* Pumping System

PERMIT NUMBER 06286

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Vance	TAX NO.	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
	SR. NO.	RESIDENCE ✓ BUSINESS — OTHER —	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS: 3	
OWNER: Tonya Ragland		WATER SUPPLY	WELL ✓ PUBLIC —	OTHER —	
APPLICANT'S ADDRESS:		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION Type III Pump to Conv.	REPAIR LPP	
PROPERTY ADDRESS/LOCATION: 664 Glebe Rd.		DESIGN FLOW:	360 gl/day		*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:	.25		
SUBDIVISION:		ABSORPTION AREA:	1,458 ft²		
LOT NUMBER:		TRENCH WIDTH:	3'		
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:	20"		
- Gulley must be properly filled prior to trench installation.		TRENCH SPACING:	9' centers		
		TOTAL TRENCH LENGTH:	486'		
		NUMBER OF TRENCHES:	10		
		GRAVEL DEPTH:	12"		**PERMIT VALID FOR: 5 YEARS** YES NO
		TANK SIZE:	1,000 g		
		PUMP TANK SIZE:	1,000 g		**NO EXPIRATION** YES NO
		DISTRIBUTION DEVICE:	Serial w/ Drop Boxes		

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IMPROVEMENT PERMIT DATE:

FOR: Tonya Ragland

ISSUED BY: Mac Shingleton, RS 3-26-09

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CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 06286

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: 3-26-09 Environmental Health Specialist: Mac Shingleton, RS

Construction Authorization Addendum ❑ Yes ❑ No

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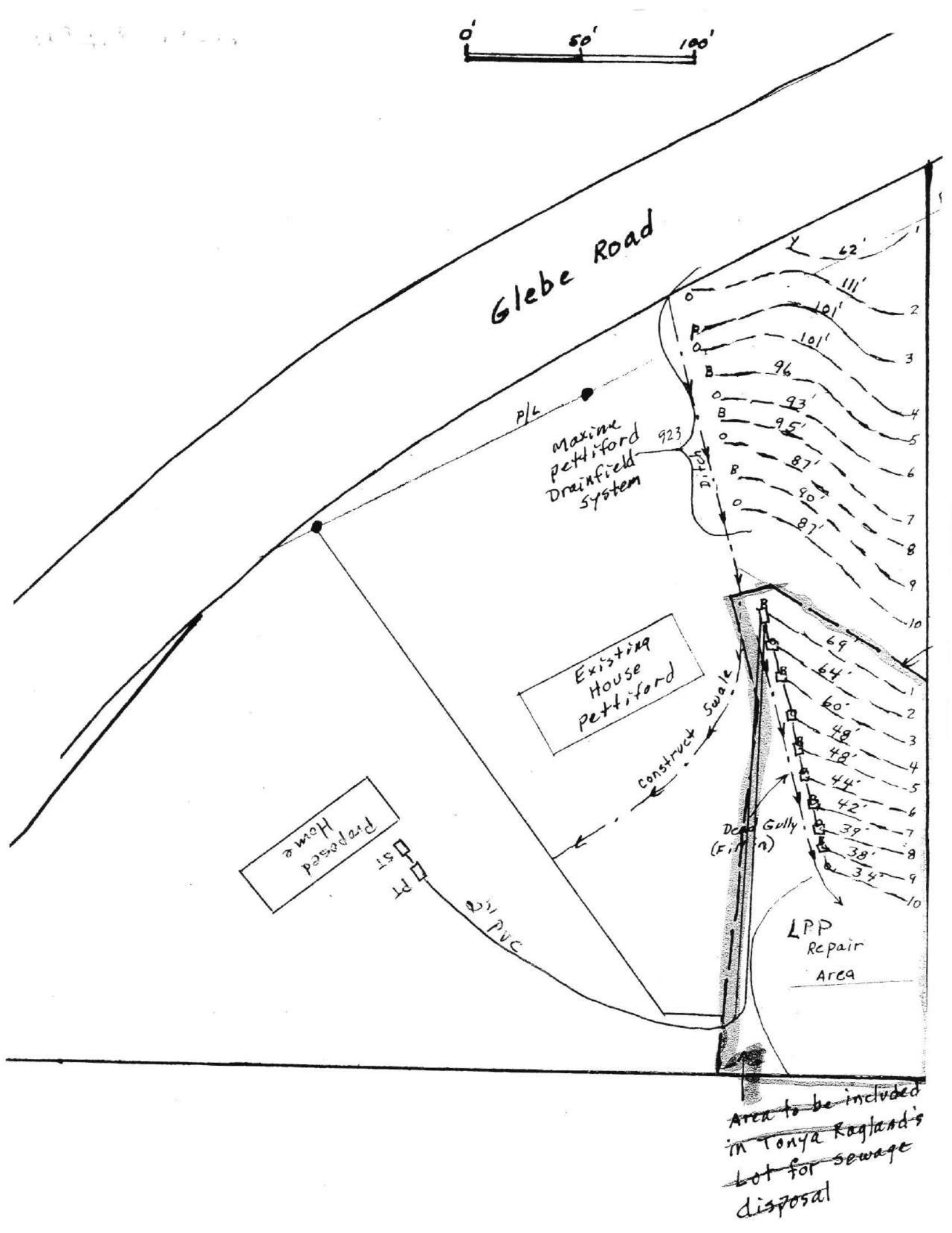
OPERATION PERMIT DATE:

SYSTEM INSTALLED BY: Adam Williams 4-2-09

ISSUED BY: Mac Shingleton, RS

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


0'
50'
100'
Glebe Road
P/L
Maxine Pettiford Drainfield System
923
Ditch
Existing House Pettiford
Construct Swale
Proposed Home
PT
ST
2" PVC
Dead Gully (Filled)
LPP Repair Area
42'
111'
101'
101'
96
93'
95'
87'
90'
87'
69
64'
60'
48'
48'
44'
42'
39'
38'
34'
Area to be included in Tonya Rayland's Lot for sewage disposal

OWNER Tonya Ragland PERMIT # 06286 DATE 4-2-09

CONTRACTOR Adam Williams WEATHER CONDITIONS _____

SOIL WETNESS _____

SEPTIC AND PUMP TANK INSPECTIONS

		INITIA	DATE
SEPTIC TANK			
Manufacturer	Ellis	MS	4-2-09
Date of Manufacture	10-18-08		
Stamp	STB-789		
Capacity	1000 g		
Tee	w/ filter		
Baffle	OK		
Sealant	OK		
PUMP TANK			
Manufacture	Ellis		
Date of Manufacture	2-6-09		
Stamp	PT-399		
Capacity	1,000 g		
Sealant	OK		
Manhole	OK		
Draw Down Test			

MECHANICAL INSPECTION

PUMP			
Manufacturer and Model #	Zoeller ½ hp		
Control Panel	American Eagle		
Alarm	OK		
Electrical Connection	OK		

NITRIFICATION/DISTRIBUTION AND DRAINFIELD INSPECTION

DISTRIBUTION BOX			
Level			
Equal Distribution			
Other			
DISTRIBUTION MANIFOLD			
Pipe Size			
Gate Valves			
Other			

OTHER DISTRIBUTION

Type Drop Boxes

NITRIFICATION LINES	LINE 1	LINE 2	LINE 3	LINE 4	LINE 5	LINE 6
Trench Width						
Trench Length						
Trench Grade						
Stone Depth						

COMMENTS:

00055

Granville - Vance District Health Department
Environmental Health
Well Construction Permit

Owner/Applicant: Tonya Ragland Date: 3-26-09
Address or Location of Property: Glebe Rd.

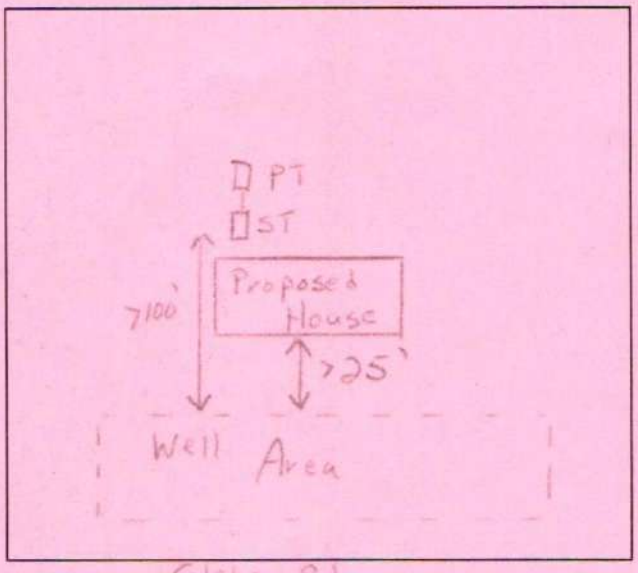
Subdivision & Lot #: _____ Septic Permit #: 06286
Zoning Permit #: _____ Environmental Health Specialist: MDS

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:



Conditions: _____

Authorized Agent: Mac Shingleton, RS
Date: 3-26-09

Well Grout: (Circle or write in)
Witnessed: (Yes) or No EHS Agent: MDS
Date: 4-2-09 Annular Space Open: (Yes) or No
Over reamed: (Yes) or No
Method: ____ Pump ✓ Poured ____ Pressure
Depth Grouted: 20 ft
Well Log received: (Yes) or No (EHS to Attach to Permit)

As Built Drawing:

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: _____

Well Completion Permit: _____, **EHS**
Date Completed: _____

Water Samples Taken: Date: _____
EHS: _____ **Results:** _____
Retest: _____ **Results:** _____

RESIDENTIAL WELL CONSTRUCTION RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION # 2423

1. WELL CONTRACTOR:
JAMES D. STEPHENSON, SR.
Well Contractor (Individual) Name
STEPHENSON'S WELL DRILLING, INC
Well Contractor Company Name
STREET ADDRESS 1158 CASH ROAD
CREEDMOOR NC 27522
City or Town State Zip Code
(919) 528-1679
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable)
DWQ or OTHER PERMIT #(if applicable) #00056
WELL USE (Check Applicable Box): Residential Water Supply ☑
DATE DRILLED 4-2-09
TIME COMPLETED 11 AM ☑ PM ☐

3. WELL LOCATION:
CITY: HENDERSON COUNTY VANCE
630 GLEBE Rd. 27537
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☑ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 36° 21.992
LONGITUDE 078° 28.900
May be in degrees, minutes, seconds or in a decimal format
Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

4. WELL OWNER
OWNER'S NAME OAKWOOD HOMES
STREET ADDRESS 2741 U.S. #1 - HWY 158
HENDERSON N.C. 27536
City or Town State Zip Code
(252) 492-5017
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 425'
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 40 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS / FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm): / METHOD OF TEST GAUGE

f. DISINFECTION: Type HTH Amount 1/2 Lbs.
g. WATER ZONES (depth):
From 180 To 180 From To
From To From To
From To From To

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From 0	To 67	Ft.	6 5/8	SDR 21	PVC
From 67	To 70	Ft.	6 5/4	.188	GALV.
From	To	Ft.			

7. GROUT:

	Depth		Material	Method
From 0	To 20	Ft.	Concrete	POUR
From	To	Ft.		
From	To	Ft.		

8. SCREEN:

	Depth		Diameter	Slot Size	Material
From N/A	To	Ft.	in.	in.	
From	To	Ft.	in.	in.	
From	To	Ft.	in.	in.	

9. SAND/GRAVEL PACK:

	Depth		Size	Material
From N/A	To	Ft.		
From	To	Ft.		
From	To	Ft.		

10. DRILLING LOG

From	To	Formation Description
0'	1'	TOP SOIL
1'	64'	BROWN SOIL
64'	425'	ROCK

11. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

James D. Stephenson Sr. 4-2-09
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

JAMES D. STEPHENSON, SR.
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.

Form GW-1a
Rev. 7/05