

IMPROVEMENT REPORT AND CERTIFICATE OF COMPLETION
TARRANT COUNTY DISTRICT HEALTH DEPARTMENT

LOCATION OF WORK: _____
DATE OF WORK: _____
NAME OF WORKER: _____

DESIGNED FOR

5

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

OWNER/AGENT Matthew Rogers
LOCATION Old City Home Rd. 3525 STATE ROAD NO. _____
SUBDIVISION NAME 0450 01027 LOT NO. _____

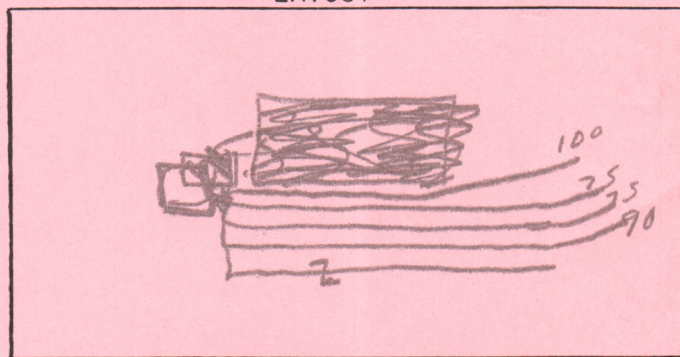
SYSTEM DESIGNED FOR:

NEW SYSTEM ☒ REPAIR _____ RESIDENCE Modular BUSINESS _____ OTHER _____
NO. BEDROOMS 3 NO. OCCUPANTS 4 WATER SUPPLY: INDIVIDUAL ☒ PUBLIC _____
LOT SIZE 1 ACRES F _____ L _____ B _____ R _____
SEPTIC TANK 1000 GALLONS PUMP TANK _____ GALLONS DISTRIBUTION box
NITRIFICATION FIELD 1200 SQUARE FEET NUMBER OF LINES 4
LENGTH OF LINES 100 WIDTH OF LINES 36 STONE DEPTH 12"

CONDITIONS _____

3-17-95

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: William T. Vaughan Jr. DATE 3-28-95
CERTIFICATE OF COMPLETION BY: William T. Vaughan Jr. DATE 3-28-95
SYSTEM INSTALLED BY: L. Pearce

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.

$$\begin{array}{r}
 100 \\
 \cancel{25} \\
 75 \\
 90 \\
 \hline
 340
 \end{array}$$

$$\begin{array}{r}
 90 \\
 90 \\
 50
 \end{array}$$

$$\begin{array}{r}
 100 \\
 75 \\
 75 \\
 75 \\
 \hline
 40 \\
 \hline
 415
 \end{array}$$

SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

OWNER Rogers PERMIT NUMBER 1083
 DATE 7-28-95 CONTRACTOR R. Pearce
 WEATHER CONDITIONS Sunny SOIL WETNESS CONDITIONS OK

SEPTIC AND PUMP TANK INSPECTION

SEPTIC TANK	INITIAL	DATE
MANUFACTURER <u>Ell. S</u>	_____	_____
DATE OF MANUFACTURE <u>3-15-95</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 _____	_____	_____
OTHER _____	_____	_____

DISTRIBUTION MANIFOLD		
PIPE SIZE _____	_____	_____
GATE VALVES _____	_____	_____
OTHER _____	_____	_____

OTHER DISTRIBUTION		
TYPE _____	_____	_____

NITRIFICATION LINES	LINE 1	LINE 2	LINE 3	4	5
TRENCH WIDTH	<u>3</u>	<u>3</u>	<u>3</u>	<u>5</u>	<u>5</u>
TRENCH LENGTH	<u>100</u>	<u>75</u>	<u>75</u>	<u>75</u>	<u>90</u>
TRENCH GRADE	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
STONE DEPTH	<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>

COMMENTS: _____

