11:00 10-9-14

PERMIT NUMBER 07698

Zoning # 15071

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville	TAX NO. 1813002864	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: Sallinger Construction		WATER SUPPLY	WELL — PUBLIC —	OTHER —
APPLICANT'S ADDRESS: 1029 Harpers Ridge Ct. Wake Forest, 27587		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION Type III g	REPAIR
PROPERTY ADDRESS/LOCATION: 671 Juliette Ct.		DESIGN FLOW:	480 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:	.3 gpd/ft²	
SUBDIVISION: Hawthorne		ABSORPTION AREA:	1600 ft² → 1200 ft²	
LOT NUMBER: 119		TRENCH WIDTH:	3'	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:	18"-20" maximum	
		TRENCH SPACING:	9' o.c.	
> Install trenches level on contour and in dry conditions		TOTAL TRENCH LENGTH:	400'	
		NUMBER OF TRENCHES:	4	
> Septic Contractor & clearing Contractor should coordinate drainfield clearing - contours estimated by Health Dept.		GRAVEL DEPTH:	Accepted Stone	**PERMIT VALID FOR: 5 YEARS** YES NO
		TANK SIZE:	1200 gal	
		PUMP TANK SIZE:		**NO EXPIRATION** YES NO
		DISTRIBUTION DEVICE:	Distribution Box	

****

IMPROVEMENT PERMIT DATE: 12/4/13

FOR: Sallinger Construction

ISSUED BY: David Cumbee

****

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 1698

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: Call 919-693-2658 w/ questions

Date: 12/4/13 Environmental Health Specialist: David Cumbee

Construction Authorization Addendum ☐ Yes ☐ No

****

OPERATION PERMIT DATE: 10-9-14

SYSTEM INSTALLED BY: Brantley

ISSUED BY: [signature]

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

Granville – Vance District Health Department
Environmental Health

Pin 181300286442

Permit Number _____

✓ Improvement Permit

✓ Construction Authorization

Final Sketch

Sallinger Construction
Applicants Name

Hawthorne - Lot 119
Subdivision – Section Lot

Physical Address: 677 Juliette Ct

BRANTLEY
System Installer

10-9-14
Date

System design and details as installed.

Septic Tank Information:
Date: 6-11-14
Manufacture: DB-1250
ID #: STB-398

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

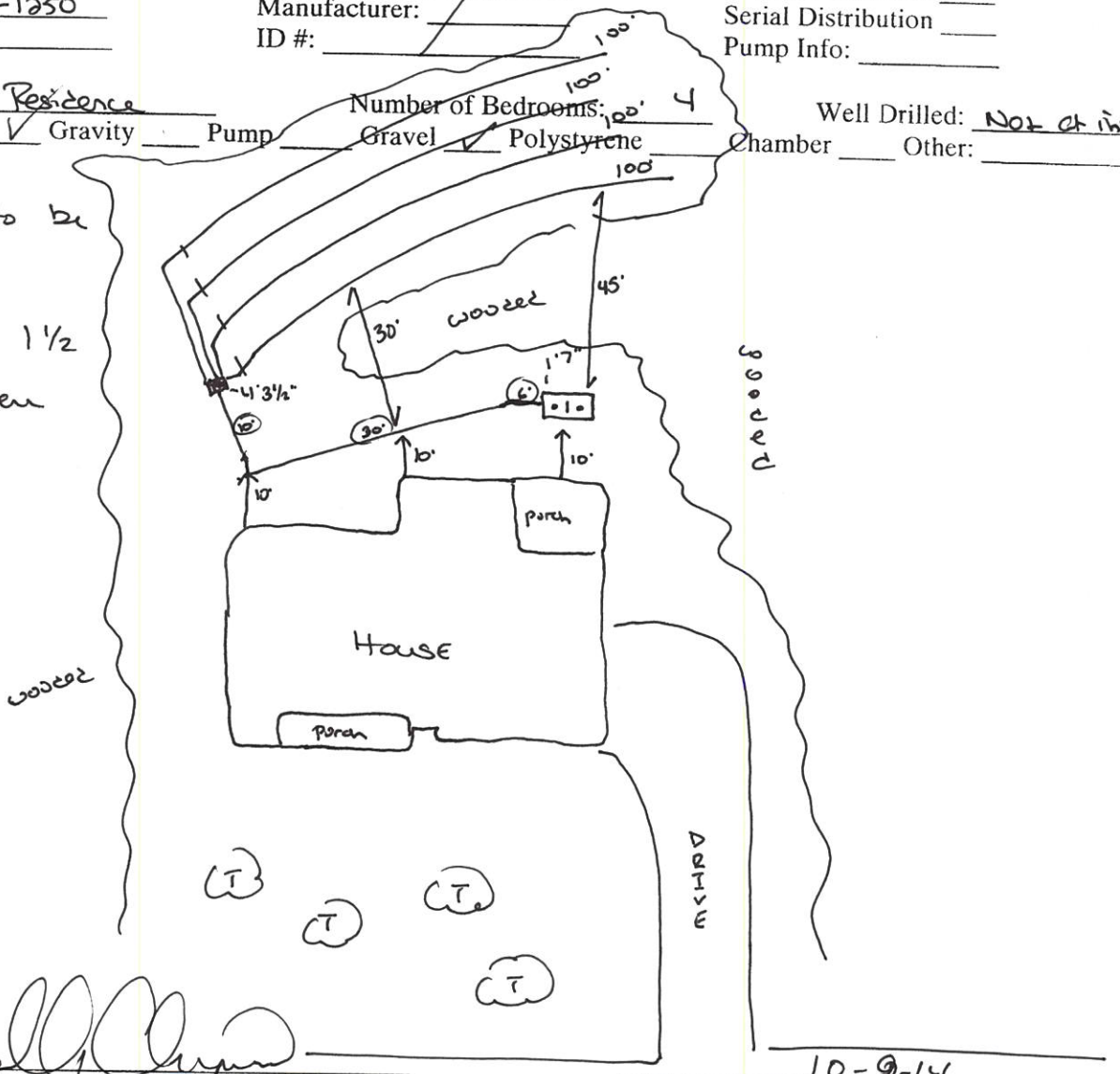
Distribution Box ✓
Pressure Manifold ____
Serial Distribution ____
Pump Info: _____

Type of Facility: Residence
Type of System: ✓ Gravity ____ Pump ____ Gravel ✓ Polystyrene ____ Chamber ____ Other: _____

Number of Bedrooms: 4

Well Drilled: Not at insp

- System had to be cleared
- had to wait 1½ before system ready.



Authorized Signature

10-9-14
Date

No well at time of inspection

Granville - Vance District Health Department

Environmental Health

Well Construction Permit

01162

Owner/Applicant: Sallinger Construction Date: 12/4/13

Address or Location of Property: 677 Juliette Court

Subdivision & Lot #: Hawthorne Ph. 2A lot 119 Septic Permit #: 7698

Zoning Permit #: 18071 Environmental Health Specialist: David Cumbee

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)

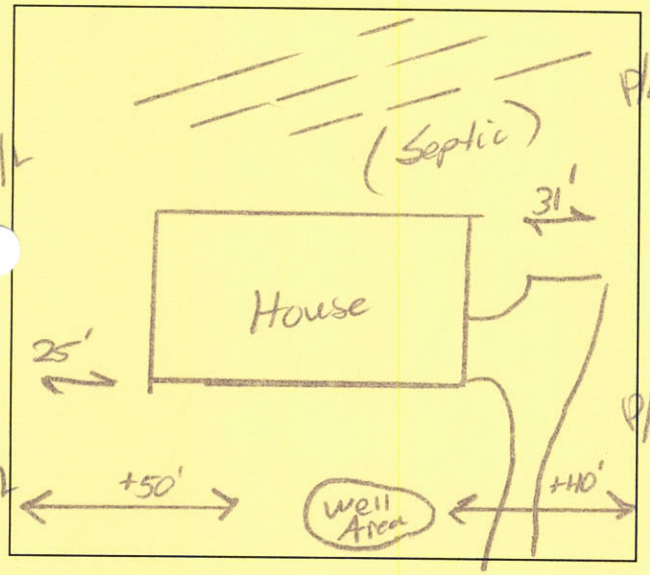
Setback from property lines – 10 ft

Setback from structural foundations – 25 ft

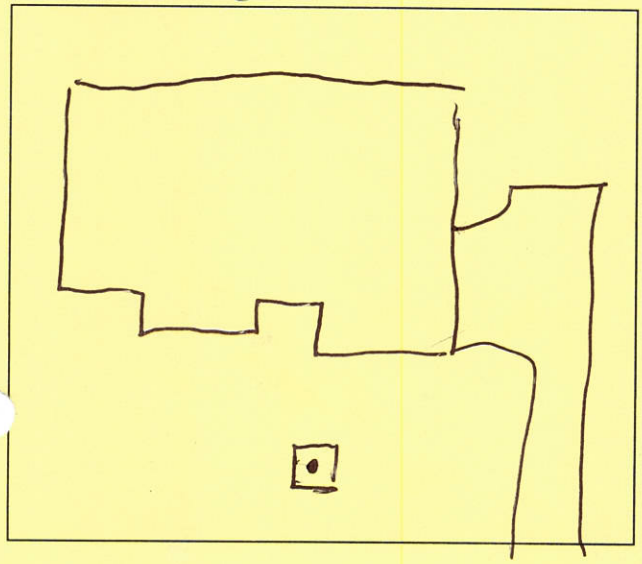
Setback from septic tank and drain field, including repair area – 100 ft

Setback from ponds, lakes or other bodies of water – 50 ft

Site Sketch:



As Built Drawing:



Conditions: Cell 919-693-2688 w/ questions

Authorized Agent: David Cumbee

Date: 12/4/13

 # 1 Well Grout: (Circle or write in)

Witnessed: (Yes) or No EHS Agent: David Cumbee

Date: 12-1-14 Annular Space Open: (Yes) or No

Over reamed: (Yes) or No Depth Grouted: 20'

Method: ____ Pump X Poured ____ Pressure

Well Log received: Yes or No (EHS to Attach to Permit)

Driller Name: ____ Cert. # ____

Depth: 660' Casing Depth: 119' GPM: 3

~~6~~ Bentonite - 10 bags

 # 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: David Cumbee ~~EHS~~

Date Completed: 3-18-15

 # 4 Water Samples Taken: Date: 3-23-15

EHS: DC **Results:** ____

Retest: ____ **Results:** ____