

Granville - Vance District Health Department
Environmental Health

Pin 182300784142

Permit Number 7646

☒ Improvement Permit

☒ Construction Authorization

Final Sketch

Terri Parrott
Applicants Name

N/A
Subdivision - Section - Lot

Physical Address: 3795 Graham Sherron Rd

Cole's Backhoe Service
System Installer

9-27-13
Date

System design and details as installed.

Septic Tank Information:

Date: 6-1-13

Manufacture: Ellis 1200gd

ID #: STB-828

Pump Tank Information:

Date: _____

Manufacturer: _____

ID #: _____

Distribution Box ☒

Pressure Manifold _____

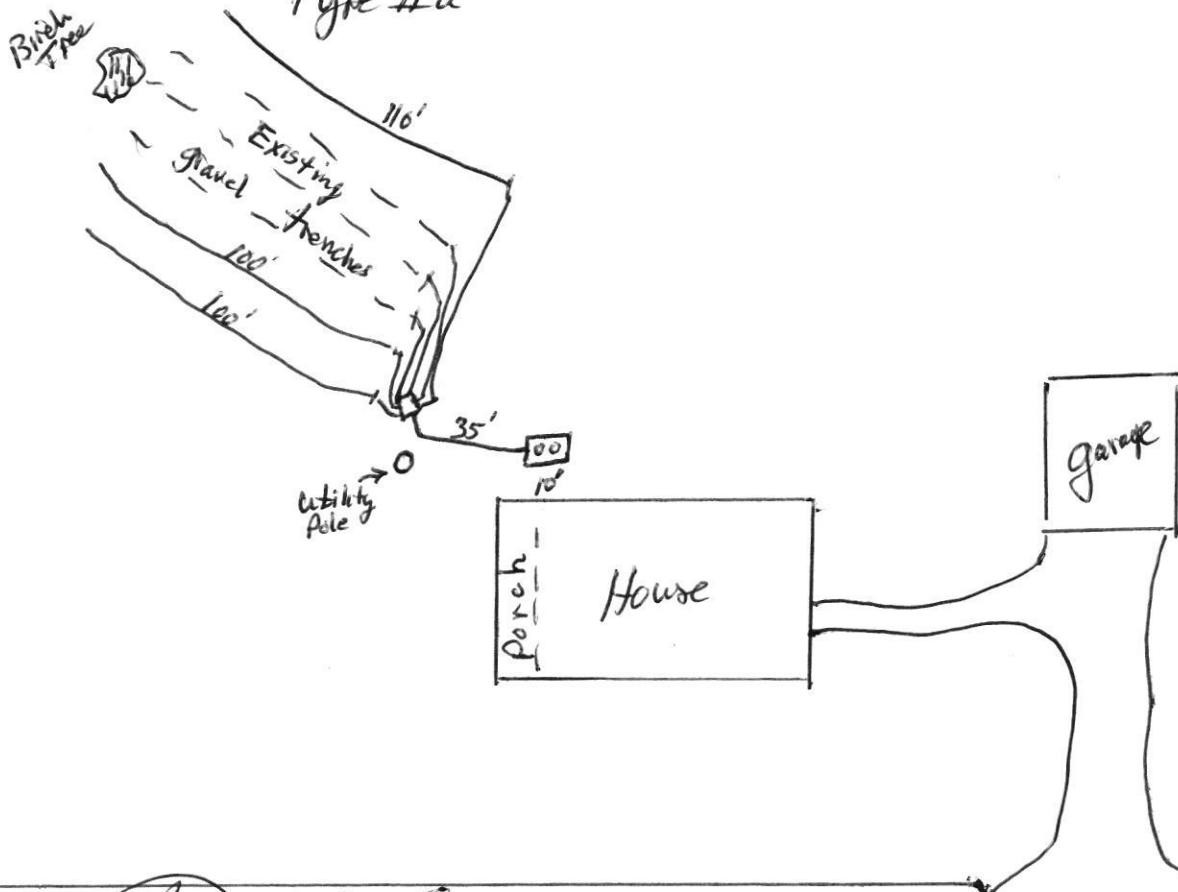
Serial Distribution _____

Type of Facility: House

Number of Bedrooms: 4

Type of System: Gravity - Conventional (gravel)

Type IIa



[Signature]
Authorized Signature

9-27-13
Date

PERMIT NUMBER 07646

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 A PLAT, INCLUDING SYSTEM REQUIREMENTS.
<u>Granville</u>	<u>182300784142</u>	RESIDENCE ☒	NUMBER OF BEDROOMS:	NUMBER OF OCCUPANTS:	
OWNER:	SR. NO.	BUSINESS ☐	<u>4</u>	<u>8 max</u>	
<u>Terri Parrott</u>		OTHER ☐			
APPLICANT'S ADDRESS:		WATER SUPPLY	WELL ☒	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.
<u>2540 Candle Placeln</u>		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	REPAIR ☒	
<u>Winston Salem, NC.</u>		DESIGN FLOW:			
<u>27103</u>		LTAR:			
PROPERTY ADDRESS/LOCATION:		ABSORPTION AREA:			*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.
<u>3795 Graham Sherron Rd</u>		TRENCH WIDTH:		<u>3'</u>	
SUBDIVISION:		TRENCH DEPTH:		<u>24"-30"</u>	
<u>N/A</u>		TRENCH SPACING:		<u>9' o.c.</u>	
LOT NUMBER:		TOTAL TRENCH LENGTH:		<u>300'</u>	PERMIT VALID FOR: 5 YEARS YES ☒ NO ☐
		NUMBER OF TRENCHES:		<u>3</u>	
		GRAVEL DEPTH:		<u>12"</u>	
		TANK SIZE:		<u>1200 gal</u>	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		PUMP TANK SIZE:			NO EXPIRATION YES ☐ NO ☒
<u>- pump-out, collapse, and fill-in existing septic tank</u>		DISTRIBUTION DEVICE:		<u>Distribution Box</u>	
<u>- set new 1200 gal septic tank</u>					
<u>- install new D-Box</u>					
<u>- hook-up 2 existing lines to box and add 3 lines @ 100' each</u>					

IMPROVEMENT PERMIT

DATE:

FOR:

ISSUED BY:

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT#

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:

Environmental Health Specialist:

Construction Authorization Addendum

☐ Yes ☒ No

OPERATION PERMIT

DATE:

SYSTEM INSTALLED BY:

ISSUED BY:

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