10.45 cr 23

Pump

PERMIT NUMBER

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville	TAX NO. 183600203210	TYPE OF ESTABLISHMENTS		
	SR. NO.	RESIDENCE ✓ BUSINESS — OTHER —	NUMBER OF BEDROOMS: 4	NUMBER OF OCCUPANTS: 8 max
OWNER: Steven Hayes		WATER SUPPLY	WELL ✓ PUBLIC —	OTHER —
APPLICANT'S ADDRESS: 28 Hayes Ct. Franklinton		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION Type III b,g	REPAIR Type III b,g
PROPERTY ADDRESS/LOCATION: 1631 Carriage Ct		DESIGN FLOW:	480 gpd	
		LTAR:	.3 gpd/ft²	
SUBDIVISION: Montgomery Pl.		ABSORPTION AREA:	1600 ft²	
LOT NUMBER: 24		TRENCH WIDTH:	3'	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:	24"	
		TRENCH SPACING:	9' o.c.	
		TOTAL TRENCH LENGTH:	400'	
		NUMBER OF TRENCHES:	4	
		GRAVEL DEPTH:	Accepted 5 Rules	Flow
		TANK SIZE:	1200 gal	
		PUMP TANK SIZE:	1200 gal	
		DISTRIBUTION DEVICE:	Pressure manifold	

- Try to keep tanks + 15' from neighbors well
- Option 1 would be best to keep 50' well setback
- stay 25' from upper side house foundation

*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 (circled) NO

NO EXPIRATION
YES NO (circled)

****

IMPROVEMENT PERMIT DATE: 5/9/13

FOR: Steven Hayes

ISSUED BY: Dan Cumbee

****

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 7542

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: Installed in dry conditions - Call 693-2655 w/ questions

Date: 5-9-13 Environmental Health Specialist: Dan Cumbee

Construction Authorization Addendum ☐ Yes ☐ No

****

OPERATION PERMIT DATE: 2-12-15

SYSTEM INSTALLED BY: Darrell Brantley & Sons

ISSUED BY: Dan Cumbee

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

Granville – Vance District Health Department
Environmental Health

Pin 1836002032 10 Permit Number 7542

✓ Improvement Permit ✓ Construction Authorization

Final Sketch

Steven Hayes — Applicants Name

Montgomery Place 24 — Subdivision – Section – Lot

Physical Address: 1631 Carriage Ct.

David Brantley & Sons — System Installer

2-12-15 — Date

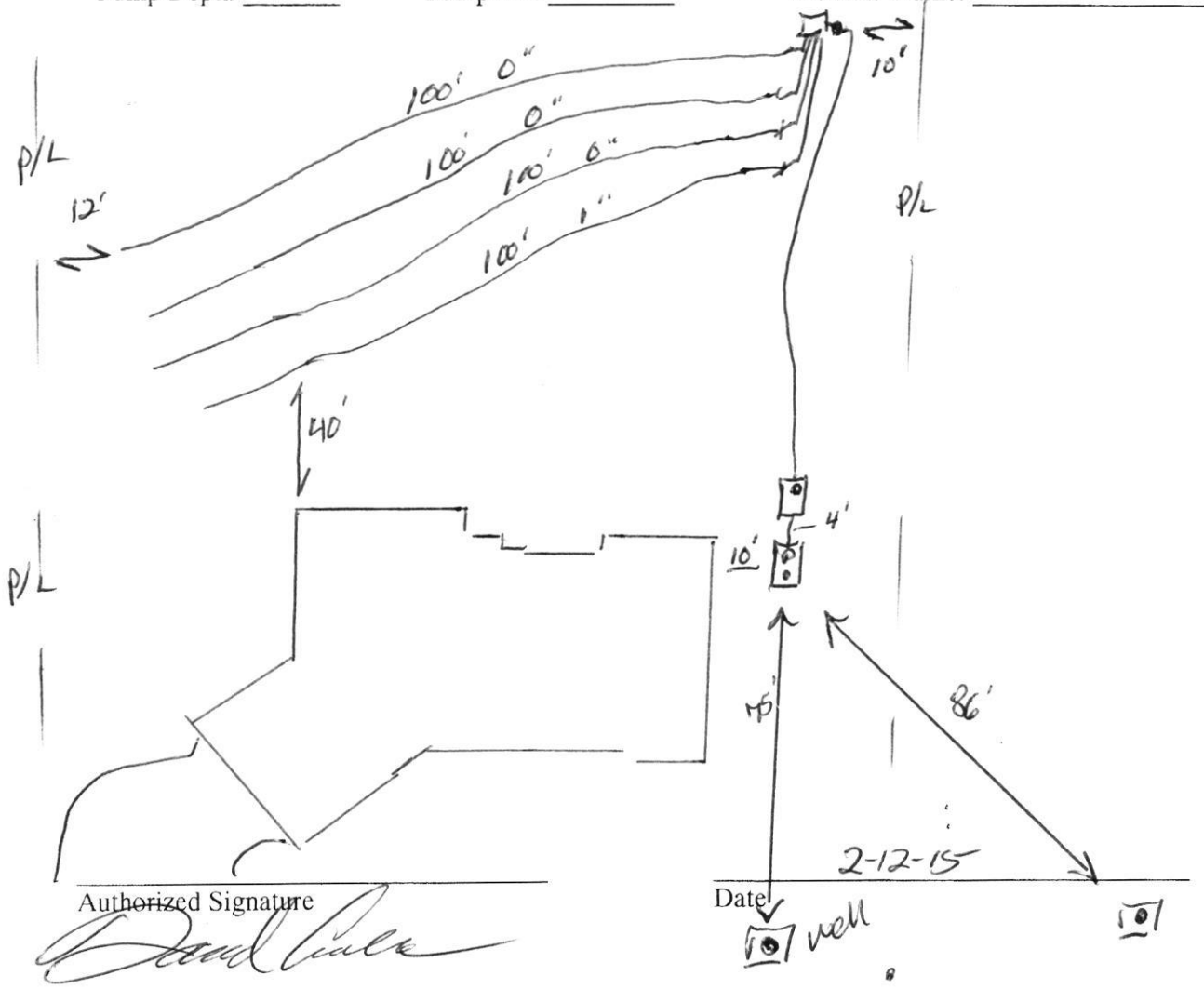
System design and details as installed.

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

Pump Tank Information:
Date: 11-4-14
Manufacturer: DB 1200
ID #: PT-463

Distribution Box ___
Pressure Manifold X
Serial Distribution ___
Pump Info: Zoeller N152-13

Type of Facility: House Number of Bedrooms: 4 Well Drilled at time of inspection: (Y) or N
Type of System: ___ Gravity X Pump ___ Gravel X Polystyrene ___ Chamber ___ Other: ___
Well Info: Date drilled: ___ Driller Name: ___ Depth: ___ GPM: ___ Casing: ___
Pump Depth ___ Pump HP: ___ Installer Name: ___



Authorized Signature

Date

Granville - Vance District Health Department
Environmental Health
Well Construction Permit

Owner/Applicant: Sharon Hayes Date: 5/9/13
Address or Location of Property: 1631 Carriage Ct.

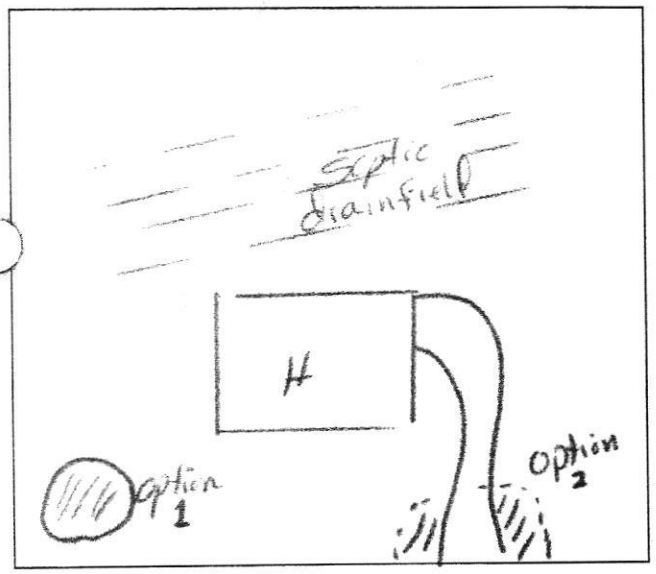
Subdivision & Lot #: Montgomery Place Septic Permit #: 7542
Zoning Permit #: 17192 Environmental Health Specialist: Dan

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.

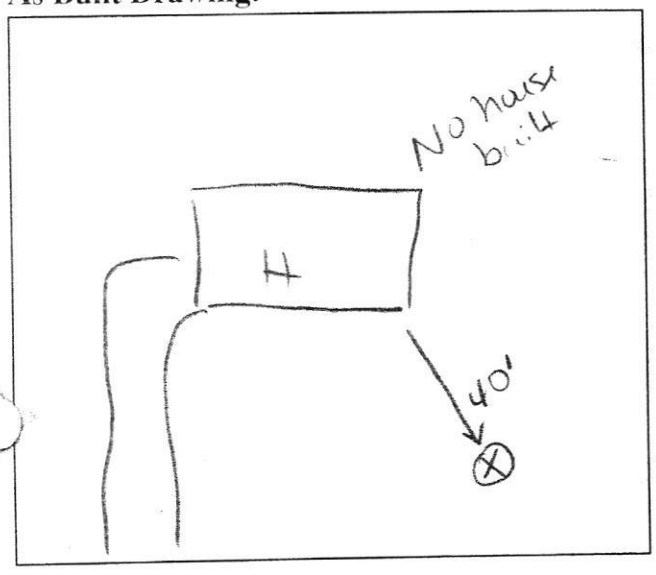
Minimum Setbacks: (these are the main setbacks, but not all required setbacks)

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: Please call 6932658 prior to drilling – (Not sure of option chosen at this time)

Authorized Agent: Dan
Date: 5/9/13

 # 1 Well Grout: (Circle or write in)
Witnessed: Yes or No EHS Agent: Dan
Date: 9-23-14 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: Stephenson Cert. # ____
Depth: 185' Casing Depth: 73 GPM: 12
29 bags Hole plug 1 bag Patch

#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: Jeremy Clayton **EHS**
Date Completed: 4-14-15

 # 4 Water Samples Taken: Date: 4-15-15
EHS: Jeremy Clayton **Results:** ____
Retest: ____ **Results:** ____

Granville-Vance District Health Department

Lisa M. Harrison, MPH, Health Director
Post Office Box 367
Oxford, North Carolina 27565

Granville County Health Dept.
101 Hunt Drive
Oxford, NC 27565
Phone: (919) 693-2688
Fax: 919-690-0106

Vance County Health Dept.
115 Charles Rollins Road
Henderson, NC 27536
Phone: (252) 492-7915
Fax: (252) 492-4219

Recertification of an Existing On-Site System and Well

Owner Name / Applicant Name: Kevin Novy Date: 10-6-16
Physical Address: 1633 Carriage Dr Contact Number: _____
Subdivision: Montgomery Place Lot # 24 Zoning Permit # 19573

Septic Permit #: 7542 Date Installed: 2-15

Recertification Of: _____ **Bedrooms Allowed**

Existing House Replacement: Size: _____

Pool: _____ - Size: _____
Septic Redesign/Upgrade: _____
Permit # _____

Addition to House: _____ - Size: _____
Bedroom Addition _____ Septic Upgrade: _____
Permit # _____ New Well: _____

Outbuilding Addition: _____ - Size: _____

Other Additions to Property: 7x7 Hot Tub

✓ Setbacks have been met accordingly at this time.

✓ Onsite Wastewater System is functioning properly at this time.

_____ Onsite Wastewater System is functioning properly at this time, but system upgrade is required.
Permit #: _____
*** System Upgrade must be completed prior to Certification of Occupancy.

_____ Onsite Wastewater System is **NOT** functioning properly at this time.
Repair Permit #: _____
*** System repair must be completed prior to Certification of Occupancy.

_____ Recertification denied, due to: _____.

_____ Cannot determine due to: _____.

Special Instructions: _____

_____

_____

_____ 10-6-16
Signature of REHS **Date**