PERMIT NUMBER 6022

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY:	TAX NO.	TYPE OF ESTABLISHMENTS		*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
	SR. NO. 1705	RESIDENCE — BUSINESS — OTHER —	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS:
OWNER:		WATER SUPPLY	WELL — PUBLIC —	OTHER —
APPLICANT'S ADDRESS:		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	REPAIR
PROPERTY ADDRESS/LOCATION:		DESIGN FLOW:		*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	
SUBDIVISION:		ABSORPTION AREA:		
LOT NUMBER: 21		TRENCH WIDTH:	3'	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:		
		TRENCH SPACING:		
		TOTAL TRENCH LENGTH:	400 ft.	
		NUMBER OF TRENCHES:	5	
		GRAVEL DEPTH:	12"	PERMIT VALID FOR: 5 YEARS YES NO
		TANK SIZE:	1000 gal.	
		PUMP TANK SIZE:		NO EXPIRATION YES NO
		DISTRIBUTION DEVICE:		

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IMPROVEMENT PERMIT DATE: 4-12-07 See new Site Sketch

FOR:

ISSUED BY: 5-10-10

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CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 6022

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: 4-12-07 Environmental Health Specialist:

Construction Authorization Addendum ☐ Yes ☒ No

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OPERATION PERMIT DATE: 12-10-10

SYSTEM INSTALLED BY: Bladding

ISSUED BY:

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

Granville - Vance District Health Department
Environmental Health
Well Construction Permit

00329

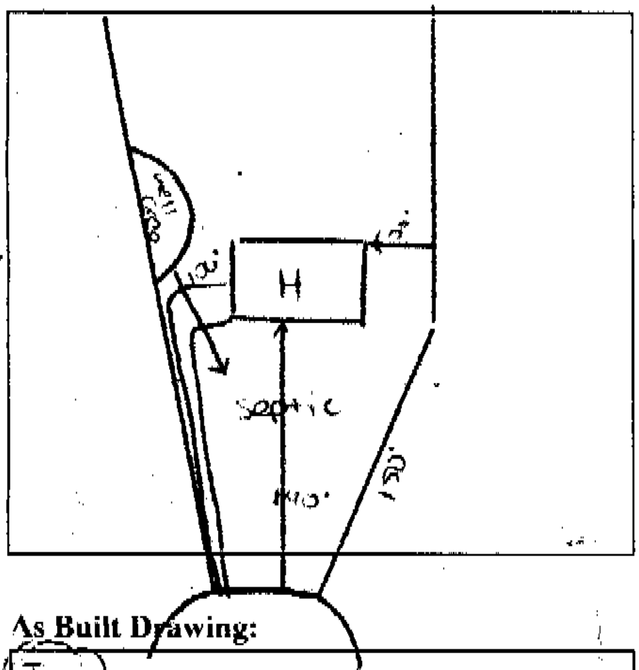
Owner/Applicant: Woodland Builder Date: 6-14-10
Address or Location of Property: Old Franklinton Rd → (L) onto Stermans Forest → (L) onto Spotting Ct → lot on (R) in cul-de-sac
Subdivision & Lot #: Stermans Forest - lot #21 Septic Permit #: 6232
Zoning Permit #: 15050 Environmental Health Specialist: Champion

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:

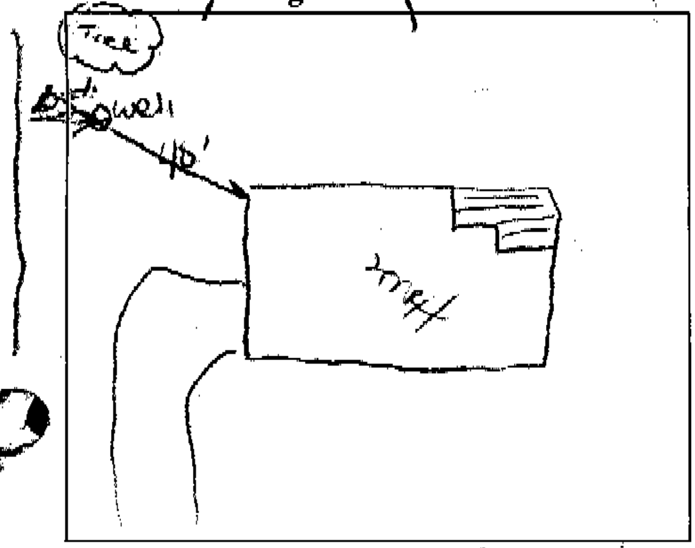


Conditions: ____________________

Authorized Agent: Carol Champion, EHS
Date: 6-14-10

 # 1 Well Grout: (Circle or write in)
Witnessed: (Yes) or No EHS Agent: Champion
Date: 9-23-10 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: Darch Cert. # 3900
Depth: 500 Casing Depth: 151' GPM: 5

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: 300 1gpm

 # 3 Well Completion Permit: Carol Champion **EHS**
Date Completed: 12-21-10

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

Granville – Vance District Health Department
Environmental Health

Pin 1836001605291 Permit Number 6282

✓ Improvement Permit ✓ Construction Authorization

Final Sketch

Woodland Builders — Applicants Name

Stonemont Forest - lot 21 — Subdivision – Section – Lot

Physical Address: Sapphire Ct

Blackley — System Installer

12-10-10 — Date

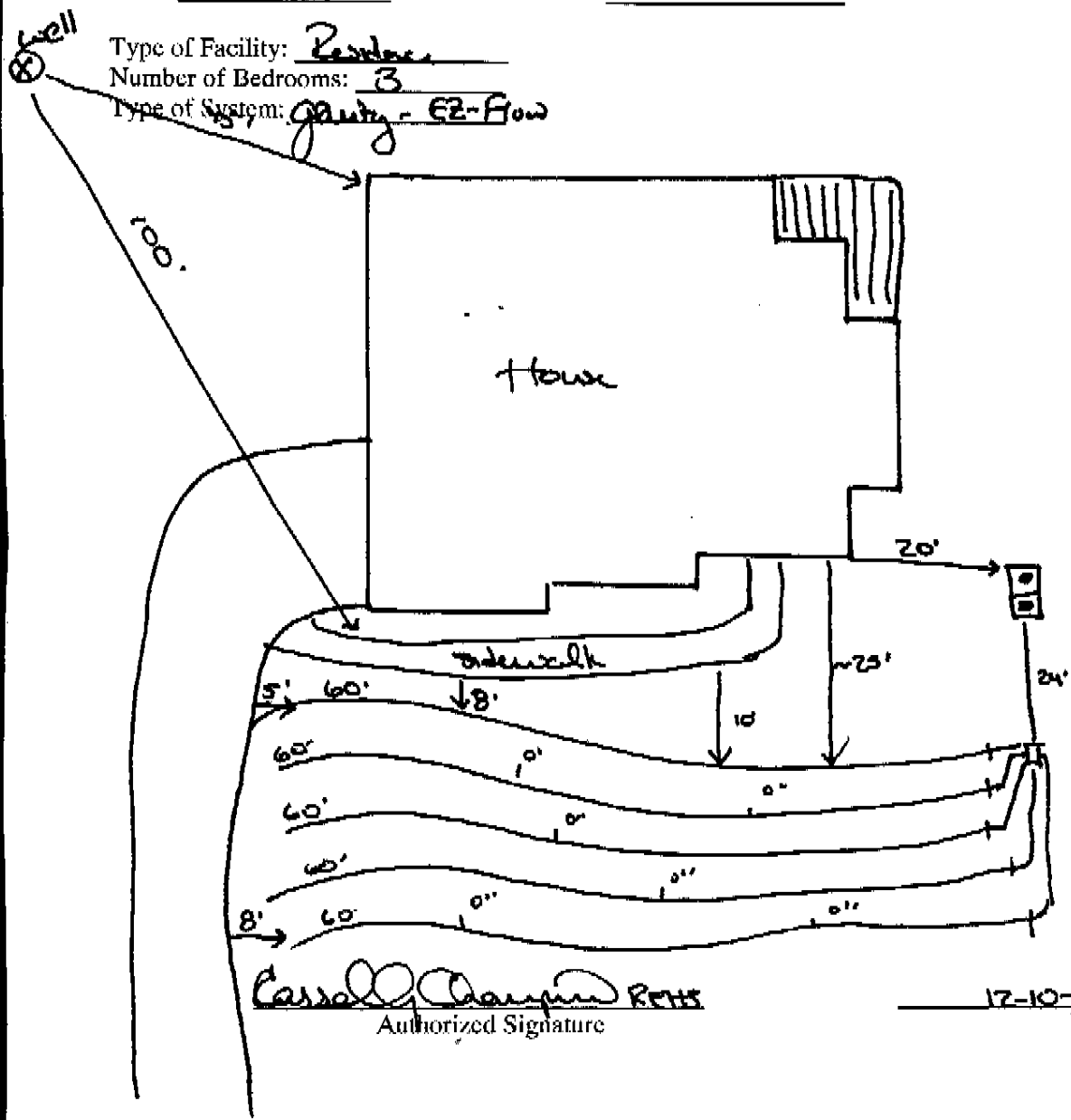
System design and details as installed.

Septic Tank Information:
Date: 2-10-10
Manufacture: Ellis-1000
ID # : STB-789

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

Distribution Box ✓
Pressure Manifold ___
Serial Distribution ___

Type of Facility: Residence
Number of Bedrooms: 3
Type of System: Gravity - EZ-Flow



Cassandra Campion REHS — Authorized Signature

12-10-10 — Date