lot 30 Blockley

PERMIT NUMBER 8750

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville	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: 4	NUMBER OF OCCUPANTS: 8 MAX
APPLICANT: WYNN CONST.		WATER SUPPLY: Private	WELL ✓ PUBLIC —	OTHER —
APPLICANT'S NAME & ADDRESS: 2550 CAPITOL DRIVE Creedmoor, NC 27522		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	REPAIR
PROPERTY ADDRESS/LOCATION: BUTTERFLY CIRCLE		DESIGN FLOW:	480 GPD	SAME
		LTAR:	.3 GPD/FT²	
SUBDIVISION: CHESLEIGH		ABSORPTION AREA:	1,600 FT²	
LOT NUMBER: 127		TRENCH WIDTH:	3'	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:	19"	*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.
* STAY 10' OFF PROPERTY LINE WITH TANKS & DRAINLINES		TRENCH SPACING:	9' O.C.	
		TOTAL TRENCH LENGTH:	400' ACCEPTED	
* STAY 5' OFF WITH SUPPLY LINE		NUMBER OF TRENCHES:	4	
* 5' OFF HOUSE W/ DRAINFIELD		GRAVEL DEPTH:	ACCEPTED	PERMIT VALID FOR: 5 YEARS YES NO
		TANK SIZE:	1000 GALLON	
		PUMP TANK SIZE:	~~1000 GALLON~~	
		DISTRIBUTION DEVICE:	~~PRESSURE~~ MANIFOLD	NO EXPIRATION YES NO

****

IMPROVEMENT PERMIT DATE: 8/17/16

FOR: WYNN CONST.

ISSUED BY: [signature]

****

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 8750

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: CONTRACTOR MUST ESTABLISH IT FROM CONTACT

Date: 8/17/16 Environmental Health Specialist: [signature]

Construction Authorization Addendum ❑ Yes ❑ No

****

OPERATION PERMIT DATE: 11/14/16

SYSTEM INSTALLED BY: [signature]

ISSUED BY: [signature] REHS

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

Granville - Vance District Health Department
Environmental Health
Well Construction Permit

1917

Owner/Applicant: WYNN CONST. Date: 8/17/16
Address or Location of Property: BUTTERFLY CIRCLE

Subdivision & Lot #: CREEDMOOR #127 Septic Permit #: [redacted] 8750
Zoning Permit #: 19457 Environmental Health Specialist: Julie Ballew

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:

Ste
ATTACHED!

Conditions: MAINTAIN SETBACKS

Authorized Agent: Julie Ballew
Date: 8/17/16

 # 1 Well Grout: (Circle or write in)
Witnessed: (Yes) or No EHS Agent: Adam Cuevas
Date: 1-18-17 Annular Space Open: (Yes) or No
Over reamed: Yes or No Depth Grouted: 20'
Method: ____ Pump (V) Poured ____ Pressure
Well Log received: Yes or (No) (EHS to Attach to Permit)
Driller Name: Southern Cert. # ____
Depth: 300' Casing Depth: 82 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: ____

 # 3 Well Completion Permit: Julie Ballew **EHS**
Date Completed: 2-6-17

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

SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

SEPTIC AND PUMP TANK INSPECTION

SEPTIC TANK		INITIAL	DATE
Manufacturer	Elks		
Date of Manufacture	8/29/16		
Stamp	STB 789		
Capacity	1000		
Tee	✓		
Baffle	✓		
Sealant	✓		
AIR GAP ✓, FILTER ✓, RISER			

PUMP TANK			
Manufacture			
Date of Manufacture			
Stamp			
Capacity			
Sealant			
Manhole			
RISER, SEALANT			

MECHANICAL INSPECTION

PUMP			
Manufacturer and Model #			
Control Panel			
Alarm			
Electrical Connection			
SEALANT AROUND CONDUIT			

NITRIFICATION/DISTRIBUTION AND DRAINFIELD INSPECTION

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

OTHER DISTRIBUTION	
Type	

NITRIFICATION LINES	LINE 1	LINE 2	LINE 3	LINE 4	LINE 5	LINE 6
Trench Width	3	3	3			
Trench Length	133	133	133			
Trench Grade	✓	✓	✓			
Stone Depth	accept polystyrene					

WELL INSPECTION

LOCATION OF WELL

COMMENTS:

Granville – Vance District Health Department
Environmental Health

Final Sketch

Pin_____

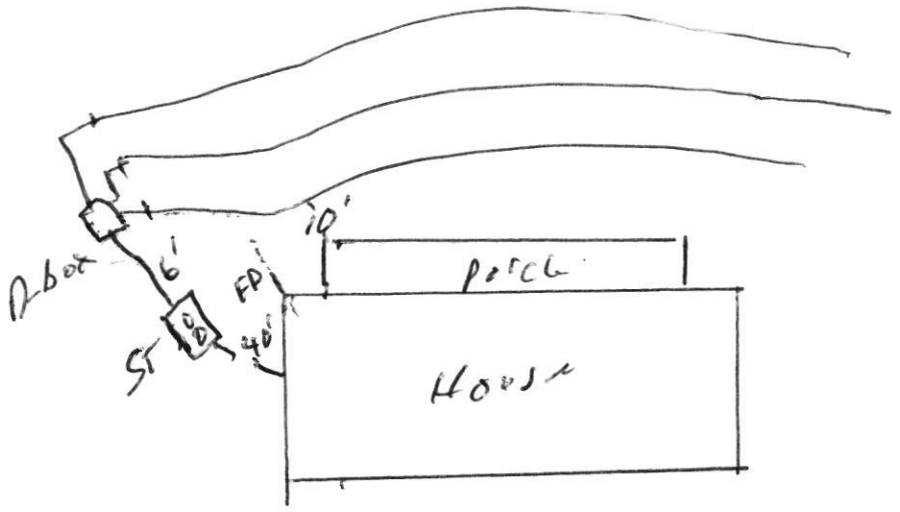
____Improvement Permit ____Construction Authorization

Wynn Coats Permit No. 8750 Chesleigh 127
Applicant's Name Subdivision – Section – Lot

Physical Address: _____

Blackley Bros 11/14/2016
System Installer Date

System design and details as installed.



Butterfly

Walter T. Vaughn REHS 11/14/16
Authorized Signature Date

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3104

1. WELL CONTRACTOR:
Van Elliott
Well Contractor (Individual) Name
SOUTHERN WELL DRILLING
Well Contractor Company Name
STREET ADDRESS 1530 Beaver Dam Road
Creedmoor NC 27522
City or Town State Zip Code
(919) 603-7165
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable) 1917
STATE WELL PERMIT#(if applicable)
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☐
DATE DRILLED 1-17-17
TIME COMPLETED AM ☐ PM ☐

3. WELL LOCATION:
CITY: Creedmoor COUNTY Granville
Cheshigh Lot 127
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☒ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 3 __ __
LONGITUDE __ __ __
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 Wynn Const
STREET ADDRESS
Creedmoor
City or Town State Zip Code
( ) -
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 300
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒
c. WATER LEVEL Below Top of Casing: 20 FT.
(Use "+" If Above Top of Casing)
d. TOP OF CASING IS +1 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): 5 METHOD OF TEST Air

f. DISINFECTION: Type Amount
g. WATER ZONES (depth):
From 140 To From To
From To From To
From To From To

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From +1	To 82	Ft.	6		PVC
From	To	Ft.			
From	To	Ft.			

7. GROUT:

	Depth		Material	Method
From 0	To 20	Ft.	Bentonite	Poured
From	To	Ft.		
From	To	Ft.		

8. SCREEN:

	Depth		Diameter	Slot Size	Material
From	To	Ft.	in.	in.	
From	To	Ft.	in.	in.	
From	To	Ft.	in.	in.	

9. SAND/GRAVEL PACK:

	Depth		Size	Material
From	To	Ft.		
From	To	Ft.		
From	To	Ft.		

10. DRILLING LOG

From	To	Formation Description

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.

SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Barry Norwood
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