PERMIT NUMBER 9140

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville	TAX NO. 182400121237	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
APPLICANT: WYNN CONST.		WATER SUPPLY: PRIVATE	WELL ✓ PUBLIC —	OTHER —
APPLICANT'S NAME & ADDRESS: 2550 CAPITOL DRIVE STE. 105 CREEDMOOR, NC 27522		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	REPAIR
PROPERTY ADDRESS/LOCATION: BUTTERFLY CIRCLE		DESIGN FLOW:	480 GPD	SAPROLITE SYSTEM
		LTAR:	.03 GPD/FT²	
SUBDIVISION: CHESLEIGH		ABSORPTION AREA:	1200 FT²	
LOT NUMBER: 119		TRENCH WIDTH:	3'	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:	22-24"	
		TRENCH SPACING:	9' O.C.	
		TOTAL TRENCH LENGTH:	400' ACCEPTED	
		NUMBER OF TRENCHES:	1 (SELECT)	
		GRAVEL DEPTH:	N/A	
		TANK SIZE:	1200 GALLON	
		PUMP TANK SIZE:	1200 GALLON	
		DISTRIBUTION DEVICE:	8 HOLE "D" BOX	

*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)

* DO NOT INSTALL/CALL FOR INSPECTION IN WET CONDITIONS
* MAINTAIN ALL SETBACKS
* SYSTEM FLAGGED IN FIELD

****

IMPROVEMENT PERMIT DATE: 6-27-17

FOR: WYNN CONST.

ISSUED BY: Mike Ballew

****

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 9140

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: CONTRACTOR TO ESTABLISH & FOLLOW CONTOUR

Date: 6-27-17 Environmental Health Specialist: Mike Ballew

Construction Authorization Addendum ☐ Yes ☐ No

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OPERATION PERMIT DATE: 8-30-17 TANKS CHECKED / 10-9-17 PF (WTB)

SYSTEM INSTALLED BY: BLACKLEY

ISSUED BY: Mike Ballew

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

Granville – Vance District Health Department
Environmental Health

Final Sketch

Pin 182400121237

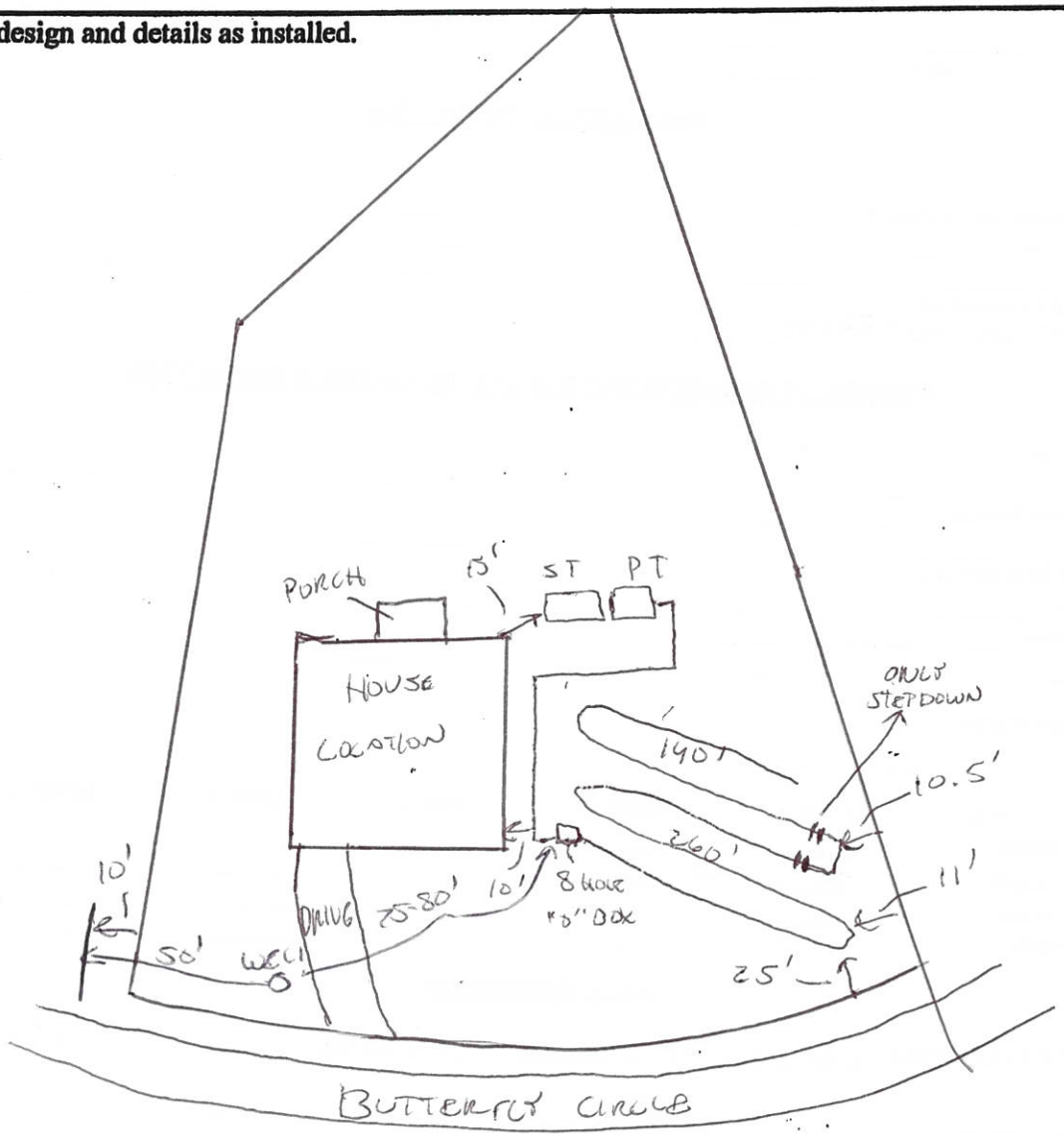
✓ Improvement Permit ✓ Construction Authorization

WYNN CONST. — Applicant's Name
Permit No. 9140
CHESLELOW 119 — Subdivision – Section – Lot

Physical Address: BUTTERFLY CIRCLE

BLACKLEY — System Installer
8-30-17 — Date

System design and details as installed.



Authorized Signature
8-30-17 — Date

RESIDENTIAL WELL CONSTRUCTION RECORD

North Carolina Department of Environment and Natural Resources – Division of Water Quality

WELL CONTRACTOR CERTIFICATION # 3104

1. WELL CONTRACTOR:
Van Elliott
Well Contractor (Individual) Name
SOUTHERN WELL DRILLING
Well Contractor Company Name
STREET ADDRESS 1530 Beaver Dam Road
Creedmoor NC 27522
City or Town State Zip Code
(919) 603-7165
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable) 2112
STATE WELL PERMIT#(if applicable)
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☐
DATE DRILLED 9-13-17
TIME COMPLETED AM ☐ PM ☐

3. WELL LOCATION:
CITY: Creedmoor COUNTY Granville
Cheshleigh Lot 119
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 3 __ __
LONGITUDE __ __ __
May be in degrees, minutes, seconds or in a decimal format
Latitude/longitude source: ☐ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

4. WELL OWNER
OWNER'S NAME Wynn Const
STREET ADDRESS
Creedmoor
City or Town State Zip Code
( ) -
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 200
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒
c. WATER LEVEL Below Top of Casing: 20 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS +1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm): 20 METHOD OF TEST Air

f. DISINFECTION: Type Amount
g. WATER ZONES (depth):
From 180 To From To
From To From To
From To From To

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From +1	To 80	Ft.	6		PVC
From	To	Ft.			
From	To	Ft.			

7. GROUT:

	Depth		Material	Method
From 0	To 20	Ft.	Bentonite	Poured
From	To	Ft.		
From	To	Ft.		

8. SCREEN:

	Depth		Diameter	Slot Size	Material
From	To	Ft.	in.	in.	
From	To	Ft.	in.	in.	
From	To	Ft.	in.	in.	

9. SAND/GRAVEL PACK:

	Depth		Size	Material
From	To	Ft.		
From	To	Ft.		
From	To	Ft.		

10. DRILLING LOG

From	To	Formation Description

11. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Barry Norwood
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.

Form GW-1a
Rev. 7/05