919-562-2127

PERMIT NUMBER 06841

Zoning # 16689

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville	TAX NO. 182500975971	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
	SR. NO.	RESIDENCE ✓ BUSINESS — OTHER —	NUMBER OF BEDROOMS: 4	NUMBER OF OCCUPANTS: 8 maximum	
OWNER: MBC Homes		WATER SUPPLY	WELL ✓ PUBLIC —	OTHER —	
APPLICANT'S ADDRESS: PO Box 1011 Youngsville NC 27596		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION Type III g	REPAIR Type III g	
PROPERTY ADDRESS/LOCATION: Creek View Dr.		DESIGN FLOW:	1480 gpd		*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.
		LTAR:	.25 gpd/ft²		
SUBDIVISION: Ironwood		ABSORPTION AREA:	1920 ft²		
LOT NUMBER: 83		TRENCH WIDTH:	3'		
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:	24"		
- Dig lines level and on contour,		TRENCH SPACING:	9' O.C.		
- Call 693-2688 for site meeting prior to installation		TOTAL TRENCH LENGTH:	480'		
- leave room for repair		NUMBER OF TRENCHES:	4		
		GRAVEL DEPTH:	Accepted status		**PERMIT VALID FOR: 5 YEARS** YES (NO)
		TANK SIZE:	1200 gal		
		PUMP TANK SIZE:	N/A		**NO EXPIRATION** YES (NO)
		DISTRIBUTION DEVICE:	Distribution box		

****

IMPROVEMENT PERMIT DATE: 4-26-2010

FOR: MBC Homes

ISSUED BY: David Cumbee

****

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 6841

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: Do not install in wet conditions

Date: 4-26-10 Environmental Health Specialist: David Cumbee

Construction Authorization Addendum ☐ Yes ☐ No

****

OPERATION PERMIT DATE: 8-18-10

SYSTEM INSTALLED BY: Triangle Pump + Tank

ISSUED BY: C.C. 8-17-10 / David Cumbee 8-18-10

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

Granville – Vance District Health Department
Environmental Health

Pin 182500975971 Permit Number 6841

✓ Improvement Permit ✓ Construction Authorization

Final Sketch

MBC — Applicants Name

Ironwood - lot 83 — Subdivision – Section – Lot

Physical Address: Creekview

Bta. Triangle — System Installer

8-17-10 / 8-18-10 — Date

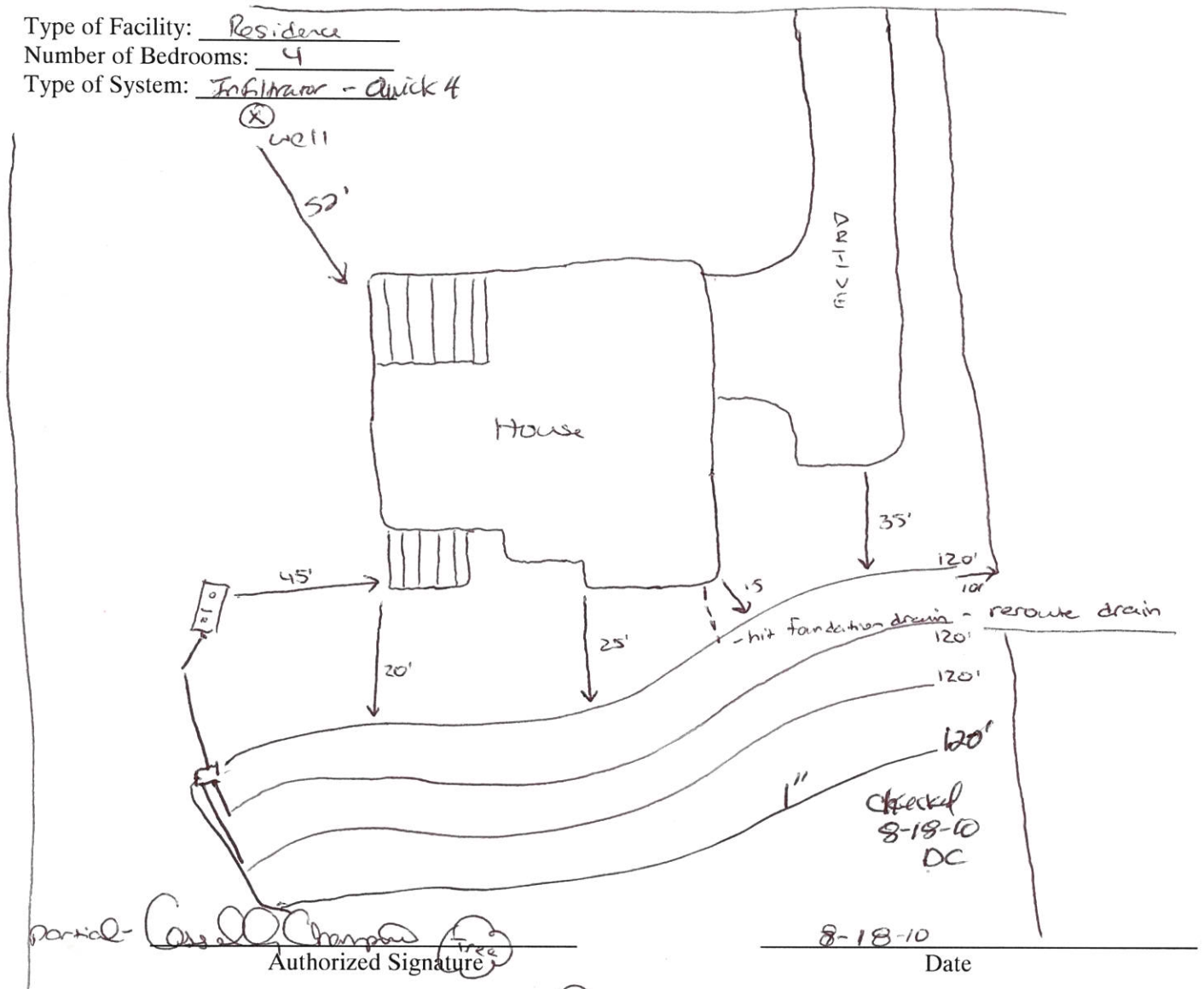
System design and details as installed.

Septic Tank Information:
Date: 6-29-10
Manufacture: Mills-1200
ID # : STB-857

Pump Tank Information:
Date: /
Manufacturer: /
ID #: /

Distribution Box ✓
Pressure Manifold ____
Serial Distribution ____

Type of Facility: Residence
Number of Bedrooms: 4
Type of System: Infiltrator - Quick 4



Road

partial- [illegible]
Authorized Signature

8-18-10
Date

919-562-2127

00250

Granville - Vance District Health Department
Environmental Health
Well Construction Permit

Owner/Applicant: MBC Homes Date: 4-26-10
Address or Location of Property: new Creekside Dr.

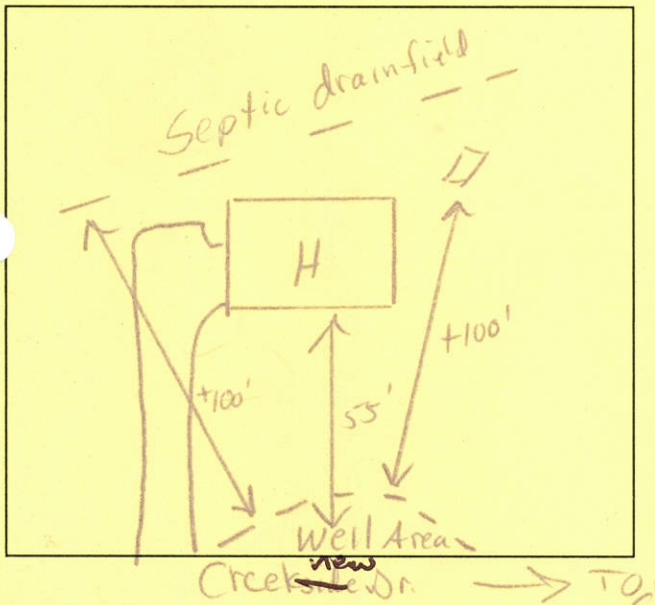
Subdivision & Lot #: Ironwood 83 Septic Permit #: 6841
Zoning Permit #: 16689 Environmental Health Specialist: David Cumbee

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 structural foundations – 25 ft
Setback from septic tank and drain field, including repair area – 100 ft
Setback from ponds, lakes or other bodies of water – 50 ft

Site Sketch:



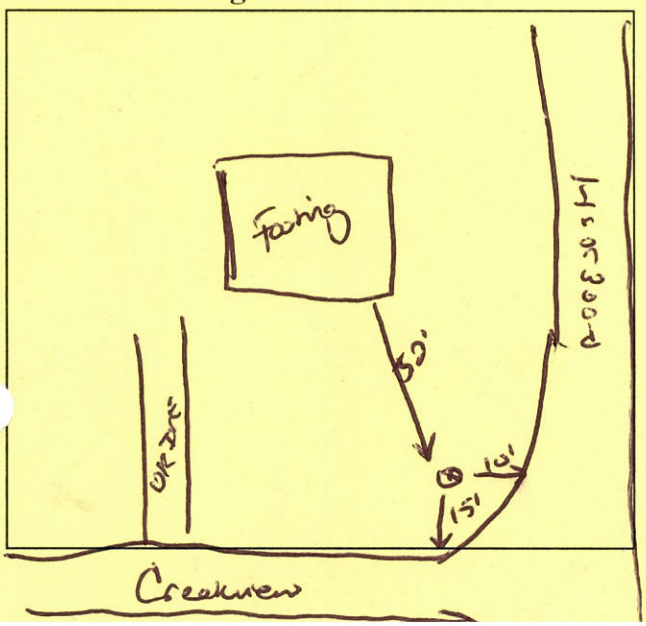
Conditions: Call 693-2688 w/ questions

Authorized Agent: David Cumbee
Date: 4-26-10

Well Grout: (Circle or write in)
Witnessed: (Yes) or No EHS Agent: Chargin
Date: 5-27-10 Annular Space Open: (Yes) or No
Over reamed: (Yes) or No
Method: ____ Pump ✓ Poured ____ Pressure
Depth Grouted: 20 ft +
Well Log received: Yes or (No) (EHS to Attach to Permit)

Southern fax
300' 66gpm 96' casing

As Built Drawing:



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:

Well Completion Permit: SKnott, **EHS**
Date Completed: 9/21/10

Water Samples Taken: Date: 9/21/10
EHS: SK **Results:**
Retest: **Results:**