11.00

PERMIT NUMBER 06890

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

Zoning # 16773

COUNTY: Granville	TAX NO. 183300257777	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 Maximum	
OWNER: Incept Properties		WATER SUPPLY	WELL ✓ PUBLIC —	OTHER —	
APPLICANT'S ADDRESS: Grayson Homes 131 Strawberry Grove Youngsville 27596		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION Type III g	REPAIR Type III g	
PROPERTY ADDRESS/LOCATION: 512 Belmont Circle		DESIGN FLOW:	480 gpd		*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.
		LTAR:	.215 gpd/ft²		
SUBDIVISION: Hollstone West		ABSORPTION AREA:	1,745 ft²		
LOT NUMBER: 49		TRENCH WIDTH:	3'		
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:	24"		
— Dig lines level Contour to be established by installer		TRENCH SPACING:	9' O.C.		
		TOTAL TRENCH LENGTH:	440'		
— Keep 9' centers to allow adequate room for future repair		NUMBER OF TRENCHES:	4		
		GRAVEL DEPTH:	Accepted Status E-Z Flow		**PERMIT VALID FOR: 5 YEARS** YES (✓) NO
		TANK SIZE:	1200 gal.		
		PUMP TANK SIZE:			**NO EXPIRATION** YES NO (✓)
		DISTRIBUTION DEVICE:	Distribution Box		

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IMPROVEMENT PERMIT DATE: 7-2-10

FOR: Incept Properties/Grayson Homes

ISSUED BY: David Cumbee

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CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 6890

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: Do not install in wet weather. Call 693-2658 w/ questions

Date: 7-2-10 Environmental Health Specialist: Da. O Cumbee

Construction Authorization Addendum ❑ Yes ❑ No

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OPERATION PERMIT DATE: 10-7-204

SYSTEM INSTALLED BY: David Brantley & Sons

ISSUED BY: David Cumbee

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

Granville – Vance District Health Department
Environmental Health

Pin 183300025777 Permit Number 6890

✓ Improvement Permit ✓ Construction Authorization

Final Sketch

Incept Properties — Applicants Name

Fieldstone West 49 — Subdivision – Section – Lot

Physical Address: Belmont Circle

David Brantley + Sons — System Installer

10-13-2011 — Date

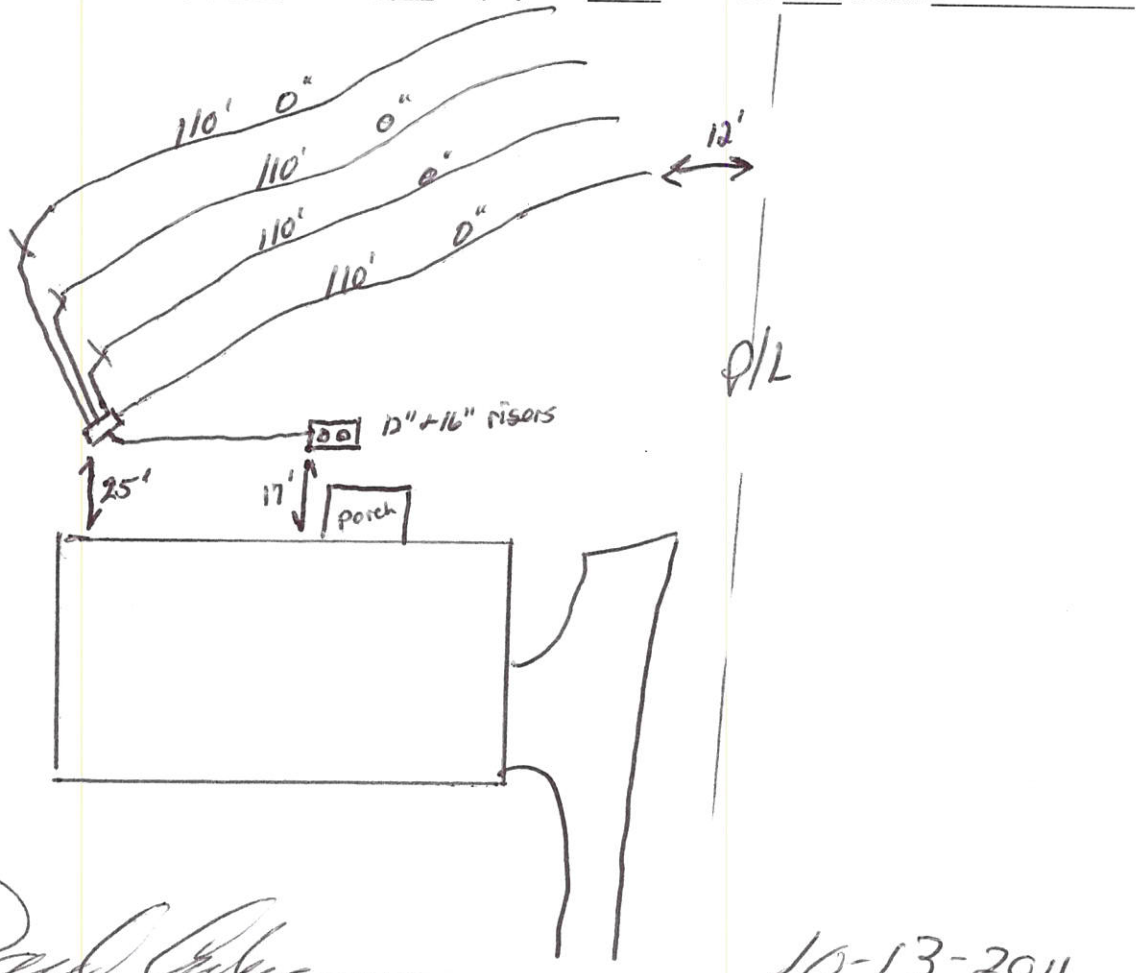
System design and details as installed.

Septic Tank Information:
Date: 8-6-10
Manufacture: D+B-1200
ID #: STB 34

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

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

Type of Facility: House Number of Bedrooms: 4
Type of System: X Gravity ____ Pump ____ Gravel X Polystyrene ____ Chamber ____ Other: _____



David Brantley
Authorized Signature

10-13-2011
Date

00339

Granville - Vance District Health Department
Environmental Health
Well Construction Permit

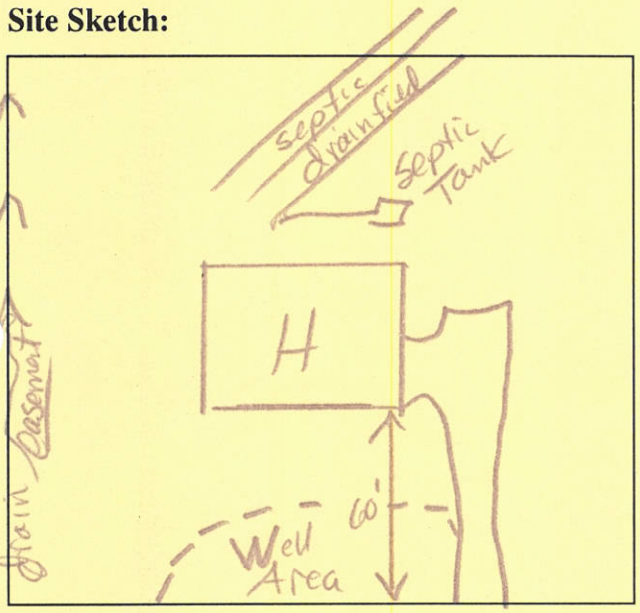
Owner/Applicant: Incept Prop / Greysan Homes Date: 7-2-10
Address or Location of Property: Belmont Circle
Subdivision & Lot #: Fieldstone West 49 Septic Permit #: 6890
Zoning Permit #: 16773 Environmental Health Specialist: Dan Rimbee

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:

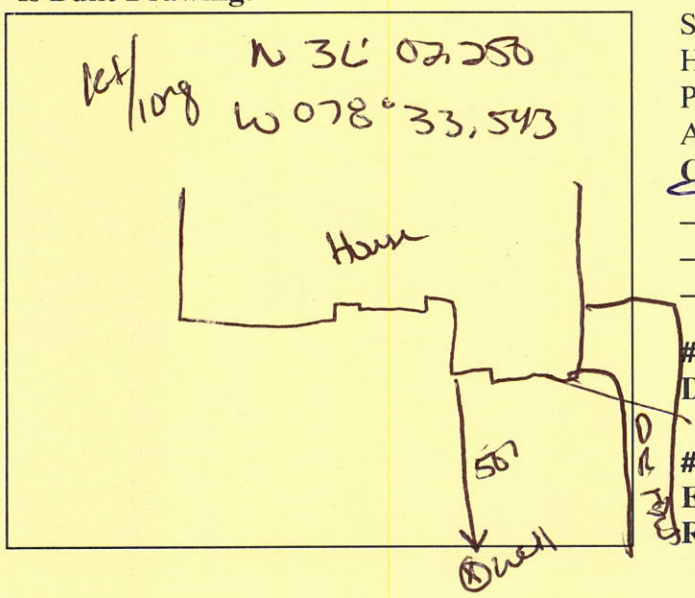


Conditions: Call 693-2688 w/ questio

Authorized Agent: David Rimbee
Date: 7-2-10

 # 1 Well Grout: (Circle or write in)
Witnessed: Yes or No EHS Agent: Chevis
Date: 10-18-10 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. # ____
Depth: 500' Casing Depth: 80 GPM: 60

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: Jenks 1 HP 400 FT

 # 3 Well Completion Permit: Chevis **EHS**
Date Completed: 1-17-12

 # 4 Water Samples Taken: Date: 1-17-12
EHS: Chevis **Results:** ____
Retest: ____ **Results:** ____