

PERMIT NUMBER 06156

**GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS**

COUNTY: <u>Granville</u>	TAX NO. <u>19020</u> <u>0762432</u>	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
SR NO. <u>1162</u>	RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: <u>3</u>	NUMBER OF OCCUPANTS:		
OWNER: <u>Mark Ellington</u>	WATER SUPPLY	WELL ☒ PUBLIC ☐	OTHER ☐		*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.
APPLICANT'S ADDRESS: <u>5115 Old Mt 25</u> <u>Old Mt 27505</u>	TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION <u>Type III B</u>	REPAIR <u>Type III B</u>		
PROPERTY ADDRESS/LOCATION: <u>Hallie Bannette Rd.</u>	DESIGN FLOW:	<u>360 gpm</u>			PERMIT VALID FOR: 5 YEARS YES ☒ NO ☐
SUBDIVISION: <u>Hallie Bannette</u> <u>Mark Ellington Farm</u>	LEAK:	<u>.3</u>			
LOT NUMBER: <u>2</u>	ABSORPTION AREA:	<u>1200 sq ft</u>			NO EXPIRATION YES ☐ NO ☒
	TRENCH WIDTH:	<u>3'</u>			
REFERENCE SKETCH (SEE PLAT FOR DETAILS) <u>See sketch on back.</u>	TRENCH DEPTH:	<u>18"-24"</u>			
<u>23 trenches 18"-24" deep</u>	TRENCH SPACING:	<u>9' on center</u>			
<u>rest on contour. Dig at least 10' from house foundation down 10' from property line, & install any well. Do not install well for inspection in rain. Must protect drainfield basement for 1st #1</u>	TOTAL TRENCH LENGTH:	<u>400 ft.</u>			
	NUMBER OF TRENCHES:	<u>3 @ 133 each</u>			
	GRAVEL DEPTH:	<u>12"</u>			
	TANK SIZE:	<u>1000 gal.</u>			
	PUMP TANK SIZE:	<u>1000 gal.</u>			
	DISTRIBUTION DEVICE:	<u>pressure manifold</u>			

IMPROVEMENT PERMIT

DATE: 1-29-07 / 2-23-15
OC

FOR: Mark Ellington

ISSUED BY: M.E. Mount, R.S.

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT # 06156

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: Preconstruction conference required with Health Department to confirm drain field site & house location

Date: 1-29-07 Environmental Health Specialist: M.E. Mount, R.S.

Construction Authorization Addendum ☐ Yes ☒ No

OPERATION PERMIT

DATE:

SYSTEM INSTALLED BY:

Permit # 06156



