

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

COUNTY: <i>Granville</i>	TAX NO. <i>096900314209</i>	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
	SR. NO. <i>1328</i>	RESIDENCE <input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> OTHER <input type="checkbox"/>	NUMBER OF BEDROOMS: <i>4</i>	NUMBER OF OCCUPANTS:	
OWNER: <i>Christopher Holleman</i>		WATER SUPPLY	WELL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/>	OTHER <input type="checkbox"/>	*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: <i>111 John Mitchell Rd. Youngsville N.C. 27596</i>		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION <i>Type II a</i>	REPAIR <i>Type III g</i>	
PROPERTY ADDRESS/LOCATION: <i>Charlie Stovall Rd.</i>		DESIGN FLOW:	<i>480 gpd</i>		PERMIT VALID FOR: 5 YEARS <input checked="" type="radio"/> YES <input type="radio"/> NO
SUBDIVISION: <i>Brookhaven Rd.</i>		LTAR:	<i>.27581197²</i>		
LOT NUMBER: <i>28</i>		ABSORPTION AREA:	<i>1745 ft²</i>		NO EXPIRATION YES <input type="radio"/> NO <input checked="" type="radio"/>
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH WIDTH:	<i>3'</i>		
<i>Lines dug to reclaim on contour, call Health Department 919-693-2688 for site meeting prior to installation. Keep well +100' from septic - Do not install in wet conditions</i>		TRENCH DEPTH:	<i>21"</i>		
		TRENCH SPACING:	<i>9' O.C.</i>		
		TOTAL TRENCH LENGTH:	<i>582'</i>	<i>431'</i>	
		NUMBER OF TRENCHES:	<i>4-6</i>		
		GRAVEL DEPTH:	<i>12"</i>	<i>Innovative product</i>	
		TANK SIZE:	<i>1000 gal.</i>		
	PUMP TANK SIZE:				
	DISTRIBUTION DEVICE:	<i>Distribution 130x</i>			

***** IMPROVEMENT PERMIT DATE: *2-1-08* *****

FOR: *Christopher Holleman*
ISSUED BY: *David Cumber*

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# *6650*

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: _____

Date: *2-1-08* Environmental Health Specialist: *David Cumber* Construction Authorization Addendum Yes No

***** OPERATION PERMIT DATE: _____ *****

SYSTEM INSTALLED BY: _____
ISSUED BY: _____

1" = 200'

