

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 APPLICANT'S NAME & ADDRESS Grande Manor Homes	LOT SIZE	RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS: 6 MAX	
	PROPERTY ADDRESS/LOCATION: 2499 Golden Forest Dr	WATER SUPPLY WELL ☒ PUBLIC ☐	INITIAL INSTALLATION	REPAIR	
		TYPE OF WASTEWATER SYSTEM	III bg	III bg	
SUBDIVISION: Golden Forest LOT NUMBER: 3	ABSORPTION AREA: TRENCH WIDTH	DESIGN FLOW: LTAR: 360 gpd .25 gpd/ft ²	*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.		
REFERENCE SKETCH (SEE PLAT FOR DETAILS)	TRENCH DEPTH:	1,080 Ft ²			
* NEMA-4X control panel with alarm * 3/4" sch 40 taps with adjustment valves * Risers on tanks * Do not install when wet	TRENCH SPACING:	30"			
	TOTAL TRENCH LENGTH:	9' o.c.			
	NUMBER OF TRENCHES:	360'			
	GRAVEL / ACCEPTED:	3			
	TANK SIZE:	Accepted			
	PUMP TANK SIZE:	1000 gal			
DISTRIBUTION DEVICE:	1600 gal	Pressure manifold			
					PERMIT VALID FOR 5 YEARS YES ☒ NO
					NO EXPIRATION YES ☐ NO ☒

IMPROVEMENT PERMIT

DATE: 8-6-18

FOR: Grande Manor Homes

ISSUED BY: Debra Curry

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 1170

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: 8-6-18

Environmental Health Specialist: _____

Construction Authorization Addendum ☒ Yes ☐ No

OPERATION PERMIT

DATE: _____

SYSTEM INSTALLED BY: _____

ISSUED BY: _____

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

FIN _____

Granville-Vance District Health Department

Permit Number S-1170
W-2603

Environmental Health

☒ **Improvement Permit**

☒ **Construction Authorization**

Site Sketch

Grande Manor Homes

Applicant's Name

Adam Crowe

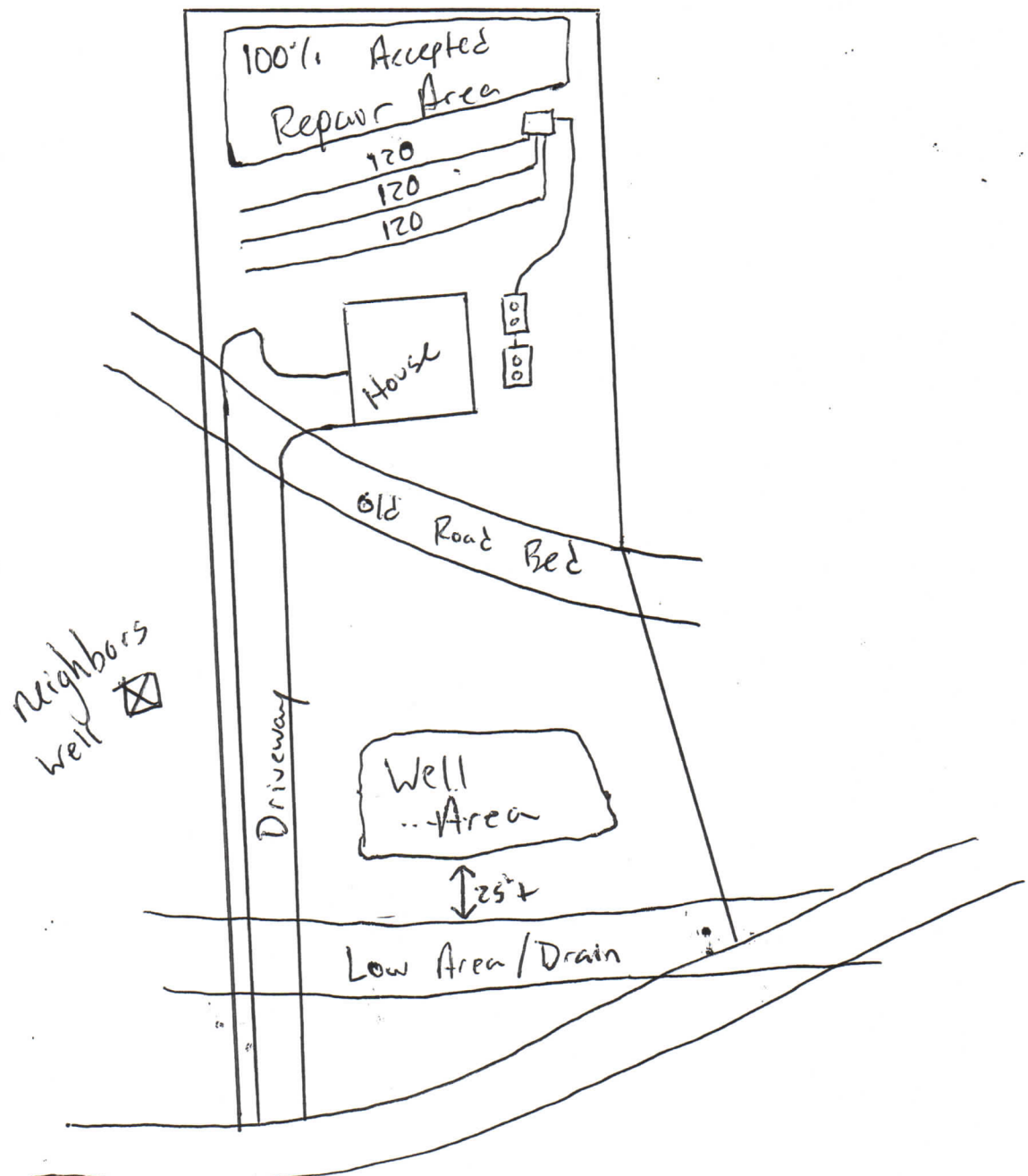
Authorized Signature

Golden Forest / 3

Address/Subdivision-Lot Number

8-6-18

Date



Granville - Vance District Health Department

Environmental Health

2603

Well Construction Permit

Owner/Applicant: Grande Manor Homes Date: 8-6-18
 Address or Location of Property: 2499 Golden Forest Dr

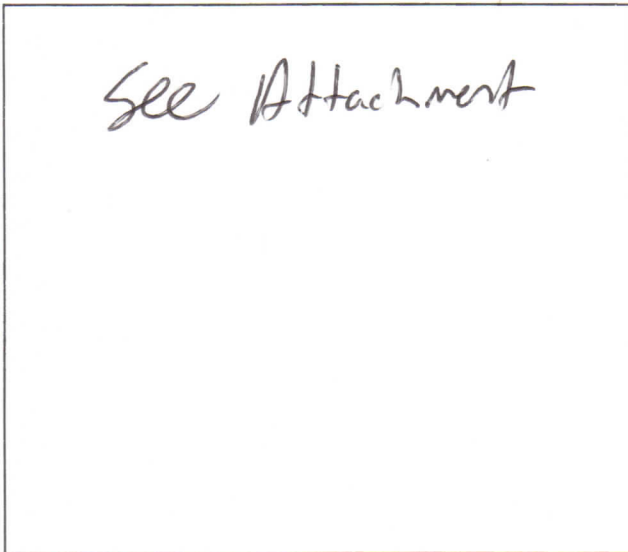
Subdivision & Lot #: Golden Forest / 3 Septic Permit #: 1170
 Zoning Permit #: 20502 Environmental Health Specialist: AWC

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:



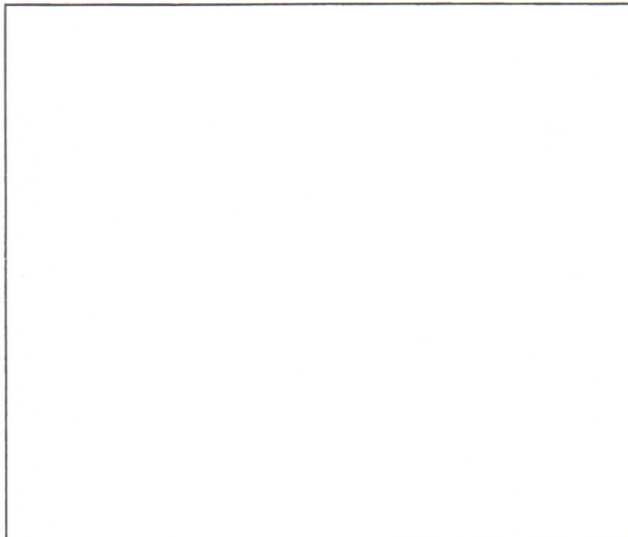
Conditions: _____

Authorized Agent: Adam Curren
 Date: 8-6-18

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:** _____

PIN _____

Granville-Vance District Health Department

Permit Number 5-1170
W-2603

Environmental Health

☒ **Improvement Permit**

☒ **Construction Authorization**

Site Sketch

Grande Manor Homes

Applicant's Name

Adrian Brown

Authorized Signature

Golden Forest / 3

Address/Subdivision-Lot Number

8-6-18

Date

