

Nº 0815

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

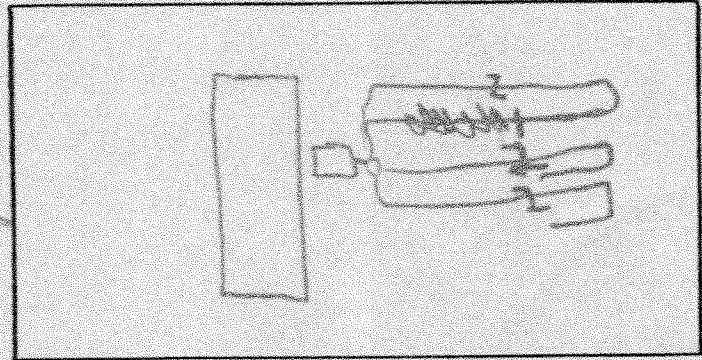
OWNER/AGENT Peggy S. Broom
LOCATION Bilbury 307 Twelve Oaks Ln STATE ROAD NO. _____
SUBDIVISION NAME 12 Oaks 0547 02048 LOT NO. 25

SYSTEM DESIGNED FOR:

NEW SYSTEM ☒ REPAIR _____ RESIDENCE UH BUSINESS _____ OTHER _____
NO. BEDROOMS 3 NO. OCCUPANTS 2 WATER SUPPLY: INDIVIDUAL ☒ PUBLIC _____
LOT SIZE 7 ACRES F _____ L _____ B _____ R _____
SEPTIC TANK 1000 GALLONS PUMP TANK _____ GALLONS DISTRIBUTION box
NITRIFICATION FIELD 1200 SQUARE FEET NUMBER OF LINES 3 or 4
LENGTH OF LINES 40' 100' or 30' 133' WIDTH OF LINES 36" STONE DEPTH 12"

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 _____ 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 _____ DATE _____
IMPROVEMENT PERMIT BY: Wallace T. Vaughn DATE 7-20-94
CERTIFICATE OF COMPLETION BY: Wallace T. Vaughn DATE 7-26-94
SYSTEM INSTALLED BY: R. R. Tharrington

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.

SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

OWNER Peggy Broome PERMIT NUMBER 815
 DATE 9-26-97 CONTRACTOR R.B. Therrington
 WEATHER CONDITIONS cloudy SOIL WETNESS CONDITIONS slc

SEPTIC AND PUMP TANK INSPECTION

SEPTIC TANK	INITIAL	DATE
MANUFACTURER <u>E11.5</u>	<u>W.V.</u>	<u>9-26-97</u>
DATE OF MANUFACTURE <u>7-21-97</u>		
STAMP <u>✓</u>		
CAPACITY <u>1000</u>		
TEE <u>✓</u>		
BAFFLE <u>✓</u>		
SEALANT <u>-</u>		
PUMP TANK		
MANUFACTURER		
DATE OF MANUFACTURE		
STAMP		
CAPACITY		
SEALANT		
MANHOLE		
DRAW DOWN TEST		

MECHANICAL INSPECTION

PUMP		
MANUFACTURER AND MODEL NUMBER		
CONTROL PANEL		
ALARM		
ELECTRICAL CONNECTION		

NITRIFICATION DISTRIBUTION AND DRAINFIELD INSPECTION

DISTRIBUTION BOX			
LEVEL <u>✓</u>			
EQUAL DISTRIBUTION <u>✓</u>			
OTHER			
DISTRIBUTION MANIFOLD			
PIPE SIZE			
GATE VALVES			
OTHER			
OTHER DISTRIBUTION TYPE			
NITRIFICATION LINES	LINE 1	LINE 2	LINE 3
TRENCH WIDTH	<u>3</u>	<u>3</u>	<u>3</u>
TRENCH LENGTH	<u>133</u>	<u>133</u>	<u>133</u>
TRENCH GRADE	<u>✓</u>	<u>✓</u>	<u>✓</u>
STONE DEPTH	<u>12</u>	<u>12</u>	<u>12</u>

COMMENTS: _____

