Granville - Vance District Health Department
Environmental Health
Well Construction Permit

2553

Owner/Applicant: Haven Homes LLC Date: 6/24/19
Address or Location of Property: 1203 South Creek Way

Subdivision & Lot #: Preserve South Creek 202 Septic Permit #: 1119
Zoning Permit #: 20539 Environmental Health Specialist: CMH

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:

See attached

Conditions:

Authorized Agent: Tim Hall
Date: 6/24/19

 # 1 Well Grout: (Circle or write in)
Witnessed: (Yes) or No EHS Agent:
Date: 7/6/19 Annular Space Open: (Yes) or No
Over reamed: (Yes) or No Depth Grouted:
Method: ___ Pump ✓ Poured ___ Pressure
Well Log received: Yes or (No) (EHS to Attach to Permit)
Driller Name: Sathers Cert. #
Depth: 460 Casing Depth: 111 GPM: 8

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: 7-2-19

 # 4 Water Samples Taken: Date: 7-2-19
EHS: WTB **Results:**
Retest: **Results:**

PERMIT NUMBER 1119

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville	TAX NO. 182500302/80 LOT SIZE .923	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
APPLICANT'S NAME & ADDRESS Haven Homes LLC 116 Hawk Hollow Lane Wake Forest, NC 27587		RESIDENCE ✓ BUSINESS ___ OTHER ___	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS: 6 max!	
		WATER SUPPLY WELL ☐ PUBLIC ☐	INITIAL INSTALLATION	REPAIR	
		TYPE OF WASTEWATER SYSTEM	III 9	same	
PROPERTY ADDRESS/LOCATION: 1203 Smith Creek Way		DESIGN FLOW:	360 GPD		*THIS IMPROVEMENT PERMIT IS SUBJECT TO REVOCATION IF THE INTENDED USE CHANGES FROM THOSE SHOWN ON THE IMPROVEMENT PERMIT. CHANGES SHALL REQUIRE HEALTH DEPARTMENT APPROVAL.
		LTAR:	.3 GPD/ft²		
SUBDIVISION: Preserve @ Smith Creek LOT NUMBER: 200		ABSORPTION AREA:	1200 ft² - 900 ft²		
		TRENCH WIDTH	3'		
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:	20-22" WTB ~~24"~~		
		TRENCH SPACING:	9' O.C.		
		TOTAL TRENCH LENGTH:	300'		
		NUMBER OF TRENCHES:	3 @ (100' lines) WTB ~~3 of 4~~		
		GRAVEL / ~~ACCEPTED:~~	accepted		PERMIT VALID FOR: 5 YEARS (YES) NO
		TANK SIZE:	1000		
		PUMP TANK SIZE:			NO EXPIRATION YES (NO)
		DISTRIBUTION DEVICE:	'D' Box		

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IMPROVEMENT PERMIT DATE: 6/24/19

FOR: Haven Homes LLC

ISSUED BY: Chris Hall

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CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 1119

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 10' from wells + 10' from property line

Date: 6/24/19 Environmental Health Specialist: Chris Hall

Construction Authorization Addendum ☒ Yes ☐ No

OPERATION PERMIT DATE: 5/23/19 (Tank) WTB / lines (5-8-19) WTB

SYSTEM INSTALLED BY: Glen Todd

ISSUED BY: [signature]

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

GRANVILLE VANCE
public health

Existing System Approval

Granville County Health Department
Environmental Health Section
Environmental Health
Oxford, NC 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only
***CDP File Number:** 370271
County ID Number: 182500302480
Evaluated For: EXISTING
Permit Valid Until:

Applicant:	Swim Safe Pools	**Property Owner:**	Phil Farese
Address:	5984 Six Forks Rd	**Address:**	1203 Smith Creek Way
City:	Raleigh	**City:**	Wake Forest
State/Zip:	NC / 27609	**State/Zip:**	NC / 27587
Phone #:	(919) 629-1331	**Phone #:**	

Property Location & Site Information

Address: 1203 Smith Creek Way **Subdivision:** Preserve at Smit **Phase:** _____ **Lot:** 200

Road#: Wake Forest NC 27587 **Township:** _____

***Structure:** OTHER

# of Bedrooms: _____ **# of People:** _____ **Directions:**

***Water Supply:** EXISTING WELL **Type of business:** 36x22 Swimming Pool

Basement: ☐ Yes ☒ No **Total sq. Footage:** _____ **No. Of Employees:** _____

***Proposed Improvement:**

***Release Conditions:** This permit is issued to the applicant for the purpose of recertifying the septic system. All setbacks were met at the time of inspection.

This release in no way expresses or implies that the existing subsurface sewage treatment and disposal system serving the site will continue to function for any period of time.

Applicant/Legal Reps. Signature Required? ☐ Yes ☑ No

Applicant/Legal Reps. Signature: _____ *Date: _____

*Issued By: Stiles, Bailey Bailey Stiles *Date of Issue: 04/14/2022

Authorized State Agent: _____

No Drawing

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

◉ **Hand Drawing** ○ **Import Drawing**

Activity Code: -

Total Time: (HH:MM)
Hours Minutes