

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS

COUNTY:	TAX NO.	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
Granville	LOT SIZE	RESIDENCE ☒	NUMBER OF BEDROOMS:	NUMBER OF OCCUPANTS:	
		BUSINESS ☐	2	4 MAX	
APPLICANT'S NAME & ADDRESS		OTHER ☐	WATER SUPPLY WELL ☒	INITIAL INSTALLATION	REPAIR
Betty Currin Tuck			PUBLIC ☐		Expansion (2022)
PROPERTY ADDRESS/LOCATION:		TYPE OF WASTEWATER SYSTEM			
Mountain Rd		DESIGN FLOW:	II	II	
SUBDIVISION:		LTAR:	240 gpd	360 gpd total	*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: C		ABSORPTION AREA:	3 gpd/ft ²	3 gpd/ft ²	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH WIDTH	810 Ft ²	300 ft ²	
* Do not install when wet.		TRENCH DEPTH:	36"	36"	
* Overseed after installation		TRENCH SPACING:	20'-22"	20'-22"	
* prevent soil erosion.		TOTAL TRENCH LENGTH:	9' o.c.	9' o.c.	
* Installer must create a berm + a drain to divert runoff.		NUMBER OF TRENCHES:	270'	100'	
* 6-8' soil cover must be brought in to cover system.		GRAVEL / ACCEPTED:	3	1	
		TANK SIZE:	Gravel (12")	accepted	
		PUMP TANK SIZE:	1000 gal	mmmm N/A	
		DISTRIBUTION DEVICE:	N/A	mmmm N/A	
			D-Box	N/A	PERMIT VALID FOR: 5 YEARS YES NO
					NO EXPIRATION YES NO

IMPROVEMENT PERMIT

DATE: 12-30-19

FOR: Betty Currin Tuck

ISSUED BY: Adam Currin

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 2142

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:

Date: 12-30-19 Environmental Health Specialist: Adam Currin

Construction Authorization Addendum ☒ Yes ☐ No

OPERATION PERMIT

DATE: 9-16-2020 / 8-11-2022 KBS

SYSTEM INSTALLED BY: Clay Bredlove

ISSUED BY: Bailey Stiles

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

Granville - Vance District Health Department

Environmental Health

3107

Well Construction Permit

Owner/Applicant: Betty Curran TuckDate: 12-30-19Address or Location of Property: Mountain RdSubdivision & Lot #: Lot CSeptic Permit #: 2147

Zoning Permit #: _____

Environmental Health Specialist: AWC

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.

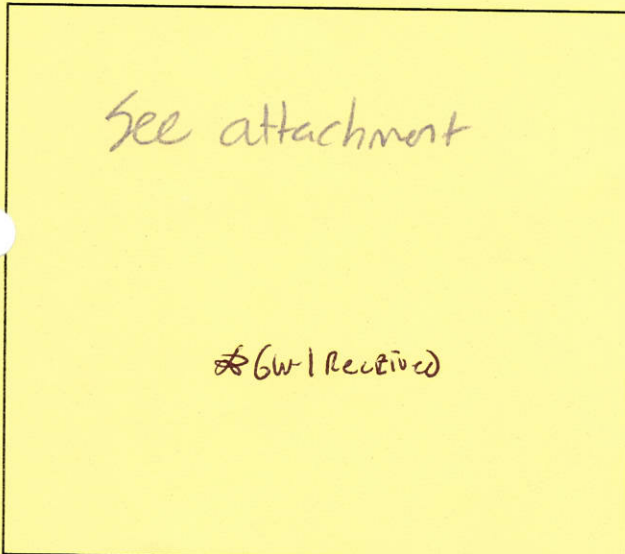
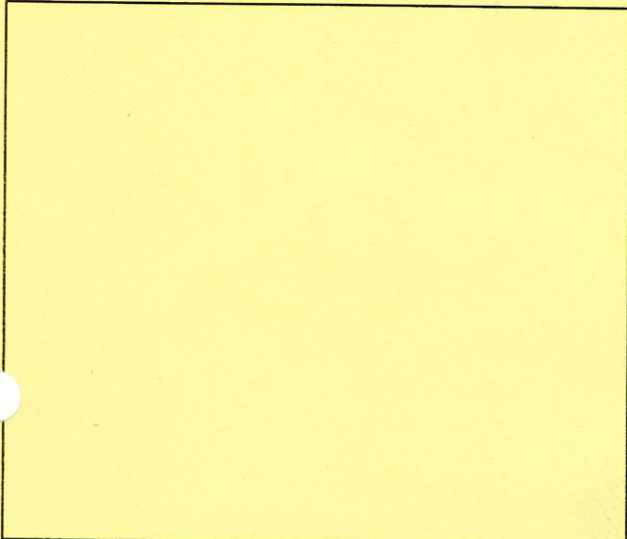
Minimum Setbacks: (these are the main setbacks, but not all required setbacks)

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: Albert CurranDate: 12-30-19**# 1 Well Grout: (Circle or write in)**Witnessed: Yes or No EHS Agent: Billy StilesDate: 9/9/2020 Annular Space Open: Yes or NoOver reamed: Yes or No Depth Grouted: 20'+Method: Pump ☒ Poured ☐ PressureWell Log received: Yes or No (EHS to Attach to Permit)Driller Name: Upfront Cert. # 2765-ADepth: 224' Casing Depth: 110' GPM: 25**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:** AWC R EHSDate Completed: 10/18/22**# 4 Water Samples Taken: Date:** _____

EHS: _____ Results: _____

Retest: _____ Results: _____