ZP # 20361 PERMIT NUMBER 1136

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville | TAX NO. | LOT SIZE

APPLICANT'S NAME & ADDRESS: Wynn Construction

PROPERTY ADDRESS/LOCATION: 1321 Sourwood Dr

SUBDIVISION: New Forest IV

LOT NUMBER: 102

REFERENCE SKETCH (SEE PLAT FOR DETAILS)

* Risers on tank
* Call HD for any changes made differing from permit.
* stay 10' off house with top line.

TYPE OF ESTABLISHMENTS: RESIDENCE ✓ BUSINESS ___ OTHER ___

	NUMBER OF BEDROOMS:	NUMBER OF OCCUPANTS:
	4	8 MAX
WATER SUPPLY WELL ☐ PUBLIC ☐	INITIAL INSTALLATION	REPAIR
TYPE OF WASTEWATER SYSTEM	IIIg	IIIg
DESIGN FLOW:	480 gpd	
LTAR:	.3 gpd/ft²	
ABSORPTION AREA:	1,200 ft²	
TRENCH WIDTH	36"	
TRENCH DEPTH:	20-22"	
TRENCH SPACING:	9' o.c.	
TOTAL TRENCH LENGTH:	400'	
NUMBER OF TRENCHES:	3	
GRAVEL / ACCEPTED:	Accepted	
TANK SIZE:	1000 gal	
PUMP TANK SIZE:	N/A	
DISTRIBUTION DEVICE:	D-Box	

*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 USE CHANGES FROM THOSE SHOWN ON THE IMPROVEMENT PERMIT. CHANGES SHALL REQUIRE HEALTH DEPARTMENT APPROVAL.

PERMIT VALID FOR: 5 YEARS (YES) NO

NO EXPIRATION YES (NO)

****

IMPROVEMENT PERMIT DATE: 7-2-18

FOR: Wynn Construction

ISSUED BY: Autumn Cronin

****

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 1136

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: _____

Date: 7-2-18 Environmental Health Specialist: Autumn Cronin

Construction Authorization Addendum ☐ Yes ☐ No

OPERATION PERMIT DATE: 9-25-18 (tank & lines) 1-25-19

SYSTEM INSTALLED BY: Blackley

ISSUED BY: Autumn Cronin

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

Granville-Vance District Health Department

Environmental Health

IN _____ **Final Sketch** Date 9/25/18

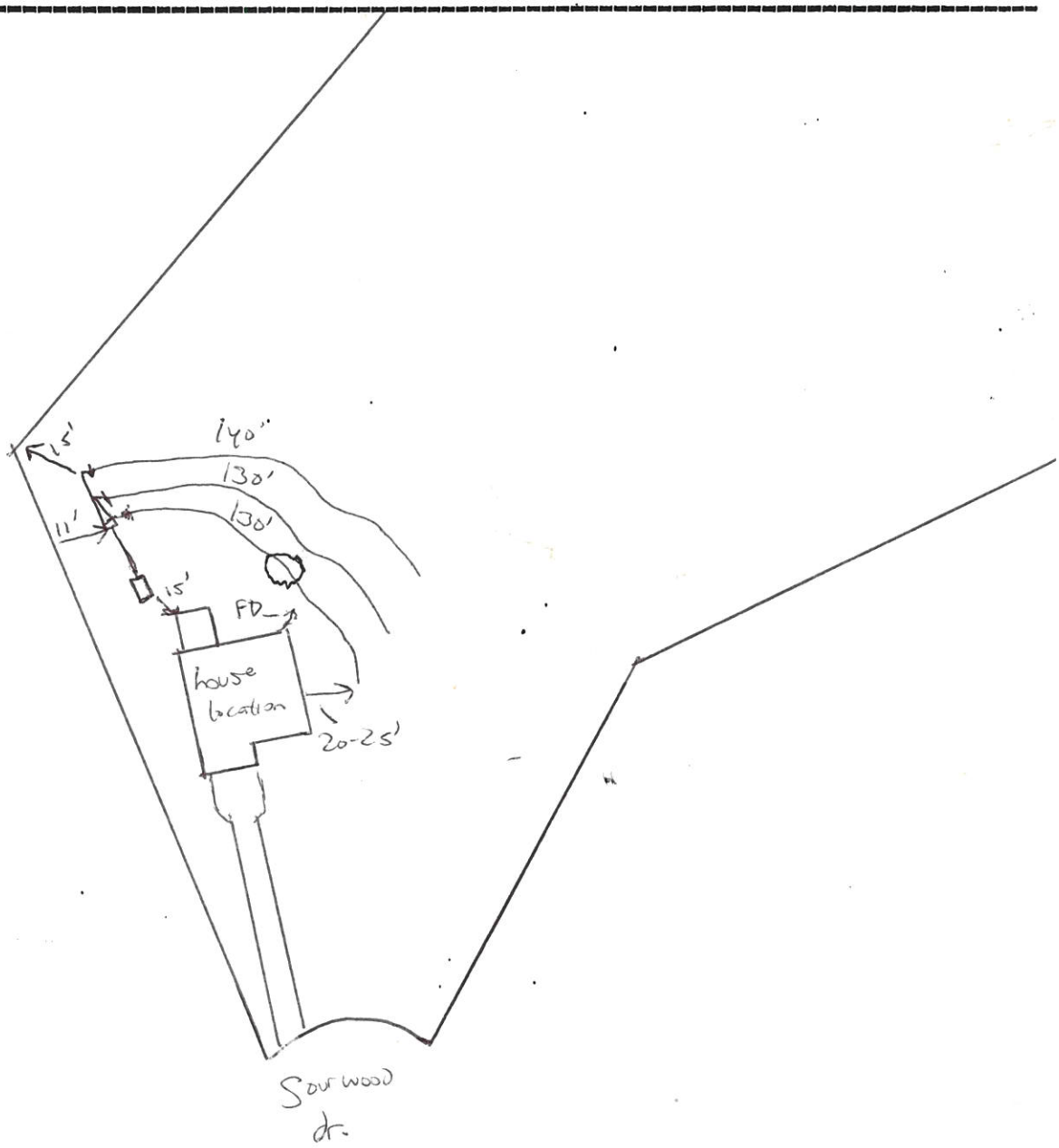
LGI homes | 1136 | New Forest III/102

Applicant's Name | **Permit No.** | **Subdivision/Lot Number**

Physical Address: 1321 Sourwood dr.

Blackley | [signature]

System Installer | **Authorized Signature**



Granville - Vance District Health Department
Environmental Health
Well Construction Permit

2577

Owner/Applicant: Wynn Construction Date: 7-2-18
Address or Location of Property: 1321 Sourwood Dr

Subdivision & Lot #: New Forest II / 102 Septic Permit #: 1136
Zoning Permit #: 20361 Environmental Health Specialist: AWC

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 attachment

Conditions:

Authorized Agent: Adam Cronin
Date: 7-2-18

 # 1 Well Grout: (Circle or write in)
Witnessed: (Yes) or No EHS Agent: Adam Cronin
Date: 10-29-18 Annular Space Open: (Yes) or No
Over reamed: (Yes) or No Depth Grouted: 207
Method: ____ Pump ✓ Poured ____ Pressure
Well Log received: Yes or (No) (EHS to Attach to Permit)
Driller Name: Southern Cert. # ____
Depth: 400 Casing Depth: 62 GPM: 20

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: Adam Cronin EHS
Date Completed: 1-4-19

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