

PERMIT NUMBER 07645

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.
<u>Granville</u>	SR. NO. <u>1139</u>	RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: <u>3</u>	NUMBER OF OCCUPANTS: <u>max 6</u>	
OWNER: <u>Arthur Carl Maddox</u>		WATER SUPPLY	WELL ☒ PUBLIC ☐	OTHER ☐	
APPLICANT'S ADDRESS: <u>4212 New Hope Meadows</u> <u>Hermitage, TN 37076</u>		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION ☒ REPAIR		
PROPERTY ADDRESS/LOCATION: <u>2531 Enon Rd</u>		DESIGN FLOW:		<u>360</u>	*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.
SUBDIVISION:		LTAR:		<u>.225</u>	
LOT NUMBER:		ABSORPTION AREA:			
		TRENCH WIDTH:		<u>36"</u>	
REFERENCE SKETCH (SEE PLAT FOR DETAILS) - See site sketch - Maintain all setbacks - Pump septic tank - Insedi filter		TRENCH DEPTH:		<u>To Be Determined</u>	PERMIT VALID FOR 5 YEARS YES ☒ NO ☐
		TRENCH SPACING:		<u>9' on center</u>	
		TOTAL TRENCH LENGTH:		<u>abt 120'</u>	
		NUMBER OF TRENCHES:		<u>1</u>	
		GRAVEL DEPTH:		<u>18"</u>	NO EXPIRATION YES ☐ NO ☒
		TANK SIZE:		<u>existing</u>	
		PUMP TANK SIZE:		<u>Ext N/A</u>	
			DISTRIBUTION DEVICE:		<u>D-box</u>

IMPROVEMENT PERMIT

DATE: 9-16-13

FOR: Arthur Carl Maddox

ISSUED BY: Cassandra Chamorro, PEHS

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 7645

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: 9-16-13 Environmental Health Specialist: Cassandra Chamorro

Construction Authorization Addendum ☐ Yes ☒ No

OPERATION PERMIT

DATE: 9-24-13

SYSTEM INSTALLED BY: ABC

ISSUED BY: Installed per drawing

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

Granville-Vance District Health Department
Environmental Health

Pin _____

Permit Number 7645

☒ Improvement Permit

☒ Construction Authorization

Site Sketch

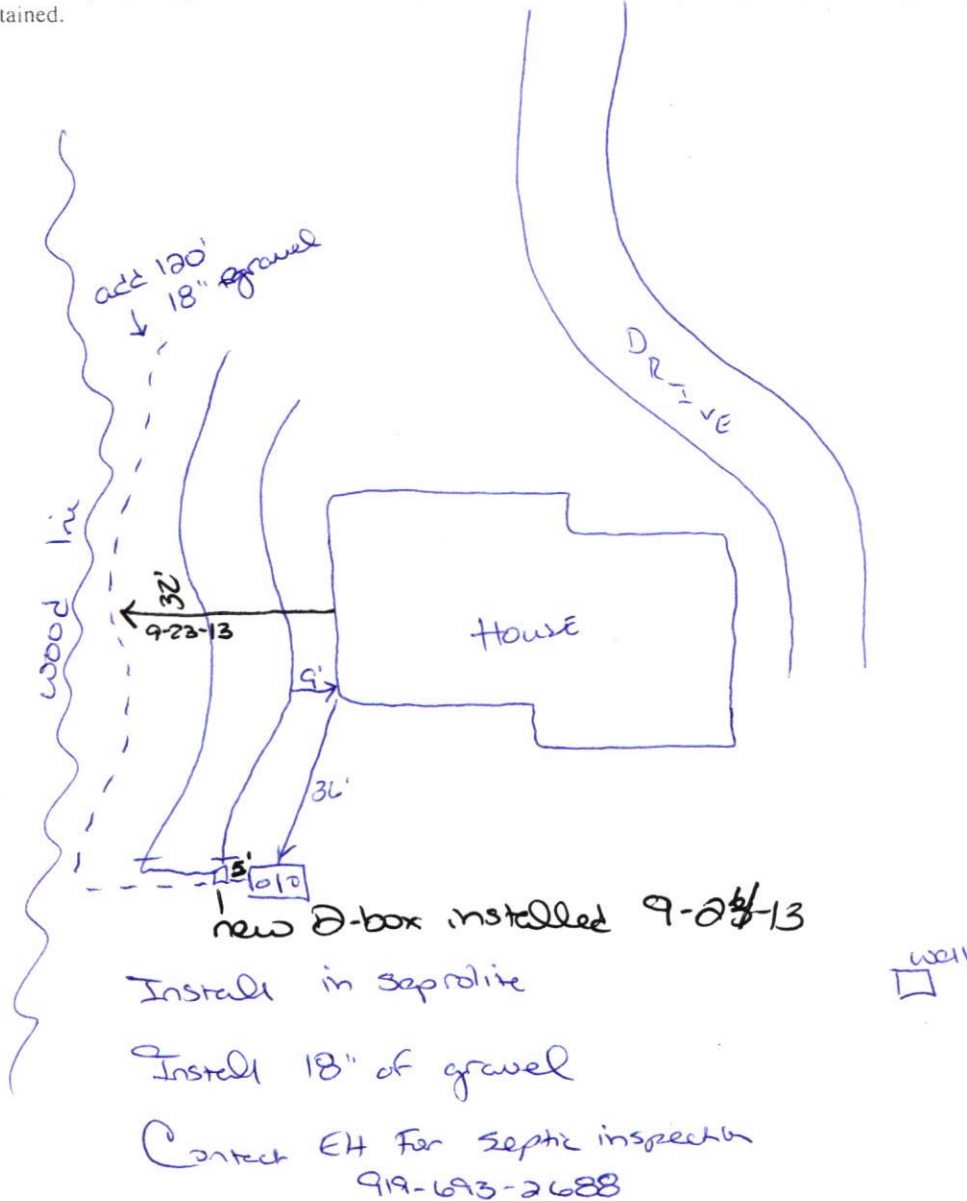
Arthur Carl Meddax
Applicants Name

2534 Enon Rd
Subdivision - Section - Lot

CASSANDRA CHAMPION REHS
Authorized State Agent

9-16-13
Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to insure that proper grade is maintained.



Signature

Cassandra Champion

Date 9-16-13

Final

Cassandra Champion 9-24-13

3.30

No 0865

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

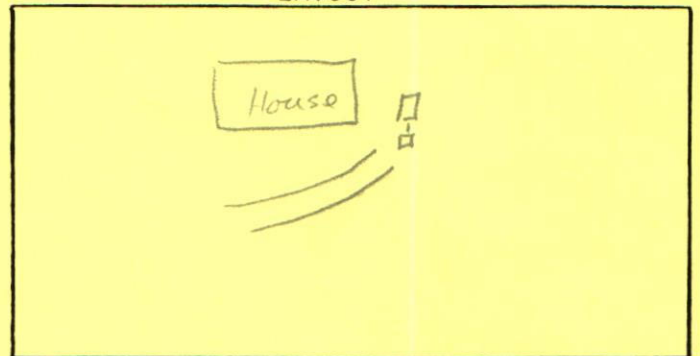
OWNER/AGENT Michael W & Sharon P. Holgood
 LOCATION Enon Rd - Oxford, N.C. STATE ROAD NO. 1139
 SUBDIVISION NAME _____ LOT NO. _____

SYSTEM DESIGNED FOR:

NEW SYSTEM ☒ REPAIR _____ RESIDENCE Home BUSINESS _____ OTHER _____
 NO. BEDROOMS 3 NO. OCCUPANTS 5 WATER SUPPLY: INDIVIDUAL ☒ PUBLIC _____
 LOT SIZE 1.5 ACRES F _____ L _____ B _____ R _____
 SEPTIC TANK _____ GALLONS PUMP TANK _____ GALLONS DISTRIBUTION box
 NITRIFICATION FIELD 900 SQUARE FEET NUMBER OF LINES _____
 LENGTH OF LINES 200' WIDTH OF LINES 3 ☒ STONE DEPTH 18"

CONDITIONS _____

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 5 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 Michael W & Sharon P. Holgood DATE 4-5-94
 IMPROVEMENT PERMIT BY: Charles L. Holgood DATE 4-5-94
 CERTIFICATE OF COMPLETION BY: Dana A. Parrott DATE 5-18-94
 SYSTEM INSTALLED BY: Charles Adcock

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.