

PERMIT NUMBER 2184

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS

COUNTY: <u>Granville</u>	TAX NO.	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
APPLICANT'S NAME & ADDRESS <u>Erica Williams / Jake Curtis</u> <u>3067 Sunnyside (layer 2)</u>	LOT SIZE	RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: <u>3</u>	NUMBER OF OCCUPANTS: <u>6 max</u>	
PROPERTY ADDRESS/LOCATION: <u>Old NC 75</u>		WATER SUPPLY WELL ☒ PUBLIC ☐	INITIAL INSTALLATION	REPAIR	
SUBDIVISION:		TYPE OF WASTEWATER SYSTEM	<u>Accepted</u>	<u>Accepted</u>	*THIS IMPROVEMENT PERMIT IS SUBJECT TO REVOCATION IF THE INTENDED USE CHANGES FROM THOSE SHOWN ON THE IMPROVEMENT PERMIT. CHANGES SHALL REQUIRE HEALTH DEPARTMENT APPROVAL.
LOT NUMBER: <u>7</u>		DESIGN FLOW:	<u>360 gpd</u>	<u>Same</u>	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		LTAR:	<u>0.715 gpd/ft²</u>	<u>↑</u>	
		ABSORPTION AREA:	<u>9' x 11'</u>		
		TRENCH WIDTH	<u>3'</u>		
		TRENCH DEPTH:	<u>24-26"</u>		
		TRENCH SPACING:	<u>9' o.c.</u>		
		TOTAL TRENCH LENGTH:	<u>330'</u>		
		NUMBER OF TRENCHES:	<u>3 (see attached)</u>		
		GRAVEL / ACCEPTED	<u>Accepted</u>		
		TANK SIZE:	<u>low gallon</u>		PERMIT VALID FOR: 5 YEARS YES ☒ NO ☐
		PUMP TANK SIZE:	<u>low gallon</u>		NO EXPIRATION YES ☐ NO ☒
		DISTRIBUTION DEVICE:	<u>pressure manifold</u>	<u>↓</u>	

IMPROVEMENT PERMIT

DATE: 2/21/20FOR: Erica WilliamsISSUED BY: [Signature]CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 7184

Unless otherwise indicated, the same conditions above apply regarding system type, layout, location and installation requirement.

(The wastewater system cannot be installed until authorization is signed)

Comments: Construction to establish & follow contourDate: 2/21/20Environmental Health Specialist: [Signature]

Construction Authorization Addendum

Yes ☒ No ☐

OPERATION PERMIT

DATE: 5-6-2020SYSTEM INSTALLED BY: Phillip BlackleyISSUED BY: [Signature]

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

Granville - Vance District Health Department
Environmental Health
Well Construction Permit

Owner/Applicant: Emerson Homes / Jate Williams
 Address or Location of Property: 611 N. 75 (S. 100, N. 6)

Date: 2-21-20

Subdivision & Lot #: lot 7

Zoning Permit #: 21031

Septic Permit #: 154

Environmental Health Specialist: [Signature]

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)

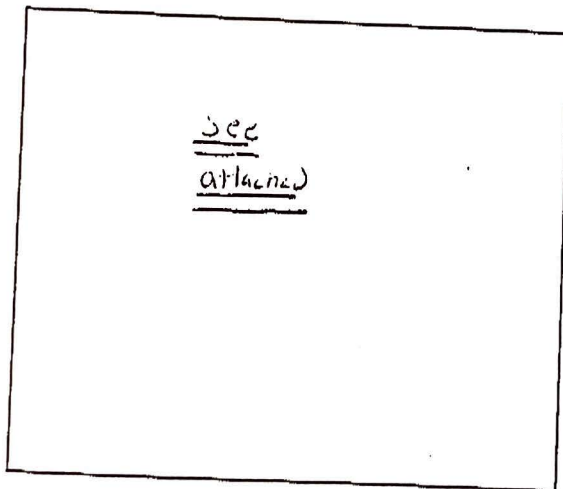
Setback from property lines - 10 ft

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: do not allow any part of septic (including
neighboring lots)
within 25' of foundations
at least 10' from property line
otherwise all setbacks

Authorized Agent: [Signature]

Date: 2-21-20

1 Well Grout: (Circle or write in)

Witnessed: Yes or No EHS Agent: [Signature]

Date: _____ 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: Southern Well Cert. # _____

Depth: 40' Casing Depth: 32' GPM: 3

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:

do not allow (6/17/20) old Hagen (checked) 6/18/20

3 Well Completion Permit: [Signature] EHS

Date Completed: 6/18/20

4 Water Samples Taken: Date:

EHS: _____ Results: _____

Retest: _____ Results: _____

As Built Drawing:

