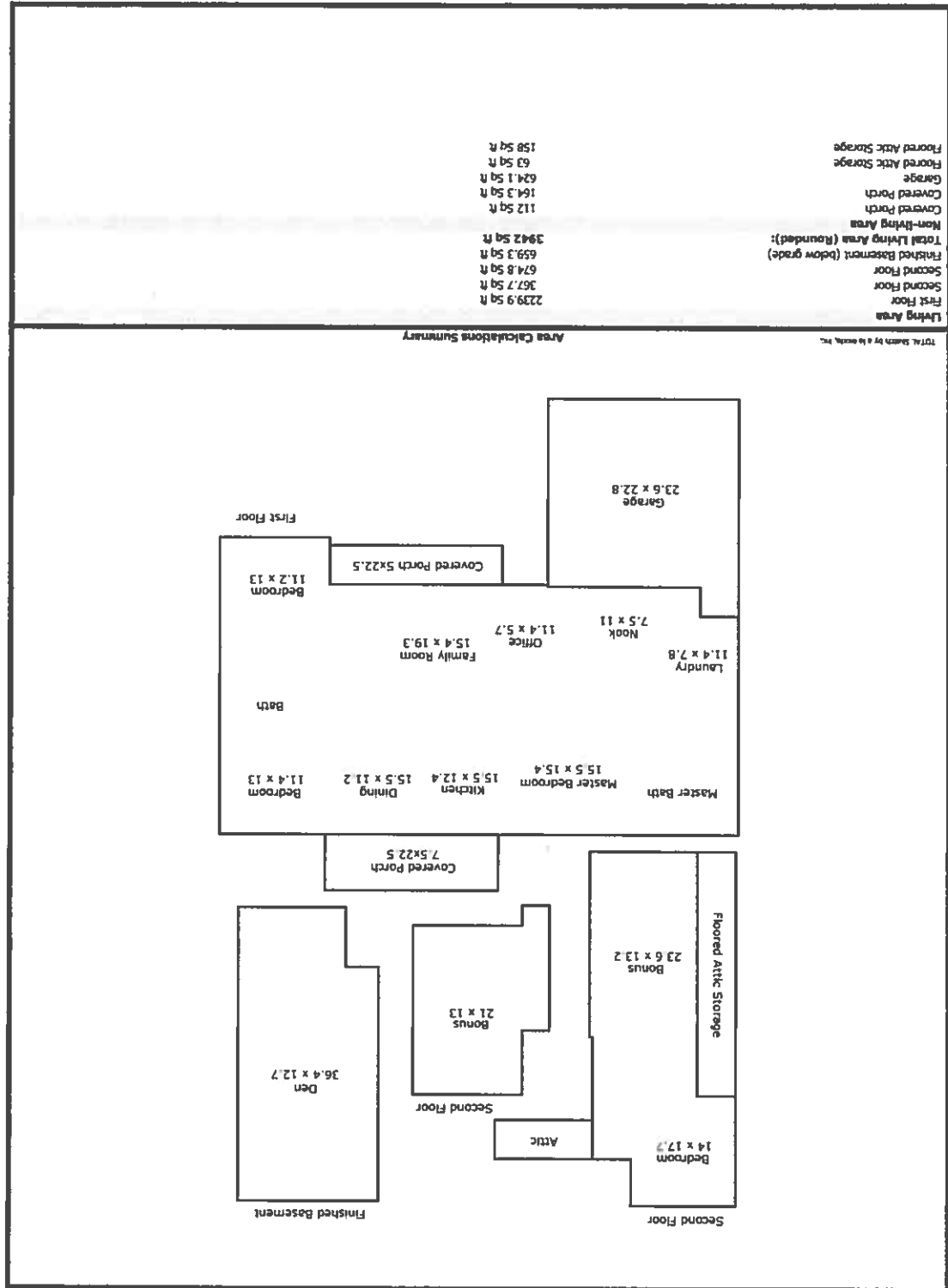


Building Sketch

Borrower/Client			
Property Address 67, Hoyle Ln			
City Henderson			
Lender			
County Vance		State NC	
Zip Code 27537			



*25% Reduction Accepted System.

PERMIT NUMBER 07430

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: <u>Vance</u>	TAX NO.	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
OWNER: <u>Antonio Gutierrez</u>	SR. NO.	RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: <u>3</u>	NUMBER OF OCCUPANTS: <u>4</u>	
APPLICANT'S ADDRESS:		WATER SUPPLY	WELL ☒ PUBLIC ☐	OTHER ☐	
PROPERTY ADDRESS/LOCATION: <u>Hoyle Ln. (off Vicksboro)</u>		TYPE OF WASTEWATER SYSTEM	INITIAL <u>Type II</u> INSTALLATION <u>Accepted</u>	REPAIR <u>Same</u>	
SUBDIVISION:		DESIGN FLOW:	<u>360 g/day</u>		*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.
LOT NUMBER:		LTAR:	<u>.3</u>		
REFERENCE SKETCH (SEE PLAT FOR DETAILS) <u>* See attached site plan.</u> <u>-soil reevaluated some can install</u> <u>at 36" Cant 4/2/14</u>		ABSORPTION AREA:	<u>900 ft²</u>		
		TRENCH WIDTH:	<u>3'</u>		
		TRENCH DEPTH:	<u>24"</u>		PERMIT VALID FOR: 5 YEARS ☒ YES ☐ NO
		TRENCH SPACING:	<u>9' centers</u>		
		TOTAL TRENCH LENGTH:	<u>300'</u>		
		NUMBER OF TRENCHES:	<u>3</u>		
		GRAVEL DEPTH:	<u>NA</u>		NO EXPIRATION YES ☐ NO ☒
		TANK SIZE:	<u>1,000g</u>		
		PUMP TANK SIZE:	<u>NA</u>		
		DISTRIBUTION DEVICE:	<u>D-box</u>		

IMPROVEMENT PERMIT

DATE:

FOR:

ISSUED BY:

Mac Shrylter, REHS 9-7-12

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 07430

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: 9-7-12 Environmental Health Specialist: Mac Shrylter, REHS

Construction Authorization Addendum ☐ Yes ☒ No

OPERATION PERMIT

DATE: 4/3/14

SYSTEM INSTALLED BY:

ISSUED BY:

K.T. Moore
Ch. [Signature]

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

Environmental Health

Well Construction Permit

Owner/Applicant: Antonio Gutierrez
 Address or Location of Property: Hoyle Ln. 67

Date: 9-21-12

Subdivision & Lot #: _____

Septic Permit #: 07430

Zoning Permit #: _____

Environmental Health Specialist: MDS

This well permit is to locate and site the area that a private groundwater well may be established on the property listed above by the Environmental Health Specialists of Granville County. If one does not locate the well in the approved area and complete the well as specified by the 15A NCAC .02C rules, then permits may be revoked. At completion of drilling of the well, grout must be witnessed by EHS and a well log turned into Environmental Health.

Minimum Setbacks: (these are the main setbacks, but not all required setbacks)

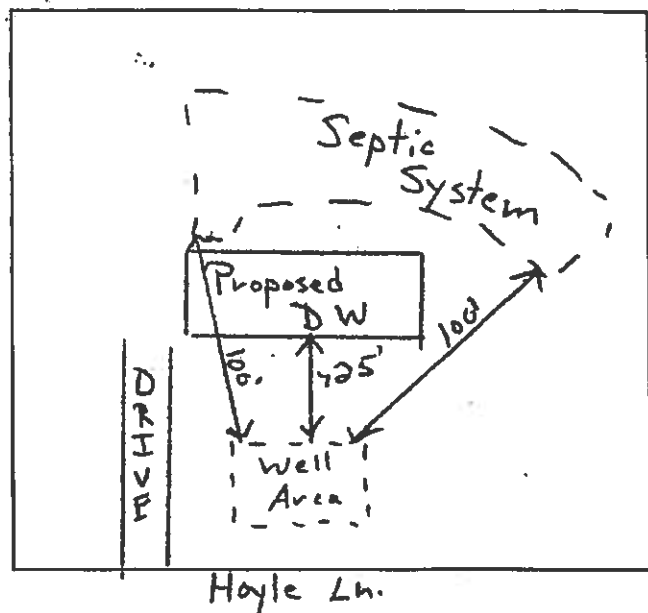
Setback from property lines – 10 ft

Setback from septic tank and drain field, including repair area – 100 ft

Setback from structural foundations – 25 ft

Setback from ponds, lakes or other bodies of water – 50 ft

Site Sketch:



Conditions: _____

Authorized Agent: Mike Slight, REHS
 Date: 9-21-12

1 Well Grout: (Circle or write in)

Witnessed: Yes or No EHS Agent: Chris Hall

Date: 3/26/15 Annular Space Open: Yes or No

Over reamed: Yes or No Depth Grouted: 20'

Method: Pump ☒ Poured ☐ Pressure

Well Log received: Yes or No (EHS to Attach to Permit)

Driller Name: W Glenn Davis Cert. # 9385

Depth: 245' Casing Depth: 81' GPM: 25

2 Well Final: (Place a check mark when finalized)

Seal Present and Intact: ☒ Air Vent: ☒

Hose Spigot: ☒ Electrical Box: ☒

Pump Installer Tag: ☒ Well Installer Tag: ☒

All holes sealed: ☒ 12" above grade: ☒

Comments: _____

3 Well Completion Permit: Chris Hall EHS

Date Completed: 12/28/12

4 Water Samples Taken: Date: _____

EHS: _____ Results: _____

Retest: _____ Results: _____

As Built Drawing:

