GRANVILLE VANCE public health

Well Construction Permit

Granville County Health Dept
Environmental Health
101 Hunt Drive
Oxford NC, 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number 398264

PIN Number: 182500486482

Tax Lot #: 2 Tax Block #:

Evaluated For:

PERMIT VALID UNTIL: 08/08/2028

Property Owner:	J & W Custom Homes	Applicant:	J & W Custom Homes
Address:	3608 Horseshoe Rd	Address:	1422 Wall Rd
City:	Creedmoor	City:	Wake Forest
State/Zip:	NC / 27522	State/Zip:	NC / 27587
Phone #:	H: (919) 229-5742 C: (919) 229-5742	Phone #:	H: (919) 229-5742 C: (919) 229-5742

Property Location & Site Information

Address/Road #:

3608 Horseshoe Rd
Creedmoor NC, 27522

Subdivision: Minor and Recombination Phase: Lot: 2

*Proposed use of Well:

If Other:

Applicant Email: jason@jwcustom-homes.com

Owner Email: jason@jwcustom-homes.com

Directions:

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions

Keep proposed well min. 50' off any part of septic (including neighboring lots). Min. 25' off structural foundations. 10' min. off property lines. WELL DRILLER TO MEET REHS TO SITE WELL LOCATION IN FIELD.

Well location, construction and protection must meet all state and local regulations and must be inspected and approved by an authorized representative of the Local Health Department. The permit may be revoked at any time for failure to comply with existing regulations. The siting of approved well construction area(s) by the Health Department is to provide protection from the known possible sources of contamination. The approved well area(s) may not be changed without permission from an authorized representative of the Local Health Department. Issuance of this well permit does not guarantee water quality or adequate water production from the well once it is installed or repaired.

*Issued By: Bullock, Will

Authorized State Agent: REHS

Owner/Applicant: J&W Custom Homes

*Date of Issue: 08/08/2023

○ Hand Drawing ○ Import Drawing

Site Plan/Drawing attached.

Hand Drawing

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This section for Local Health Department use only.

PART 2: *LHD Completeness Review of the Notice of Intent to Construct*

"(c) Completeness Review for Notice of Intent to Construct. – The local health department shall determine whether a notice of intent to construct, as required pursuant subsection (b) of this section, is complete within 15 business days after the local health department receives the notice of intent to construct. A determination of completeness means that the notice of intent to construct includes all of the required components. If the local health department determines that the notice of intent to construct is incomplete, the department shall notify the owner or the professional engineer of the components needed to complete the notice. The owner or professional engineer may submit additional information to the department to cure the deficiencies in the notice. The local health department shall make a final determination as to whether the notice of intent to construct is complete within 10 business days after the department receives the additional information from the owner or professional engineer. If the department fails to act within any time period set out in this subsection, the owner or professional engineer may treat the failure to act as a determination of completeness."

The review for completeness of this Notice of Intent was conducted in accordance with G.S. 130A-336.1(c). This NOI is determined to be:

☐ INCOMPLETE (If box is checked, information in this section is required.)

Based upon review of information submitted in Part 1, the following items are missing: _____

_____

Copies of this form listing missing items were sent to the design PE and the Owner on _____
Date

via _____ with directions to re-submit missing items using Page 5 of this form.
Email, FAX, USPS, hand-delivered

_____ _____ _____
Print Name of Authorized Agent of the LHD *Signature of Authorized Agent of the LHD* *Date*

☑ COMPLETE (If box is checked, information in this section is required.)

Based upon review of information submitted in Part 1 of this form, this NOI is deemed COMPLETE.

Copies of this signed form were sent to the design PE and the Owner on 8/8/23 via Email.
Date *Email, FAX, USPS, hand-delivered*

A copy of this NOI and tracking information was sent to the State on — via —.
Date *Email, FAX, USPS, hand-delivered*

William T. Bullock _____ 8/8/23
Print Name of Authorized Agent of the LHD *Signature of Authorized Agent of the LHD* *Date*

a Building permit
can be issued with

130A336.1A

"Neither the State nor local health department shall be liable for any damages caused by an engineered system approved or permitted pursuant to Session Law 2014-120 Section 53."