need Waiver

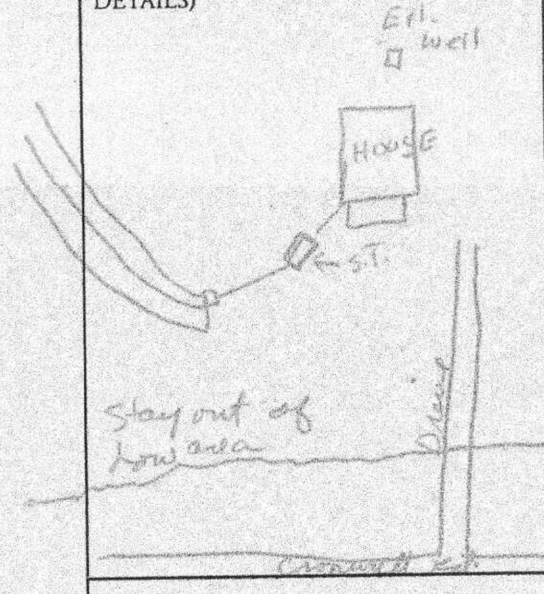
Norman Clifford ~~2:00~~ 11:30 P.M
Tuesday Sept 16th 2003

PERMIT NUMBER 3547

Hold for Waiver

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville	TAX NO. 190800104547	TYPE OF ESTABLISHMENT		
	SR. NO. 1300	RESIDENCE ✓ BUSINESS ___ OTHER ___	NUMBER OF BEDROOMS: 2	NUMBER OF OCCUPANTS: 1
OWNER: Amy & James Malugen				
APPLICANT:		WATER SUPPLY		
APPLICANT'S ADDRESS: 7689 Cornwall Rd Oxford 27565		PUBLIC ___	WELL ✓	OTHER ___
PROPERTY ADDRESS/LOCATION: on left before Little Mt. Creek Rd. Existing House		TYPE OF WASTEWATER SYSTEM		
		DESCRIPTION	INITIAL INSTALLATION	REPAIR
SUBDIVISION: 109 ac		DESIGN FLOW:	240	
LOT NUMBER: Farm		LTAR:	.265	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		ABSORPTION AREA:	900	
		TRENCH WIDTH:	3	
		TRENCH SPACING:	9	
		TOTAL TRENCH LENGTH:	300	225 ft
		NUMBER OF TRENCHES:	3	
		GRAVEL DEPTH:	12	36 units 37 [illegible] infiltrator
		TANK SIZE:	1000	
		CONDITIONS:	See Authorization Form	



IMPROVEMENT PERMIT FOR: Amy & James Malugen ISSUED BY: Jimmy B. Clayton, RS	DATE: 8-21-02
OPERATION PERMIT SYSTEM INSTALLED BY: ISSUED BY:	DATE:

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

*THE IMPROVEMENTS PERMIT MUST BE ATTACHED TO A CONSTRUCTION AUTHORIZATION BEFORE OBTAINING BUILDING PERMIT OR OTHER CONSTRUCTION PERMITS AND BEFORE A WASTEWATER SYSTEM IS INSTALLED.

MEY 9-15-03

*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.

Granville - Vance District Health Department
Environmental Health
Well Construction Permit

2065

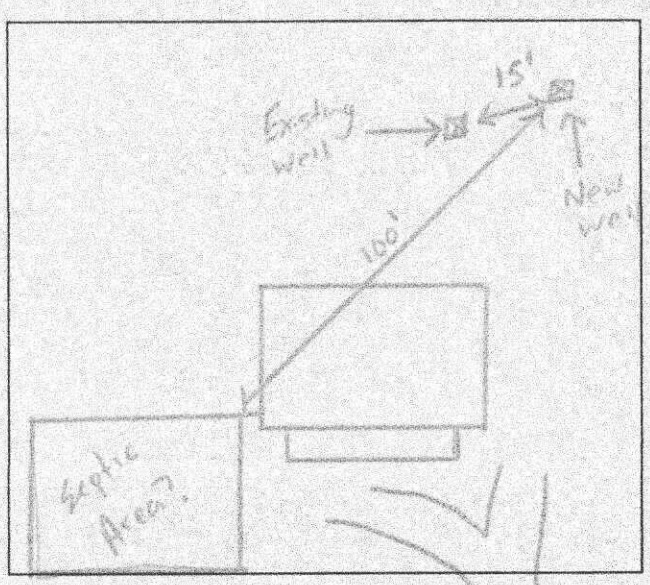
Owner/Applicant: Amy Malvaso Date: 4-27-17
Address or Location of Property: 7689 Cornwall Rd
Subdivision & Lot #: _____ Septic Permit #: _____
Zoning Permit #: _____ Environmental Health Specialist: AWC

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 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:

* Highly suggest abandoning (filling in) old well for safety + contamination purposes!

Conditions: Septic tank and lines must be flagged before drilling or permit is void.

Authorized Agent: Autumn Green
Date: 4-27-17

 # 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: _____

 # 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:** _____