

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.
	LOT SIZE	RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: <u>4</u>	NUMBER OF OCCUPANTS: <u>8 max</u>	
APPLICANT'S NAME & ADDRESS <u>Wynn Construction, Inc.</u> <u>2550 Capitol Dr.</u> <u>STE. 105</u> <u>Creedmoor, NC 27522</u>		WATER SUPPLY WELL ☒ PUBLIC ☐	INITIAL INSTALLATION	REPAIR	*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.
		TYPE OF WASTEWATER SYSTEM	<u>Accepted</u>	<u>Same</u>	
		DESIGN FLOW:	<u>480 gpd</u>		
PROPERTY ADDRESS/LOCATION:	LTAR:	<u>0.3 gpd/HZ</u>			
SUBDIVISION: <u>Weatherby</u>	ABSORPTION AREA:	<u>1200 ft²</u>			
LOT NUMBER: <u>1</u>	TRENCH WIDTH	<u>3'</u>			
REFERENCE SKETCH (SEE PLAT FOR DETAILS) <u>see soil scientist (lagging in field (see attached))</u> <u>of construction meeting required after house is restaked</u> <u>o maintain all setbacks!</u> <u>o (d) art property line with initial system</u> <u>o do not install/call for inspection in wet conditions</u>	TRENCH DEPTH:	<u>20-22"</u>			
	TRENCH SPACING:	<u>9' o.c.</u>			
	TOTAL TRENCH LENGTH:	<u>400' accepted</u>			
	NUMBER OF TRENCHES:	<u>(4) 100' lines</u>			
	GRAVEL / ACCEPTED:	<u>Accepted</u>			
	TANK SIZE:	<u>1000 gallon</u>			
	PUMP TANK SIZE:	<u>1000 gallon</u>			
	DISTRIBUTION DEVICE:	<u>pressure manifold</u>		PERMIT VALID FOR: 5 YEARS YES ☒ NO ☐	
				NO EXPIRATION YES ☐ NO ☒	

IMPROVEMENT PERMIT

 DATE: 6-19-18

 FOR: Wynn Construction Inc.

 ISSUED BY: [Signature]

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 1116

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: Contractor to establish & follow contour!

 Date: 6-27-18

 Environmental Health Specialist: [Signature]

 Construction Authorization Addendum ☒ Yes ☐ No

OPERATION PERMIT

 DATE: 10-5-18 (clarks & lines) - WTB

 SYSTEM INSTALLED BY: Blackley

 ISSUED BY: [Signature]
11-2-18 (PR) WTB

PERFORMANCE, MONITORING, MAINTENANCE AND OPERATION

AS REQUIRED BY R.U.F. 1961

Granville - Vance District Health Department

Environmental Health

Well Construction Permit

2549

Owner/Applicant: Wylin Construction, Inc.Date: 6-14-18Address or Location of Property: 955 Weatherby LnSubdivision & Lot #: Weatherby lot # 1Septic Permit #: 1116Zoning Permit #: 20449Environmental 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.

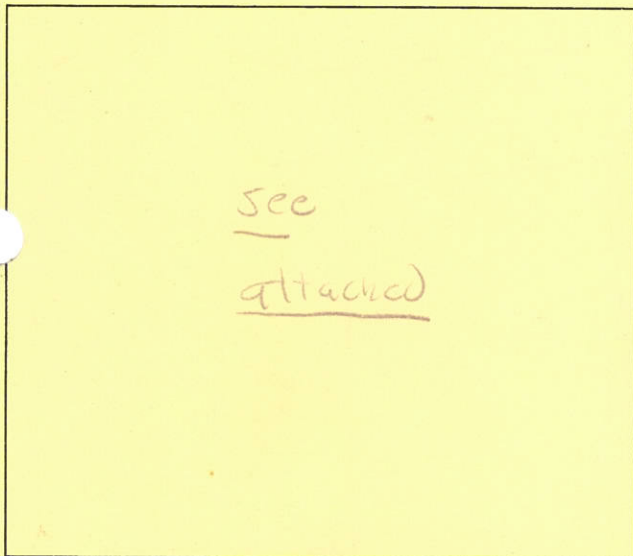
Minimum Setbacks: (these are the main setbacks, but not all required setbacks)

Setback from property lines - 10 ft

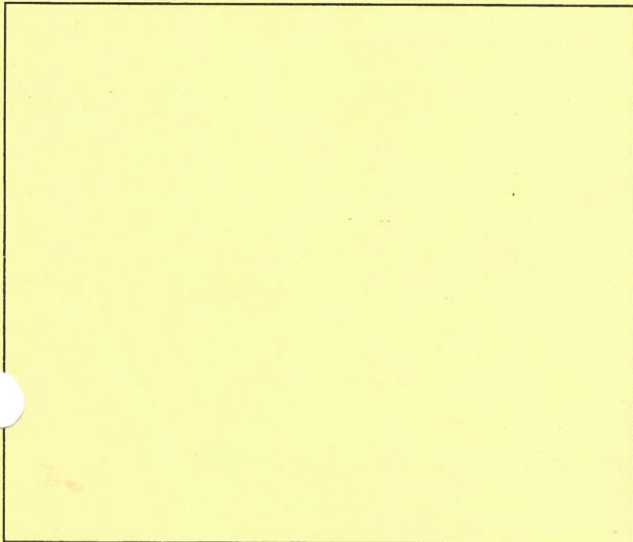
Setback from septic tank and drain field, including repair area - 100 ft

Setback from structural foundations - 25 ft

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

Site Sketch:

Conditions: - Stay off 30' right of way preservation
- Stay off sign easement / 5' drainage easement
- 50' (min) off initial/repair with well
- 25' off house
- 10' off all property lines
- maintain all setbacks

Authorized Agent: [Signature]Date: 6-14-18**# 1 Well Grout: (Circle or write in)**Witnessed: Yes or No EHS Agent: [Signature]Date: 7-11-18 Annular Space Open: Yes or NoOver reamed: Yes or No Depth Grouted: 204Method: Pump ☒ Poured ☐ PressureWell Log received: Yes or No (EHS to Attach to Permit)Driller Name: Southern Cert. # Depth: 300 Casing Depth: 75 GPM: 15**As Built Drawing:****# 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: [Signature] EHSDate Completed: 11-2-18# 4 Water Samples Taken: Date: EHS: Results: Retest: Results:

Granville County Health Department
Environmental Health

Pin _____

Permit Number 1116 (septic)

___ Improvement Permit

___ Construction Authorization 2549 (well)

Site Sketch

Wynn Construction Inc.

Applicants Name

Weatherby 1 (955 Weatherby Ln.)

Subdivision - Section - Lot

[Signature]
Authorized State Agent

6-19-18

Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to insure that proper grade is maintained.

key

++ initial system

- repair lines

o proposed
well
location

o keep all drain lines min. 10' off
property lines

o stay off easements w/ system & well

