PERMIT NUMBER 8368

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville	TAX NO. 181300178345	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 MAX!	
OWNER: Goldmark Construction		WATER SUPPLY	WELL ✓ PUBLIC —	OTHER —	
APPLICANT'S ADDRESS: PO Box 1806 Wake Forest, NC 27587		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION Type III b	REPAIR	
PROPERTY ADDRESS/LOCATION: 659 Willard Dr		DESIGN FLOW:	490 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:	.36 GPD/ft²		
SUBDIVISION: Hawthorne		ABSORPTION AREA:	1600 ft²		
LOT NUMBER: 85		TRENCH WIDTH:	3'		
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:	20"		
		TRENCH SPACING:	9' O.C.		
		TOTAL TRENCH LENGTH:	400 Accpt'd		
		NUMBER OF TRENCHES:	5		
		GRAVEL DEPTH:	NA		**PERMIT VALID FOR: 5 YEARS** YES NO
		TANK SIZE:	1000 gallon		
		PUMP TANK SIZE:	1000 gallon		
		DISTRIBUTION DEVICE:	Pressure Manifold		**NO EXPIRATION** YES NO

****

IMPROVEMENT PERMIT DATE: 9/29/15

FOR: Goldmark Construction

ISSUED BY: Ali Hall

****

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 8368

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: Install according to attached plans.

Date: 9/29/15 Environmental Health Specialist: Ali Hall

Construction Authorization Addendum ☐ Yes ☐ No

****

OPERATION PERMIT DATE: 9/29/2016

SYSTEM INSTALLED BY: Brantley

ISSUED BY: Clayton P. Hopkins LEHS

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

Granville – Vance District Health Department
Environmental Health

Final Sketch

Pin_____

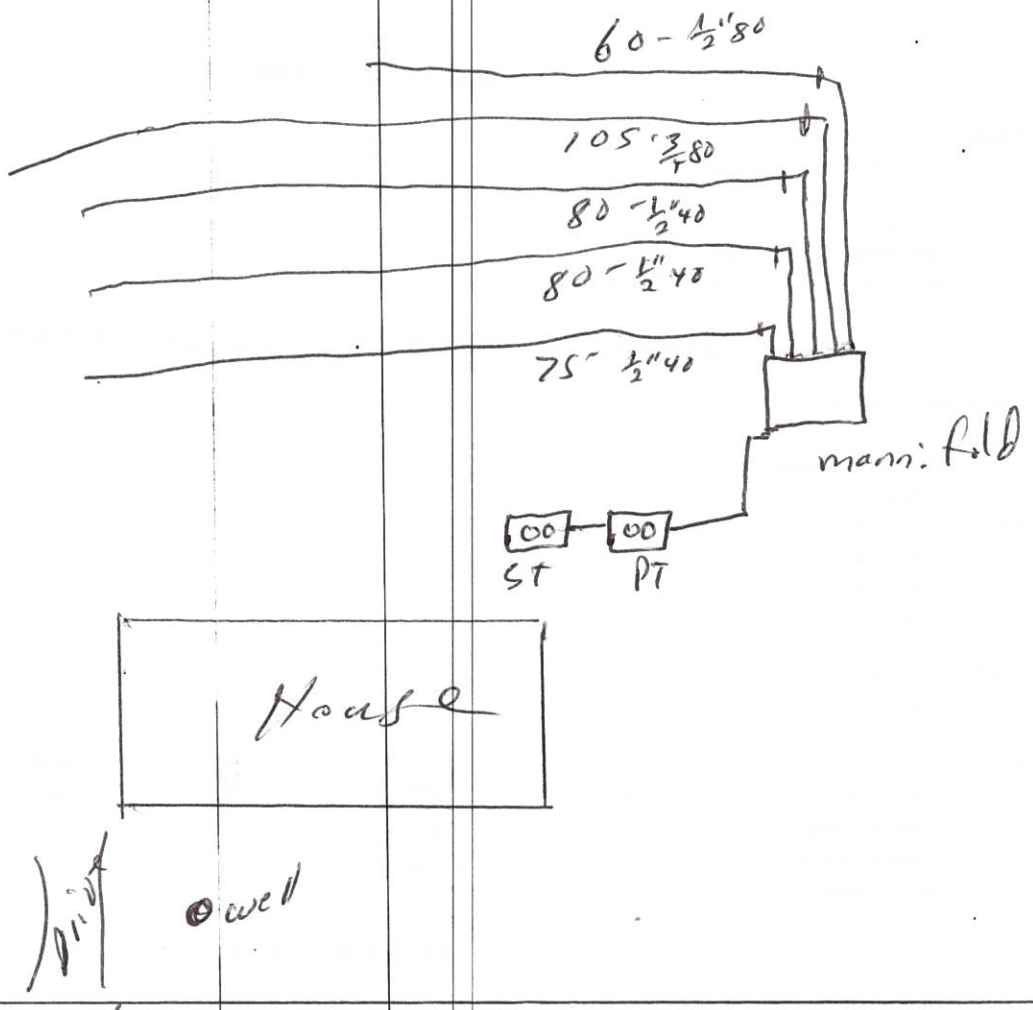
____Improvement Permit ____Construction Authorization

Goldenrod Court Permit No. ~~8368~~ 8368 _____
Applicant's Name Subdivision – Section – Lot

Physical Address: 659 Willard Dr.

Brantley & Sons 4/27/2016
System Installer Date

System design and details as installed.



Authorized Signature 4/27/2016
Date

1686

Granville - Vance District Health Department
Environmental Health
Well Construction Permit

Owner/Applicant: Goldmark Construction Date: 9/29/15
Address or Location of Property: 659 Willard Dr

Subdivision & Lot #: Hawthorne 85 Septic Permit #: 8368
Zoning Permit #: _____ Environmental Health Specialist: 18933

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 attached

As Built Drawing:

Conditions: _____

Authorized Agent: Chris Hall
Date: 9/29/15

 # 1 Well Grout: (Circle or write in)
Witnessed: (Yes) or No EHS Agent: _____
Date: 2/4/16 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: 520 Casing Depth: 84 GPM: 10

 # 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: 3/21/2016

 # 4 Water Samples Taken: Date: 5/25/16
EHS: _____ **Results:** _____
Retest: _____ **Results:** _____