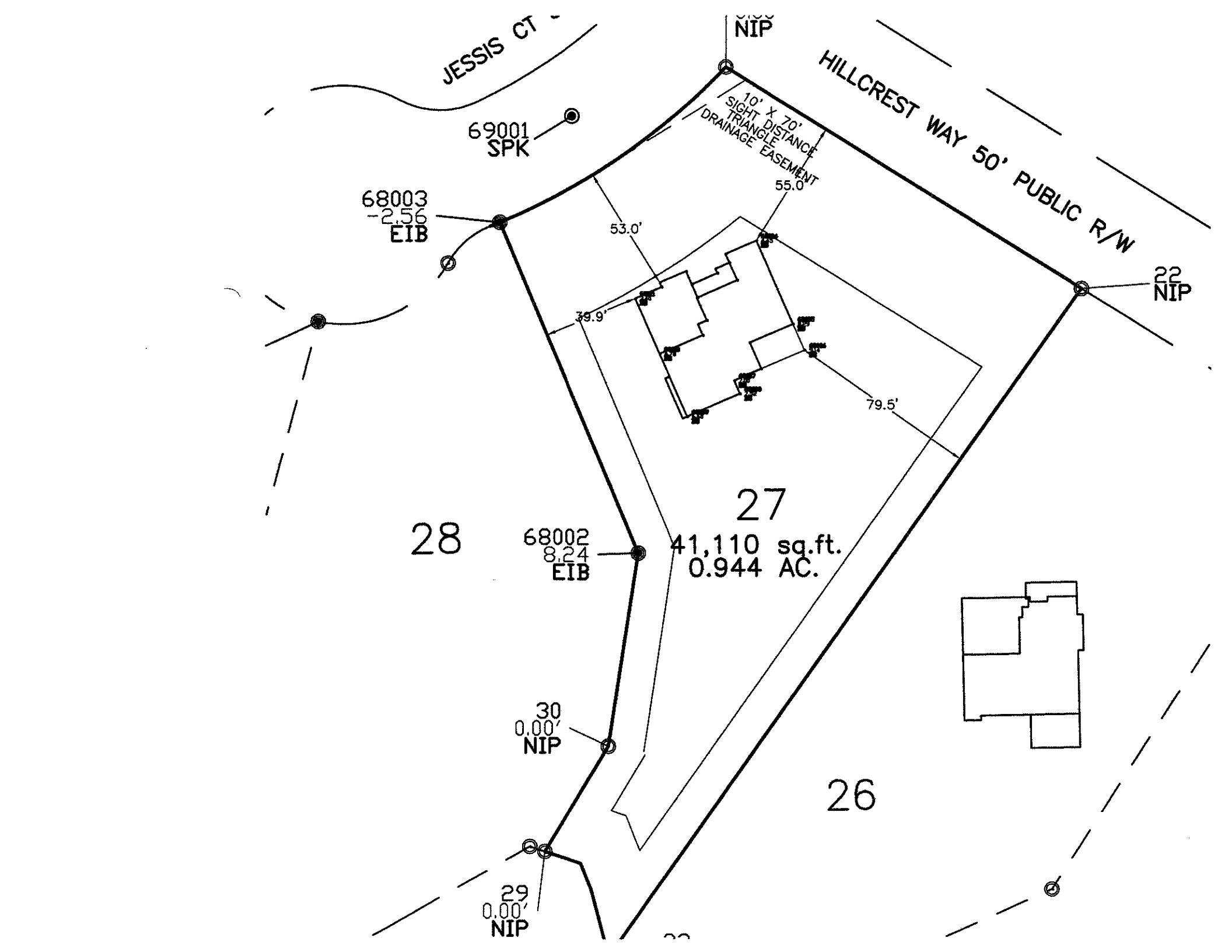

JESSIS CT
NIP
HILLCREST WAY 50' PUBLIC R/W
10' X 70' SIGHT DISTANCE TRIANGLE
DRAINAGE EASEMENT
69001
SPK
68003
-2.56
EIB
55.0
53.0'
39.9'
79.5'
22
NIP
27
41,110 sq.ft.
0.944 AC.
28
68002
8.24
EIB
30
0.00'
NIP
26
29
0.00'
NIP

Granville-Vance Dist. Health Department
Environmental Health

Pin 18460009934 Permit Number 1133

✓ Improvement Permit ✓ Construction Authorization

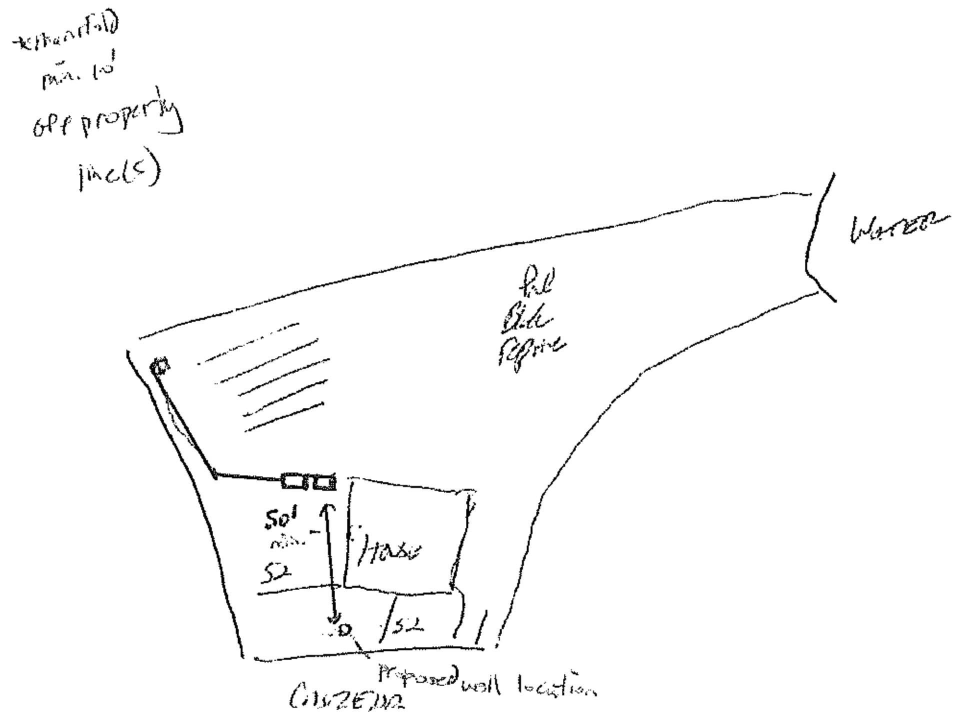
SITE SKETCH

Applicants Name	Address	Subdivision – Section – Lot
	Castle Dr	27

Authorized State Agent

Date 5/…/18

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



PERMIT NUMBER 1133

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville	TAX NO. 184600 99 361	LOT SIZE
APPLICANT'S NAME & ADDRESS: Traditions Builders, 28 Hayes Ct, Franklinton, NC 27525		
PROPERTY ADDRESS/LOCATION: Castle Dr.		
SUBDIVISION: Windsor Harbor		
LOT NUMBER: 27		

TYPE OF ESTABLISHMENTS		
RESIDENCE ✓ BUSINESS ___ OTHER ___	NUMBER OF BEDROOMS: 4	NUMBER OF OCCUPANTS: 8 max
WATER SUPPLY WELL ☑ PUBLIC ☐	INITIAL INSTALLATION	REPAIR
TYPE OF WASTEWATER SYSTEM	IIIgb	PPBPS - Accepted
DESIGN FLOW:	480 GPD	
LTAR:	.3 GPD/ft²	
ABSORPTION AREA:	160/125 Dosing	
TRENCH WIDTH	3'	
TRENCH DEPTH:	24-28"	14-16"
TRENCH SPACING:	9' O.C.	20 cent
TOTAL TRENCH LENGTH:	400'	200'
NUMBER OF TRENCHES:	4 or 3	3
GRAVEL / ACCEPTED:		
TANK SIZE:	1000	
PUMP TANK SIZE:	1000	
DISTRIBUTION DEVICE:	Pressure manifold	LPP

*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.

*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.

PERMIT VALID FOR: 5 YEARS (YES) NO

NO EXPIRATION YES (NO)

REFERENCE SKETCH (SEE PLAT FOR DETAILS)

- No foundation drain
- follow contour
- Demand/time control panel w/ alarm
- 1/2"-3/4" PPBPS w/ adjustment valves
- Contact H.D. prior to installation

****

IMPROVEMENT PERMIT DATE: 8/15/18

FOR: Traditions Builders

ISSUED BY: [signature]

****

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 1133

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: 8/15/18 Environmental Health Specialist: [signature]

Construction Authorization Addendum ☑ Yes ☐ No

OPERATION PERMIT DATE:

SYSTEM INSTALLED BY: ______

ISSUED BY: ______

PERFORMANCE, MONITORING, MAINTENANCE AND OPERATION

AS REQUIRED BY RULE .1961

Granville-Vance Dist. Health Department
Environmental Health

Pin 1846009934

Permit Number 1132

✓ Improvement Permit

✓ Construction Authorization

SITE SKETCH

Applicants Name

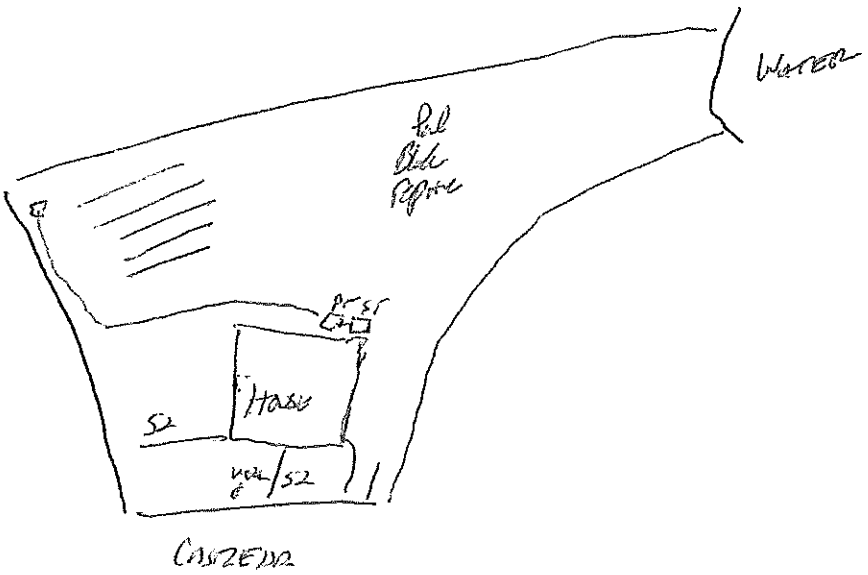
Address

Subdivision – Section – Lot

Authorized State Agent

5/15/18
Date

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



Granville - Vance District Health Department

Environmental Health

Well Construction Permit

2574

Owner/Applicant: [illegible] Date: 8/15/18

Address or Location of Property: [illegible] Dr

Subdivision & Lot #: [illegible] Septic Permit #: 1133

Zoning Permit #: ______ Environmental Health Specialist: [illegible]

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:

See att. OP

Conditions: ______

Authorized Agent: [illegible]
Date: 8/15/18

 # 1 Well Grout: (Circle or write in)

Witnessed: Yes or No EHS Agent: ______
Date: ______ Annular Space Open: Yes or No
Over reamed: Yes or No Depth Grouted: ______
Method: ______ Pump ______ Poured ______ Pressure
Well Log received: Yes or No (EHS to Attach to Permit)
Driller Name: ______ Cert. # ______
Depth: ______ Casing Depth: ______ GPM: ______

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: ______ **EHS**
Date Completed: ______

 # 4 Water Samples Taken: Date: ______
EHS: ______ **Results:** ______
Retest: ______ **Results:** ______

Granville-Vance Dist. Health Department
Environmental Health

Pin 1846000 9934

Permit Number 433

✓ Improvement Permit

✓ Construction Authorization

SITE SKETCH

Applicants Name

Address

Subdivision – Section – Lot

Authorized State Agent

5/13/18
Date

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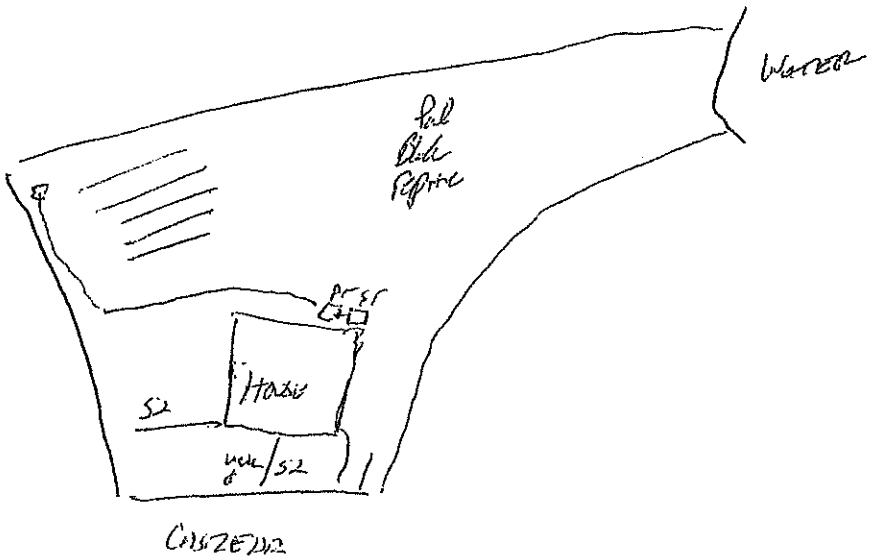

Cross 52