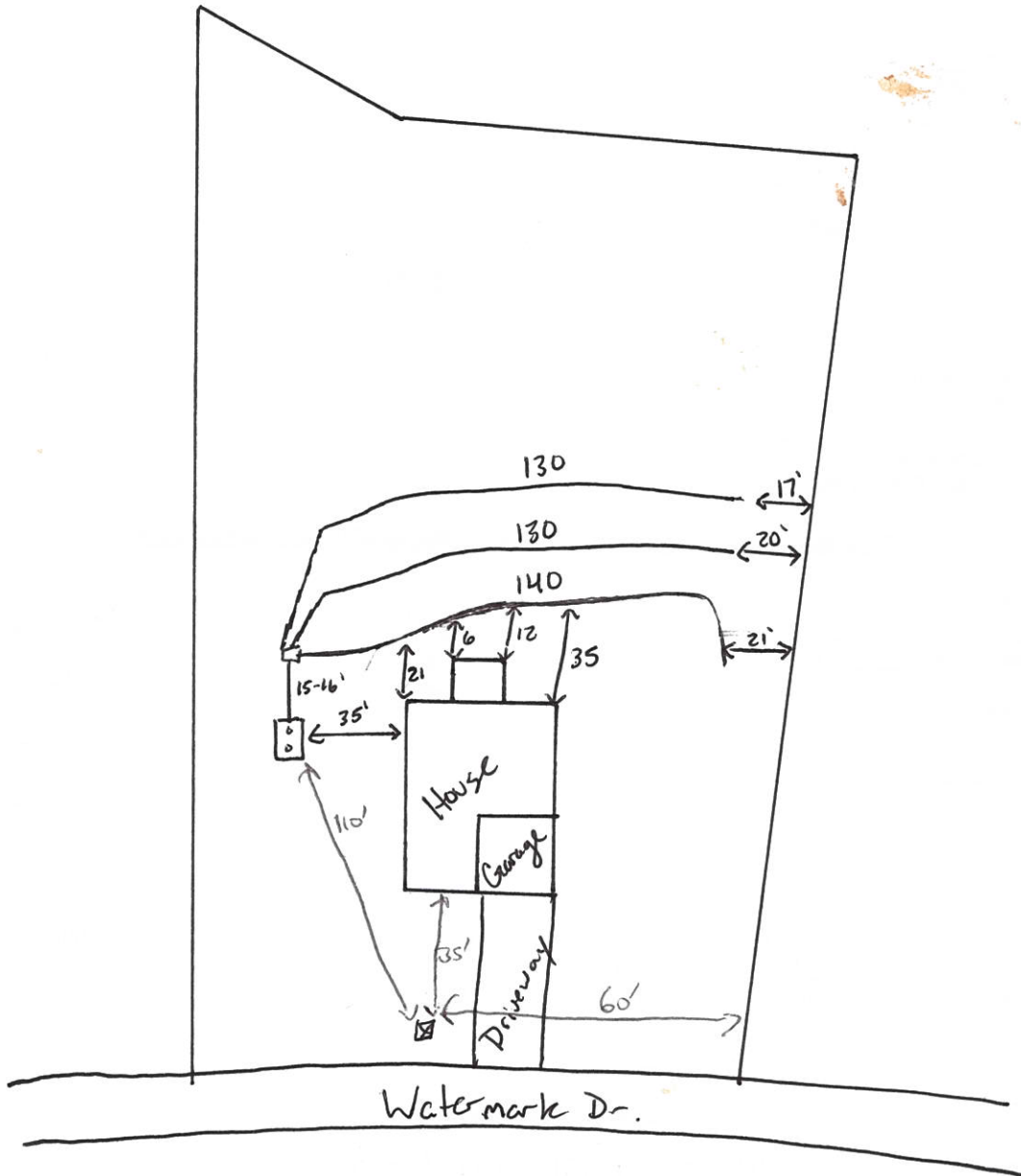


Pin _____

Final Sketch

8-21-2020
Date



8-21-2020
Date

SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

SEPTIC AND PUMP TANK INSPECTION

SEPTIC TANK

Manufacturer DB
 Date of Manufacture 4-23-2020
 Stamp STB-502
 Capacity 1000
 Tee ☒
 Baffle ☒
 Sealant ☒
 AIR GAP ☒ , FILTER ☒ , RISER Yes

INITIAL

awc
 ↓

DATE

8-21-2020

↓

PUMP TANK

Manufacture _____
 Date of Manufacture _____
 Stamp _____
 Capacity _____
 Sealant _____
 Manhole _____
 RISER _____ , SEALANT _____

MECHANICAL INSPECTION

PUMP

Manufacturer and Model # _____
 Control Panel _____
 Alarm _____
 Electrical Connection _____
 SEALANT AROUND CONDUIT _____

NITRIFICATION/DISTRIBUTION AND DRAINFIELD INSPECTION

DISTRIBUTION BOX

Level ✓
 Equal Distribution ✓
 Other _____

awc
 ↓

8-21-2020

↓

DISTRIBUTION MANIFOLD

Pipe Size _____
 Gate Valves _____
 Other _____

OTHER DISTRIBUTION

Type _____

NITRIFICATION LINES

Trench Width
 Trench Length
 Trench Grade
 Stone Depth

LINE 1

3'
140'
✓
-

LINE 2

3'
130'
✓
-

LINE 3

3'
130'
✓
-

LINE 4

LINE 5

LINE 6

EZ-Flow

WELL INSPECTION

LOCATION OF WELL

N-G - EZ120314/GEO

COMMENTS:

Monitor Report

Date/Time: 09/30/2020 03:13 PM

Fax Number : 9196030106
Company Name : GV Environmental Health

The documents were sent.

No.	Job#	Remote Station	Start Time	Dura.	Pages	Mode	Contents	Result
001	0632	99196936794	09/30/2020 03:12PM	0'29"	2/ 2	SG3		Done

PERMIT NUMBER 2206

**GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS**

COUNTY: <u>Granville</u>	TAX NO.	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
LOT SIZE	RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: <u>4</u>	NUMBER OF OCCUPANTS: <u>8 MAX</u>		
APPLICANT'S NAME & ADDRESS <u>Bobby Sumner</u>		WATER SUPPLY WELL ☒ PUBLIC ☐	INITIAL INSTALLATION	REPAIR	*THIS IMPROVEMENT PERMIT IS SUBJECT TO REVOCATION IF THE INTENDED USE CHANGES FROM THOSE SHOWN ON THE IMPROVEMENT PERMIT. CHANGES SHALL REQUIRE HEALTH DEPARTMENT APPROVAL.
PROPERTY ADDRESS/LOCATION: <u>3811 Watermark Dr</u>		TYPE OF WASTEWATER SYSTEM	<u>III g</u>	<u>III g</u>	
SUBDIVISION: <u>Ironwood</u>		DESIGN FLOW:	<u>480 gpd</u>		
LOT NUMBER: <u>196</u>		LTAR:	<u>3 gpd/HZ</u>		
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		ABSORPTION AREA:	<u>1,200 FT²</u>		
		TRENCH WIDTH:	<u>36"</u>		
		TRENCH DEPTH:	<u>18"</u>		
		TRENCH SPACING:	<u>9'o.c.</u>		
		TOTAL TRENCH LENGTH:	<u>400'</u>		
		NUMBER OF TRENCHES:	<u>3</u>		
		GRAVEL / ACCEPTED:	<u>Accepted</u>		PERMIT VALID FOR 5 YEARS ☒ YES ☐ NO
		TANK SIZE:	<u>1000 gal</u>		NO EXPIRATION ☒ YES ☐ NO
		PUMP TANK SIZE:	<u>N/A</u>		
		DISTRIBUTION DEVICE:	<u>D-BOX</u>		

*Do not install when wet!
*Do not exceed trench depth.

FOR: Bobby Sumner IMPROVEMENT PERMIT DATE: 4-1-2020
ISSUED BY: Debra C. Smith

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 2206
Unless otherwise indicated, the same conditions above apply regarding system type, layout, location and installation requirement.
(The wastewater system cannot be installed until authorization is signed)

Comments: _____

Date: 4-1-2020 Environmental Health Specialist: Debra C. Smith
Construction Authorization Addendum ☒ Yes ☐ No

OPERATION PERMIT DATE: 8-21-2020
SYSTEM INSTALLED BY: True Work INC 9-30-2020
ISSUED BY: me

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

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Page:1(Last Page)

