PERMIT NUMBER 7931

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville

TAX NO. 097000644810

SR. NO.

OWNER: Ralph Johnson

APPLICANT'S ADDRESS: 34 Franklin Lane Henderson NC 27537

PROPERTY ADDRESS/LOCATION: Corner of Range + Bowling Mtn

SUBDIVISION: Bowling Mtn

LOT NUMBER: 7

REFERENCE SKETCH (SEE PLAT FOR DETAILS)

Maintain all setbacks

DO NOT INSTALL IN WET SOILS

TYPE OF ESTABLISHMENTS		
RESIDENCE ✓ BUSINESS — OTHER —	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS: Max 6
WATER SUPPLY	WELL ✓ PUBLIC —	OTHER —
TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION IIa	REPAIR IIa
DESIGN FLOW:	360	360
LTAR:	.30	.30
ABSORPTION AREA:	1200 ft^2	1200 ft^2
TRENCH WIDTH:	36"	36"
TRENCH DEPTH:	18-22"	20"
TRENCH SPACING:	9' on center	9' on center
TOTAL TRENCH LENGTH:	400 Ft	400 Ft
NUMBER OF TRENCHES:	4	4
GRAVEL DEPTH:	12"	12"
TANK SIZE:	1000	
PUMP TANK SIZE:	N/A	
DISTRIBUTION DEVICE:	Distribution Box	

*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 USES CHANGE FROM THOSE SHOWN ON THE IMPROVEMENT PERMIT. CHANGES SHALL REQUIRE HEALTH DEPARTMENT APPROVAL.

PERMIT VALID FOR: 5 YEARS
(YES) NO

NO EXPIRATION
YES (NO)

****

IMPROVEMENT PERMIT DATE: 9-11-14

FOR: Ralph Johnson

ISSUED BY: Cassandra "Casey" Chapman REHS

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CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# _____

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: _____

Date: 9-11-14 Environmental Health Specialist: Cassandra Chapman

Construction Authorization Addendum ☐ Yes ☐ No

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OPERATION PERMIT DATE: 10-15-18

SYSTEM INSTALLED BY: Chris Milko

ISSUED BY: Adam Cross

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

Granville-Vance District Health Department

Environmental Health

PIN _____

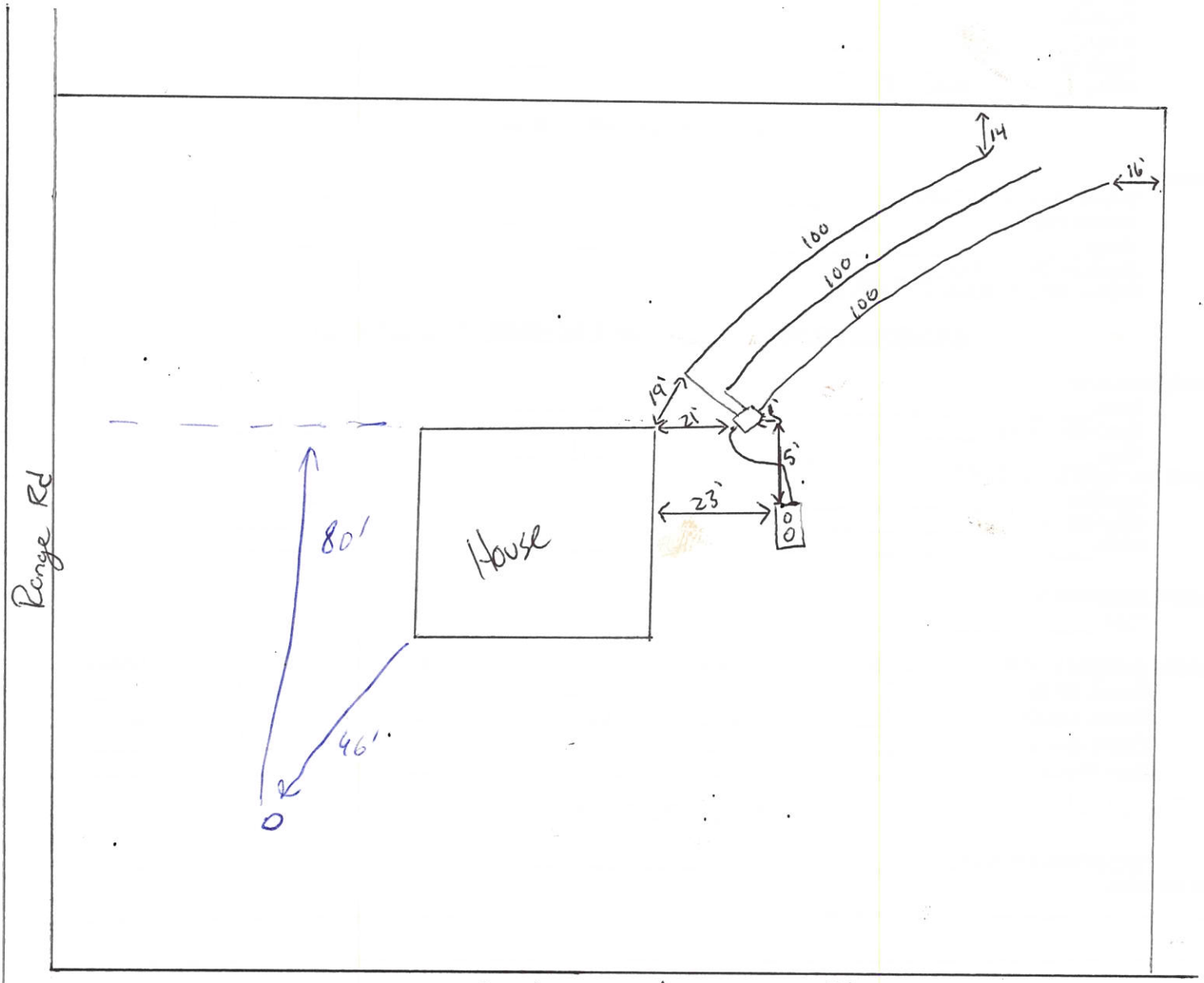
Final Sketch

Date 10-15-18

Ralph & Johnson	7931	Bowling Mountain / 7
Applicant's Name	**Permit No.**	**Subdivision/Lot Number**

Physical Address: Corner of Bowling Mtn & Range

Chris Milko	Adam Crews
System Installer	**Authorized Signature**



Granville - Vance District Health Department
Environmental Health
Well Construction Permit

2540

Owner/Applicant: Oscar Huskins Date: 6/7/18
Address or Location of Property: _____

Subdivision & Lot #: Rowling MT Lot 17 Septic Permit #: _____
Zoning Permit #: 18352 Environmental Health Specialist: W Vaughn

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: _____

Authorized Agent: W A T Vaughn
Date: 6/7/18

 # 1 Well Grout: (Circle or write in)
Witnessed: (Yes) or No EHS Agent: Mike
Date: 12/21/18 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: 480 Casing Depth: 42 GPM: 2

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: Mike **EHS**
Date Completed: 1/30/19

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