Granville – Vance District Health Department
Environmental Health

Pin 183500261043 Permit Number 7560

✓ Improvement Permit ✓ Construction Authorization

Final Sketch

William Howerton
Applicants Name

n/a
Subdivision – Section – Lot

Physical Address: 1641 Hwy 96 South

Triangle Pump + Tank
System Installer

9-12+13-2013
Date

System design and details as installed.

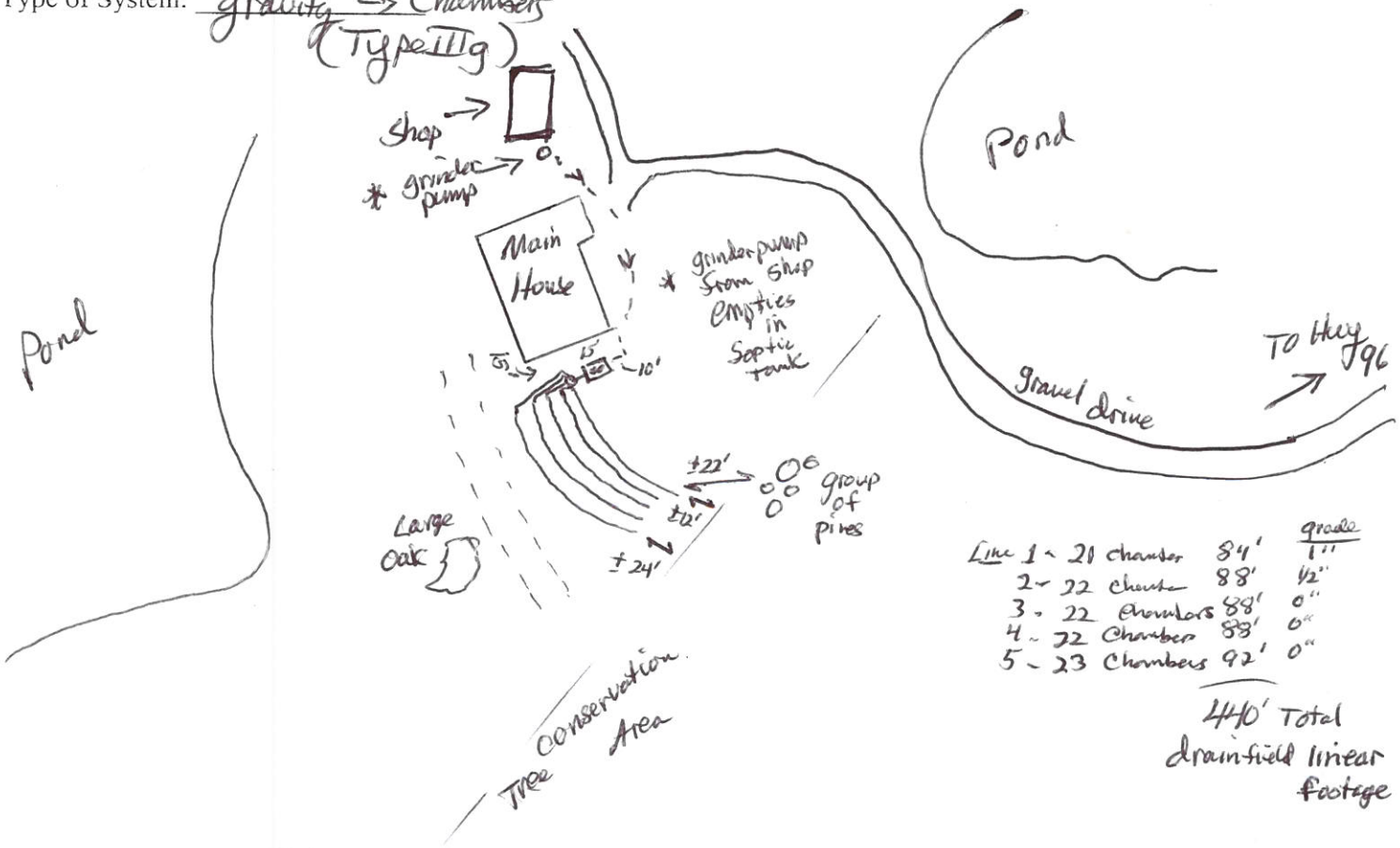
Septic Tank Information:
Date: 6-27-13
Manufacture: Mills-1200
ID # : STB-857

Pump Tank Information:
Date:
Manufacturer:
ID #:

Distribution Box ✓
Pressure Manifold
Serial Distribution

* Not to scale

Type of Facility: House
Number of Bedrooms: 4
Type of System: gravity → Chambers (Type IIIg)



Line			grade
1	21 chamber	84'	1"
2	22 chamber	88'	½"
3	22 chambers	88'	0"
4	22 chamber	88'	0"
5	23 chambers	92'	0"

440' Total drainfield linear footage

Authorized Signature

9-13-13
Date

* see folder
1641 Hwy 96

PERMIT NUMBER 07560

Zoning # 17768

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville	TAX NO. 1835002610 43	TYPE OF ESTABLISHMENTS		
	SR. NO.	RESIDENCE ✓ BUSINESS — OTHER —	NUMBER OF BEDROOMS: 4	NUMBER OF OCCUPANTS: 2
OWNER: William Howerton		WATER SUPPLY	WELL ✓ PUBLIC — Existing well	OTHER —
APPLICANT'S ADDRESS: Ed King 3550-101 Tacheel Dr. Raleigh, NC 27609		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION: Type III g	REPAIR: Type III g
PROPERTY ADDRESS/LOCATION: 1641 Hwy 96 South		DESIGN FLOW:	480 gpd	
		LTAR:	.275 gpd/ft²	
SUBDIVISION:		ABSORPTION AREA:	1'145 ft²	
LOT NUMBER: N/A		TRENCH WIDTH:	3'	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:	33"	
		TRENCH SPACING:	9' o.c.	
		TOTAL TRENCH LENGTH:	440'	
		NUMBER OF TRENCHES:	5	
		GRAVEL DEPTH:	Accepted 5 status Chambers	
		TANK SIZE:	1200 gal	
		PUMP TANK SIZE:	N/A	
		DISTRIBUTION DEVICE:	Distribution Box	

- plumbing stub-out should allow for septic tank placement as shown
- stay out of conservation area
- trench depth 33"
- trenches level and on contour

*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.

*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.

PERMIT VALID FOR: 5 YEARS YES (5) NO

NO EXPIRATION YES NO (NO)

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IMPROVEMENT PERMIT DATE: 6/7/13

FOR: William Howerton

ISSUED BY: David Cumbee

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CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 1560

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: Call 919-693-2688 w/ questions

Date: 6/7/13 Environmental Health Specialist: David Cumbee

Construction Authorization Addendum ☐ Yes ☐ No

****

OPERATION PERMIT DATE: 9-12-13 - 2013

SYSTEM INSTALLED BY: Triangle Pump & Tank

ISSUED BY: David Cumbee

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