PERMIT NUMBER 8153

Zoning H 18583

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville	TAX NO. 182600832682	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 max
OWNER: McDuffie Homes		WATER SUPPLY	WELL ✓ PUBLIC —	OTHER —
APPLICANT'S ADDRESS: 11121 Coachmans Way ~~McDuffie~~ Raleigh 27614		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION Type ~~II~~ I g	REPAIR pump Type III b,g
PROPERTY ADDRESS/LOCATION: 654 Coughlin Ct.		DESIGN FLOW:	480 gpd	
		LTAR:	.3 gpd/ft²	
SUBDIVISION: Olde Brassfield		ABSORPTION AREA:	1600 ft² → 1200 ft²	*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.
LOT NUMBER: 82		TRENCH WIDTH:	3'	
REFERENCE SKETCH (SEE PLAT FOR DETAILS) See Consultants' layout design Divert all surface water away from Septic System Stay out of drainage area		TRENCH DEPTH:	18"-20"	
		TRENCH SPACING:	9' o.c.	
		TOTAL TRENCH LENGTH:	400'	
		NUMBER OF TRENCHES:	3	
		GRAVEL DEPTH:	Accepted Status	**PERMIT VALID FOR: 5 YEARS** YES NO
		TANK SIZE:	~~Boo~~ 1000 gal	
		PUMP TANK SIZE:		**NO EXPIRATION** YES NO
		DISTRIBUTION DEVICE:	Distribution Box	

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IMPROVEMENT PERMIT DATE: 3-12-15

FOR: McDuffie Homes

ISSUED BY: David Cooke

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CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 8153

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: Call 919-693-2655 w/ questions

Date: 3-12-15 Environmental Health Specialist: David Cooke

Construction Authorization Addendum ❑ Yes ❑ No

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OPERATION PERMIT DATE: 8/26/15

SYSTEM INSTALLED BY: David Thulow Aff

ISSUED BY: Walter Vaughan REHS

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

Granville – Vance District Health Department
Environmental Health

Pin _____ Permit Number 8153

✓ Improvement Permit — Construction Authorization

Final Sketch

McDuffie Homes — Applicants Name
Olde Brassfield 82 — Subdivision – Section – Lot

Physical Address: 654 Coughlin Ct.

David Trabue — System Installer
8/28/15 — Date

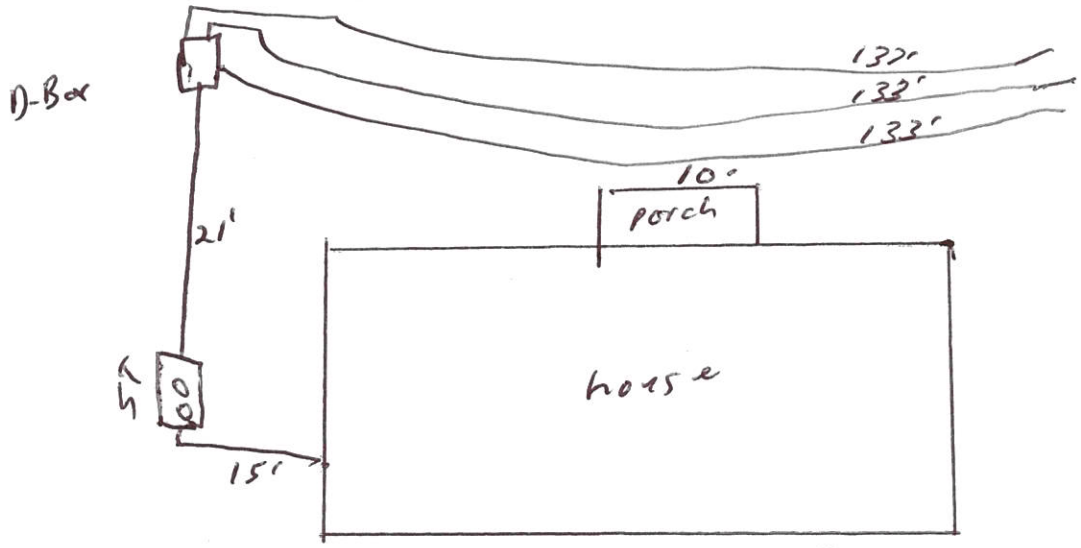
System design and details as installed.

Septic Tank Information:
Date: 3-24-15
Manufacture: David Brantley
ID #: STB 646

Pump Tank Information:
Date: _____
Manufacturer: NA
ID #: _____

Distribution Box ✓
Pressure Manifold ____
Serial Distribution ____
Pump Info: _____

Type of Facility: Res. Number of Bedrooms: 4 Well Drilled: yes
Type of System: ✓ Gravity ____ Pump ____ Gravel ✓ Polystyrene ____ Chamber ____ Other: _____



well

Walter T. Vaughn 5th. REHS — Authorized Signature
Coughlin Ct. 8/28/15 — Date

1532

Granville - Vance District Health Department
Environmental Health
Well Construction Permit

Owner/Applicant: McDuffie Homes Date: 3/12/15
Address or Location of Property: 454 Coughlin Ct.

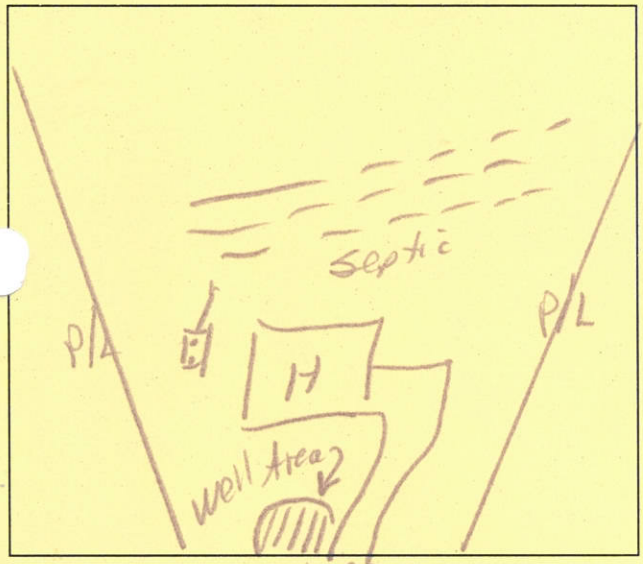
Subdivision & Lot #: Olde Brassfield 82 Septic Permit #: 8153
Zoning Permit #: 18583 Environmental Health Specialist: David Cole

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:



As Built Drawing:

Conditions: Call 919-693-2688 w/ questions

Authorized Agent: David Cole
Date: 3-12-15

 # 1 Well Grout: (Circle or write in)
Witnessed: (Yes) or No EHS Agent: W. Vaughan
Date: 6-2-15 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 Cert. # 4165
Depth: 500' Casing Depth: 95' GPM: 4

 # 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: W. Vaughan EHS AC
Date Completed: 8/28/15

 # 4 Water Samples Taken: Date: 10/27/15
EHS: WTB WTB **Results:**
Retest: **Results:**