

SEPTIC

PUMP

PERMIT NUMBER _____

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 PLAT, INCLUDING SYSTEM REQUIREMENTS
Granville	182500216282	RESIDENCE ☒ BUSINESS _____ OTHER _____	NUMBER OF BEDROOMS: 4	NUMBER OF OCCUPANTS: 8 max	
OWNER: Pinnacle Home Builders	SR. NO.	WATER SUPPLY	WELL ☒ PUBLIC _____	OTHER _____	*THIS IMPROVEMENT PERMIT IS SUBJECT TO REVOCATION IF THE INTERFERES CHANGING FROM THE SHOWN ON IMPROVEMENT PERMIT. CITY SHALL REQUIRE HEALTH DEPARTMENT APPROVAL
APPLICANT'S ADDRESS: 210 Barnhill Farm Ln Wake Forest, NC 27587		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION Type III hg	REPAIR Type III hg	
PROPERTY ADDRESS/LOCATION: 13000 Valley Ln		DESIGN FLOW:	480 gpd		
SUBDIVISION: The Preserve		LTAR:	3 gpd/ft ²		
LOT NUMBER: 126		ABSORPTION AREA:	1600 ft ²		
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH WIDTH:	3'		
Trench depth 26"		TRENCH DEPTH:	26"		
Install in dry conditions		TRENCH SPACING:	9' o.c.		
Install level and on contour		TOTAL TRENCH LENGTH:	400'		
Stay +25' from building foundation		NUMBER OF TRENCHES:	4		
		GRAVEL DEPTH:	Accepted States		PERMIT VALID FOR: 5 YEARS
		TANK SIZE:	1200 gal		YES
		PUMP TANK SIZE:	1200 gal		NO EXPIRATION
		DISTRIBUTION DEVICE:	Pressure manifold		YES

IMPROVEMENT PERMIT

DATE:

FOR:

ISSUED BY:

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 7392

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 for lay-out or question

Date:

3-7-13

Environmental Health Specialist:

David Cumber

Construction Authorization Addendum ☐ Yes

OPERATION PERMIT

DATE:

SYSTEM INSTALLED BY:

ISSUED BY:

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

Scale 1" = 40'

