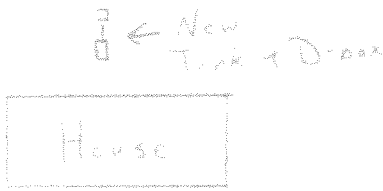


* Repair Permit / Tank + D-box replacement only. 06717
 PERMIT NUMBER 06717

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.
Vance	SR. NO.	RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS:	NUMBER OF OCCUPANTS: <u>2</u>	
		WATER SUPPLY	WELL ☐ PUBLIC ☐	OTHER ☐	
		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	REPAIR	
OWNER: <u>Gene A. Scue</u>		APPLICANT'S ADDRESS:			*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.
0414A02012		PROPERTY ADDRESS/LOCATION:			
79 Weybosset Rd.		SUBDIVISION:			
Westwood Hills		LOT NUMBER: <u>2</u>			
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		DESIGN FLOW:			PERMIT VALID FOR: 5 YEARS YES ☐ NO ☐
		LTAR:			
		ABSORPTION AREA:			
		TRENCH WIDTH:			
		TRENCH DEPTH:			
		TRENCH SPACING:			
		TOTAL TRENCH LENGTH:			
		NUMBER OF TRENCHES:			
House		GRAVEL DEPTH:			NO EXPIRATION YES ☐ NO ☐
		TANK SIZE:			
		PUMP TANK SIZE:			
		DISTRIBUTION DEVICE:			



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

FOR: Mac Shingleton, REHS 5-21-12
 ISSUED BY: Mac Shingleton, REHS

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 06717

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: 5-21-12 Environmental Health Specialist: Mac Shingleton, REHS
 Construction Authorization Addendum ☐ Yes ☐ No

OPERATION PERMIT DATE:

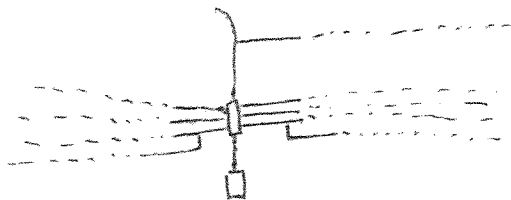
SYSTEM INSTALLED BY: Pearce 5-21-12
 ISSUED BY: Mac Shingleton, REHS

OWNER Ryerson, Gene ADDRESS 401 Alford Rd
OCCUPANT _____ SUBDIVISION West Wood Hills
HOUSE ☒ MOBILE HOME _____ BUSINESS _____ LOT AREA 115 x 200 LOT # 2
SEPTIC TANK: (SIZE 1000 GALS.) PRIVY: (NUMBER _____)
No. Bedrooms 4 No. Bathrooms 3 New _____ Date _____
Garbage Disposal Unit Yes _____ No ☒ Repaired _____ Date _____
Auto. Dishwasher Yes _____ No ☒ WATER SUPPLY:
Auto. Wash. Machine Yes ☒ No _____ Individual ☒ Public _____
Nitrification Field 1050 sq. ft. If well, type:
Depth of stone in lines 6" Bored _____ Drilled _____ Dug _____
FHA CASE # _____ VA CASE # _____ Distance from nearest
FARMERS HOME ADM. CASE # _____ pollution _____ Ft.
Contractor Chapman REMARKS: _____
Address Alford _____
PERMIT # 832 DATE 1-22-73 _____
APPROVED: YES ☒ NO _____
APPROVED BY: Smith 8-27-73 _____

DHS Form 1106 Rev. 2/75
Sanitation

SEWAGE DISPOSAL RECORD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES



House

well