PERMIT NUMBER 8282

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS ZD# - 188'18

COUNTY: Granville	TAX NO. 181400920	TYPE OF ESTABLISHMENTS		
	SR. NO.	RESIDENCE ✓ BUSINESS — OTHER —	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS: max 6
OWNER: Ashwith Bildris		WATER SUPPLY	WELL — PUBLIC —	OTHER —
APPLICANT'S ADDRESS: 3456 Coughlin Ct Franklinton NC		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	REPAIR
PROPERTY ADDRESS/LOCATION: 1046 Lawrence Rd		DESIGN FLOW:	360	
		LTAR:	.25 .225 LOTV	
SUBDIVISION: Cheshleigh		ABSORPTION AREA:	1309 ~~1440~~ ft. 2 LOTV	
LOT NUMBER: 32		TRENCH WIDTH:	36"	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:	18-22"	
= Maintain all setbacks		TRENCH SPACING:	9' on center	
		TOTAL TRENCH LENGTH:	323 ~~360~~ ft.	
- Do not install in wet weather / soils		NUMBER OF TRENCHES:	4	
		GRAVEL DEPTH:	accepted	
		TANK SIZE:	1000	
		PUMP TANK SIZE:	~~1077~~	
		DISTRIBUTION DEVICE:	~~D-Box~~ manifold	

*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: 8-31-15

FOR: Ashwith Builders

ISSUED BY: Cassandra Casey Champion REHS

****

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 8282

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: Follow Site Sketch

Date: 8-21-15 Environmental Health Specialist: [signature]

Construction Authorization Addendum ☐ Yes ☒ No

****

OPERATION PERMIT DATE: 2/12/16

SYSTEM INSTALLED BY: Blacklidge

ISSUED BY: [signature] A.C. Wells

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

1656

Granville - Vance District Health Department
Environmental Health
Well Construction Permit

Owner/Applicant: Ashton Builders Date: 8-25-15
Address or Location of Property: 1046 Lawrence Rd

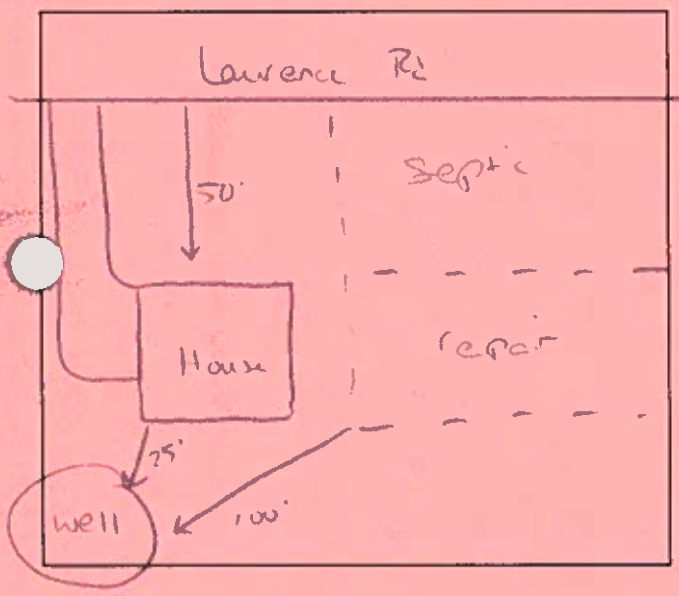
Subdivision & Lot #: Chesleigh - lot # 32 Septic Permit #: 8282
Zoning Permit #: 18518 Environmental Health Specialist: Thompson

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 septic tank and drain field, including repair area – 100 ft
Setback from structural foundations – 25 ft
Setback from ponds, lakes or other bodies of water – 50 ft

Site Sketch:



Conditions:

Authorized Agent:
Date: 8-21-15

 # 1 Well Grout: (Circle or write in) WTB
Witnessed: Yes or No EHS Agent: W. Vaughn
Date: 12-9-15 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: 200 Casing Depth: 65 GPM: 25

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: EHS
Date Completed: 3/11/16

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

Granville – Vance District Health Department
Environmental Health

Final Sketch

Pin_____

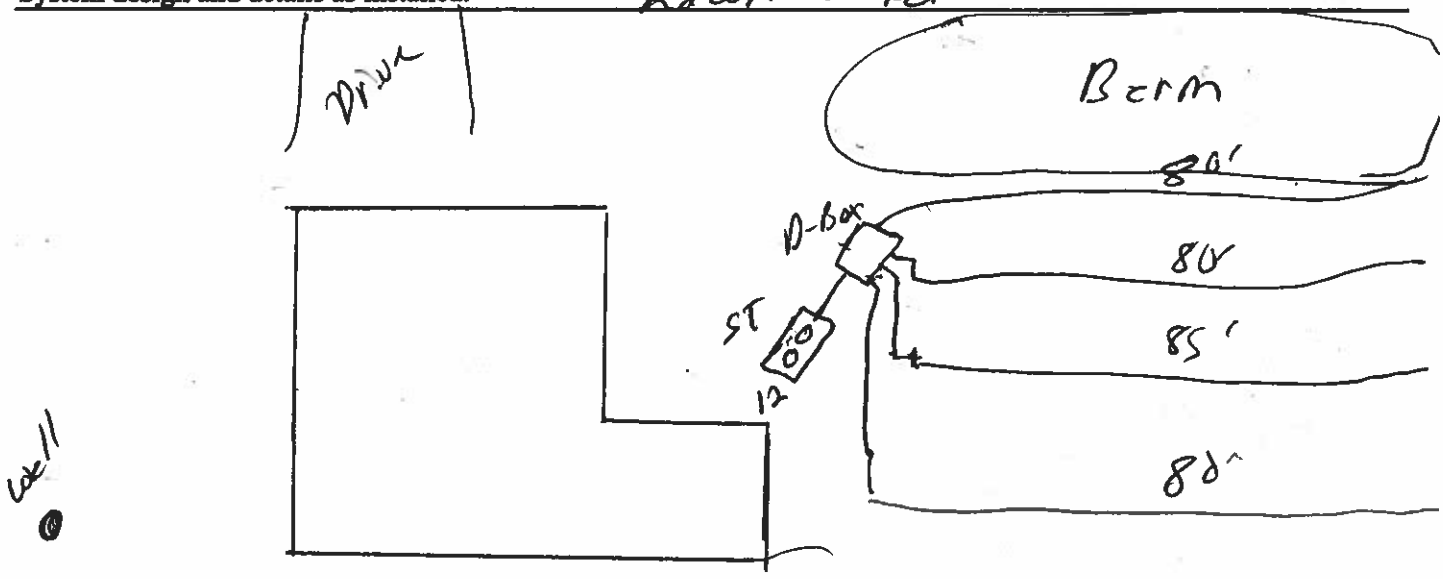
___Improvement Permit ___Construction Authorization

Ashworth Builders Permit No. 8282 Chesleigh 32
Applicant's Name Subdivision – Section – Lot

Physical Address: 1041 Lawrence Rd

Blackley Bros 2/12/16
System Installer Date

System design and details as installed. Lawrence Rd



Walter D. Hogan 2/12/16
Authorized Signature Date

SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

SEPTIC AND PUMP TANK INSPECTION

		INITIAL	DATE
SEPTIC TANK			
Manufacturer	Ellis	WTH	2/2/16
Date of Manufacture	6 7-15		
Stamp	789		
Capacity	1000		
Tee	✓		
Baffle	✓		
Sealant	✓		
AIR GAP ✓, FILTER ✓, RISER			
PUMP TANK			
Manufacture			
Date of Manufacture			
Stamp			
Capacity			
Sealant			
Manhole			
RISER, SEALANT			

MECHANICAL INSPECTION

PUMP		
Manufacturer and Model #		
Control Panel		
Alarm		
Electrical Connection		
SEALANT AROUND CONDUIT		

NITRIFICATION/DISTRIBUTION AND DRAINFIELD INSPECTION

DISTRIBUTION BOX		
Level ✓		
Equal Distribution ✓		
Other		
DISTRIBUTION MANIFOLD		
Pipe Size		
Gate Valves		
Other		

OTHER DISTRIBUTION

Type _____

NITRIFICATION LINES	LINE 1	LINE 2	LINE 3	LINE 4	LINE 5	LINE 6
Trench Width	3	3	3	3		
Trench Length	80	80	85	86		
Trench Grade	✓	✓	✓			
Stone Depth	accept as dry system					

WELL INSPECTION

LOCATION OF WELL _____

COMMENTS:

_____

_____

_____

Granville - Vance District Health Department
Environmental Health
Well Construction Permit

1656

Owner/Applicant: Ashwith Builders Date: 8-25-15
Address or Location of Property: 1041 Laurence Rd

Subdivision & Lot #: Chesleigh - lot # 32 Septic Permit #: 8282
Zoning Permit #: 18818 Environmental Health Specialist: Champion

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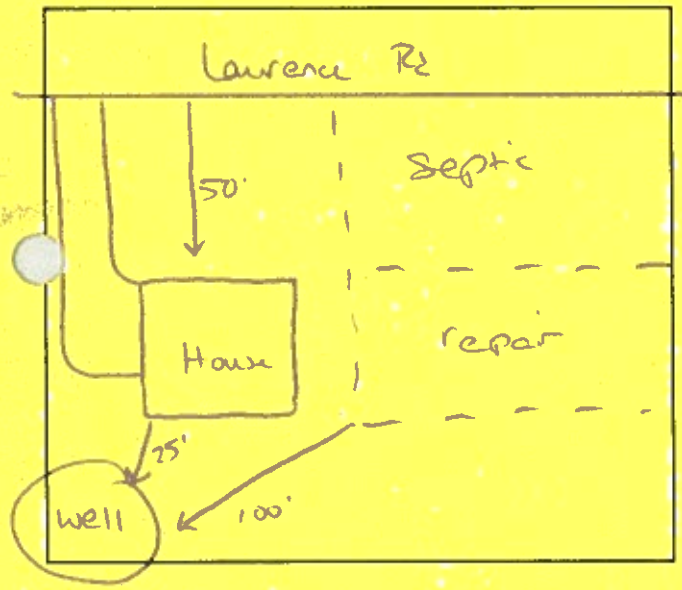

Conditions:

Authorized Agent:
Date: 8-24-15

 # 1 Well Grout: (Circle or write in) WTB
Witnessed: (Yes) or No EHS Agent: W. Vaughn
Date: 12-9-15 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: 200 Casing Depth: 65 GPM: 25

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: EHS
Date Completed: 3/11/16

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

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)

STATE WELL PERMIT#(if applicable)

DWQ or OTHER PERMIT #(if applicable)

WELL USE (Check Applicable Box): Residential Water Supply ☐

DATE DRILLED 12-8-15

TIME COMPLETED _____ AM ☐ PM ☐

3. WELL LOCATION:

CITY: Creedmoor COUNTY Granville

Cheshleigh Lot 32
(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 Ashcroft Builders

STREET ADDRESS _____

_____
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): 25 METHOD OF TEST Air

f. DISINFECTION: Type _____ Amount _____

g. WATER ZONES (depth):

From 110 To 200 From _____ To _____

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From +1	To 65	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.

Van Elliott _____
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