

Well Construction Permit

Granville County Health Dept
Environmental Health
101 Hunt Drive
Oxford NC, 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number 330211

PIN Number: 181300497419

Tax Lot #: 10

Tax Block #:

Evaluated For: SINGLE FAMILY \ WELL

Property Owner: LGI Homes

Address: 1450 Lake Robbins Drive

City: The Woodlands

State/Zip: NC / 77380

Phone #: H: (252) 915-0741

Applicant: Connie Ross

Address: 1450 Lake Robbins Drive

City: The Woodlands

State/Zip: TX / 77380

Phone #: H: (252) 915-0741

Property Location & Site Information

Address/Road #:

Subdivision:

Weatherby

Phase:

Lot:

10

933 Weatherby Ln

Suite 430

Creedmoor NC, 27522

*Proposed use of Well: SINGLE FAMILY

Directions

If Other:

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

***Permit Conditions**

Min. 100' off any part of septic (including Weatherby lot 11 existing septic)/Min. 25' off house foundation/Min. 10' off property lines/Stay off 5' drainage easement

Well location, construction and protection must meet all state and local regulations and must be inspected and approved by an authorized representative of the Local Health Department. The permit may be revoked at any time for failure to comply with existing regulations. The siting of approved well construction area(s) by the Health Department is to provide protection from the known possible sources of contamination. The approved well area(s) may not be changed without permission from an authorized representative of the Local Health Department. No volume of quality of water is guaranteed by the Health Department.

*Issued By: Bullock, Will

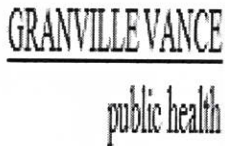
Authorized State Agent:

Owner/Applicant: Col Nomer

*Date of Issue: 09/16/2020

☒ Hand Drawing ☐ Import Drawing

****Site Plan/Drawing attached.****



OPERATION PERMIT

Granville County Health Dept
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*CDP File Number 330211 - 1
County ID Number: 181300497419
Evaluated For: NEW

Property Owner: LGI Homes

Address: 1450 Lake Robbins Drive

Road #: Suite 430

City: The Woodlands

State/Zip: TX/ 77380

Phone #: (252) 915-0741

Township:

Subdivision: Weatherby

Phase : NEW

Lot: 10

Structure: SINGLE FAMILY

of Bedrooms: 3

of People:

Water Supply: NEW WELL

Saprolite System?: ☐ Yes ☒ No

Pump Required?: ☒ Yes ☐ No

Design Flow: 360

System Classification/Description: TYPE III B. SYSTEM
W/SINGLE EFFLUENT PUMP

Installer:

Certification #:

Specific System 25% REDUCTION INNOVATIVE OR ACCEPTED

Installed:

Septic Tank Date: 12/09/2020

STB: 858

Pump Tank Date: 12/08/2020

PT: PT 72

Comments: Did septic final on 3/9/21. Pump final done on 4/12/21 (Had 2' head pressure with alarm & Pump on/ off float working properly).

This system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.

PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with Rule .1961.

II. Monitoring: As required by Rule .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

Other:

Subsurface Operator Required: ☐ Yes ☒ No

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

Operation:

Other: Did septic final on 3/9/21. Pump final done on 4/12/21 (Had 2' head pressure with alarm & Pump on/ off float working properly).

Authorized State Agent: Stiles, Bailey *Stiles Bailey* / *WAB PF 4/12/21*

Date of Issue: 03/09/2021

Owner/Applicant: LGI Homes

IMPROVEMENT PERMIT

Granville County Health Dept
Environmental Health
101 Hunt Drive
Oxford, NC 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number _____
County ID Number: 181300497419
Evaluated For: NEW

PERMIT VALID UNTIL: 09/16/2025

***NOTE TO INSPECTIONS DIVISION:** Building Permits cannot be issued with this Improvement Permit.

Applicant: Connie Ross
Address: 1450 Lake Robbins Drive
City: The Woodlands
State/Zip: TX 77380
Phone #: home: (252) 915-0741

Property Owner: LGI Homes
Address: 1450 Lake Robbins Drive
City: The Woodlands
State/Zip: TX. 77380
Phone #: home: (252) 915-0741

Property Location & Site Information

Address/Road #: 933 Weatherby Ln Suite 430 Subdivision: Weatherby Phase: NEW Lot: 10
Structure: Creedmoor, NC 27522
of Bedrooms: 3
of People:
*Water Supply: SINGLE FAMILY
NEW WELL

Directions

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 360
Soil Application Rate: 0.3000

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:
25% REDUCTION

System Specifications

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 18 Inches
Septic Tank: 1000 Gallons
Pump Required ☒ Yes ☐ No ☐ May Be Required
Pump Tank: 1000 Gallons

Repair System Required: ☒ Yes ☐ No ☐ No, but has Available Space

Repair System

*Site Classification: (TS) PANEL
Soil Application Rate:
*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP
*Proposed System:
50% REDUCTION

Minimum Trench Depth: 40 Inches
Maximum Trench Depth: 42 Inches
Pump Required: ☒ Yes ☐ No ☐ May Be Required
Pump Tank: 1000 Gallons

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department

***Site Modifications**

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

***Permit Conditions**

System (Initial/Repair) Flagged in field by soil scientist/Stay off all easements with drainlines and tanks/Drainlines min. 10' off property lines/Supply line min. 5' off property lines/Keep any part of septic min. 50' off retention pond/50' min. off well's

The Department and Local Health Department may impose conditions on the issuance and may revoke the permits for failure of system to satisfy the conditions, the rules, or this article. This permit is subject to revocation if the site plan, plat, or intended use changes (NCGS 130A-335(f)). The person owning or controlling the system location, installing, operation, maintenance, monitoring, reporting, and repair (1938(b)).

Authorized State Agent:

Bullock, Will

Date of Issue:

09/16/2020

Total Time: (HH:MM)

☒ Hand Drawing

☐ Import Drawing

****Site Plan/Drawing attached.****