

Granville - Vance District Health Department

Environmental Health

Well Construction Permit

2207

Owner/Applicant: Calvin L. PerissinDate: 4/15/19Address or Location of Property: 475 Stone Meadow Rd

Subdivision & Lot #: _____

Septic Permit #: 3563

Zoning Permit #: _____

Environmental Health Specialist: PTC

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)

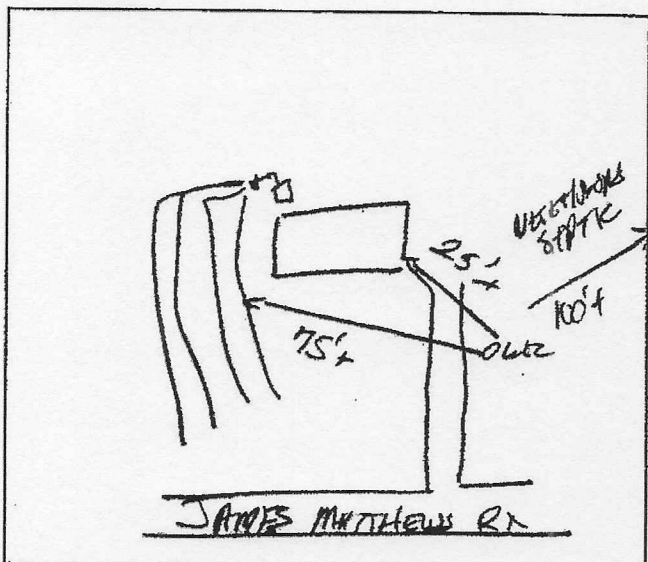
Setback from property lines - 10 ft

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: 75' from any septic including
neighbors 25' from building perimeter

Authorized Agent: [Signature]Date: 4/15/19

1 Well Grout: (Circle or write in)

Witnessed: Yes or No EHS Agent: Ch. HallDate: 9/10/19 Annular Space Open: Yes or NoOver reamed: Yes or No Depth Grouted: 20'+Method: Pump ☒ Poured ☐ PressureWell Log received: Yes or No (EHS to Attach to Permit)Driller Name: Tony Bell Cert. # 2476Depth: 120' Casing Depth: 45'+ GPM: 20'

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: [Signature]

EHS

Date Completed: 2/3/2020# 4 Water Samples Taken: Date: 2/3/2020EHS: [Signature] Results: _____

Retest: _____ Results: _____

As Built Drawing:

Ready for
Final & Samples

1-24-2020

PERMIT NUMBER 3565

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS

COUNTY:	TAX NO.	TYPE OF ESTABLISHMENT			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
VANCE	SR. NO.	RESIDENCE ☒	NUMBER OF BEDROOMS:	NUMBER OF OCCUPANTS:	
OWNER: Calvin L. Grissom Jr. William Mathias		BUSINESS ☐	408	2	
		OTHER ☐			
APPLICANT: JANE		WATER SUPPLY			*THE IMPROVEMENTS PERMIT MUST BE ATTACHED TO A CONSTRUCTION AUTHORIZATION BEFORE OBTAINING BUILDING PERMIT OR OTHER CONSTRUCTION PERMITS AND BEFORE A WASTEWATER SYSTEM IS INSTALLED.
APPLICANT'S ADDRESS:		PUBLIC ☐	WELL ☒	OTHER ☐	
PROPERTY ADDRESS/LOCATION:		TYPE OF WASTEWATER SYSTEM			
475 JANE MATHIAS RD. 0301-0007		DESCRIPTION	INITIAL INSTALLATION	REPAIR	
SUBDIVISION:		DESIGN FLOW:	480 ⁸² 360		
LOT NUMBER: 2		LTAR:	0.3 ⁸²		
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		ABSORPTION AREA:	1600 FT ² 1200 FT²		
		TRENCH WIDTH:	3'		
		TRENCH SPACING:	7' on center		
		TOTAL TRENCH LENGTH:	534' ⁸² 422		
		NUMBER OF TRENCHES:	3-4		
		GRAVEL DEPTH:	12"		
		TANK SIZE:	1000 GAL		
JANE MATHIAS RD.		CONDITIONS:	36" Dia. 30' L		*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.
IMPROVEMENT PERMIT			DATE:		
FOR: WILLIAM MATHIAS			4-11-03		
ISSUED BY: Paul L. Dan					
OPERATION PERMIT			DATE:		
SYSTEM INSTALLED BY: PAUL CARRINGTON			4-22-03		
ISSUED BY: Paul L. Dan					