PERMIT NUMBER 07168

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS ZP 17312

COUNTY: Granville	TAX NO. 10116451216607	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: 3	NUMBER OF OCCUPANTS: Max 6
OWNER: Michael + Shelby Walker		WATER SUPPLY	WELL ✓ PUBLIC —	OTHER —
APPLICANT'S ADDRESS: Michael Overby 6000 White House Rd Nelson, VA 24580		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION III g	REPAIR III g
PROPERTY ADDRESS/LOCATION: Lakeside Terrace		DESIGN FLOW:	360	
		LTAR:	.30	
SUBDIVISION: Jonathans Landing		ABSORPTION AREA:	1200 Ft²	
LOT NUMBER: lot # 7		TRENCH WIDTH:	36"	
REFERENCE SKETCH (SEE PLAT FOR DETAILS) Follow Site Sketch. Call Env. Health with any questions or concerns		TRENCH DEPTH:	18"	
		TRENCH SPACING:	9' cn center	
		TOTAL TRENCH LENGTH:	300 Ft	
		NUMBER OF TRENCHES:	4 -	
		GRAVEL DEPTH:	Accepted	
		TANK SIZE:	1000	
		PUMP TANK SIZE:	N/A	
		DISTRIBUTION DEVICE:	Distribution 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)

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IMPROVEMENT PERMIT DATE: 1-9-12

FOR: Michael + Shelby Walker

ISSUED BY: Carol Q Chapin

****

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: 1-9-12 Environmental Health Specialist: Carol Q Chapin

Construction Authorization Addendum ❑ Yes ❑ No

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OPERATION PERMIT DATE: 2-2-12

SYSTEM INSTALLED BY: Overby Septic

ISSUED BY: Carol Q Chapin

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

Granville – Vance District Health Department
Environmental Health

Pin _____ Permit Number 7168

✓ Improvement Permit ✓ Construction Authorization

Final Sketch

Michael Overby / Michael & Shelby Walker — Applicants Name

Jonathan's Landing lot # 7 — Subdivision – Section – Lot

Physical Address: Lakeside Terrace

Michael Overby — System Installer

2-2-12 — Date

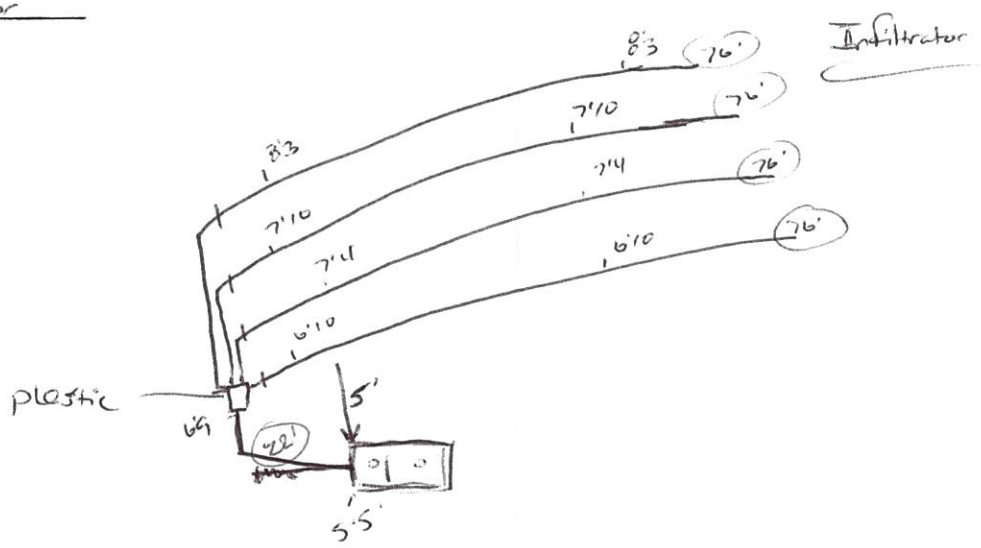
System design and details as installed.

Septic Tank Information:
Date: _____
Manufacture: PTS-1000
ID # : STB-142

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

Distribution Box ✓
Pressure Manifold ____
Serial Distribution ____

Type of Facility: Residence
Number of Bedrooms: 3
Type of System: Infiltrator



NO house or well on-site

Authorized Signature

2-2-12 — Date

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2459

1. WELL CONTRACTOR:
Kevin N. Hensley
Well Contractor (Individual) Name
Hensley's Well Drilling
Well Contractor Company Name
[redacted] 15497 Hwy 15,
Street Address
Clarksville. VA 23927
City or Town State Zip Code
(434) 374-5212
Area code Phone number

2. WELL INFORMATION:
WELL CONSTRUCTION PERMIT# 00674
OTHER ASSOCIATED PERMIT#(if applicable)
SITE WELL ID #(if applicable)

3. WELL USE (Check Applicable Box): Residential Water Supply ☑
DATE DRILLED 6/27/12
TIME COMPLETED 4:30 AM ☐ PM ☑

4. WELL LOCATION:
CITY: Bullock COUNTY Granville
Lot #7 Lakeside Terrace, Jonathon Landing
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☐ Slope ☐ Valley ☑ Flat ☐ Ridge ☐ Other
LATITUDE 36 ° 53.707 " DMS OR 3x.xxxxxxxx DD
LONGITUDE 78 ° 60.741 " DMS OR 7x.xxxxxxxx DD
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)

5. WELL OWNER
Michael & Shelby Walker
Owner Name
Lot #7 Lakeside Terrace
Street Address
Bullock, NC 27507
City or Town State Zip Code
( )
Area code Phone number

6. WELL DETAILS:
a. **TOTAL DEPTH:** 250'
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** Rig
f. **DISINFECTION: Type** hypochlorite **Amount** 5 oz.

g. **WATER ZONES** (depth):

Top	130	Bottom	135	Top		Bottom	
Top	180	Bottom	189	Top		Bottom	
Top	230	Bottom	239	Top		Bottom	

7. CASING:

	Depth			Diameter	Thickness/ Weight	Material
Top	1+	Bottom	83 Ft.	6 1/4"	.0210	PVC
Top	83	Bottom	89 Ft.	6"	88g	galv. metal
Top		Bottom	Ft.			

8. GROUT:

	Depth			Material	Method
Top	0	Bottom	3 Ft.	Cement	pumped
Top	3	Bottom	20 Ft.	bentonite	pumped
Top		Bottom	Ft.		

9. SCREEN:

	Depth			Diameter		Slot Size		Material
Top	N/A	Bottom	Ft.		in.		in.	
Top		Bottom	Ft.		in.		in.	
Top		Bottom	Ft.		in.		In.	

10. SAND/GRAVEL PACK: N/A

	Depth			Size	Material
Top		Bottom	Ft.		
Top		Bottom	Ft.		
Top		Bottom	Ft.		

11. DRILLING LOG

Top	Bottom	Formation Description
0	40'	Dry. Sedimentary rock
40	80'	Layered brown/grey rock
80	84	Soft Brown rock
84	250	Solid grey granite

12. 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 6/29/12

Kevin N. Hensley
PRINTED NAME OF PERSON CONSTRUCTING THE WELL