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Handwritten notes at the bottom left, including the date "10-10-78" and other illegible text.

Handwritten notes at the bottom center, including the word "Target" and other illegible text.

Handwritten notes at the bottom right, including the word "Target" and other illegible text.

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Granville - Vance District Health Department
Environmental Health

Pin 1824002/237

Permit Number 7609

☒ Improvement Permit

☒ Construction Authorization

Final Sketch

Wynn Construction
Applicants Name

Chesleigh - 10r 84
Subdivision - Section - Lot

Physical Address: Bluebell Lane

Stackley
System Installer

10-4-13
Date

System design and details as installed.

Septic Tank Information:

Date: 5-25-13
Manufacture: Ellis-1200
ID #: STB-828

Pump Tank Information:

Date: /
Manufacturer: /
ID #: /

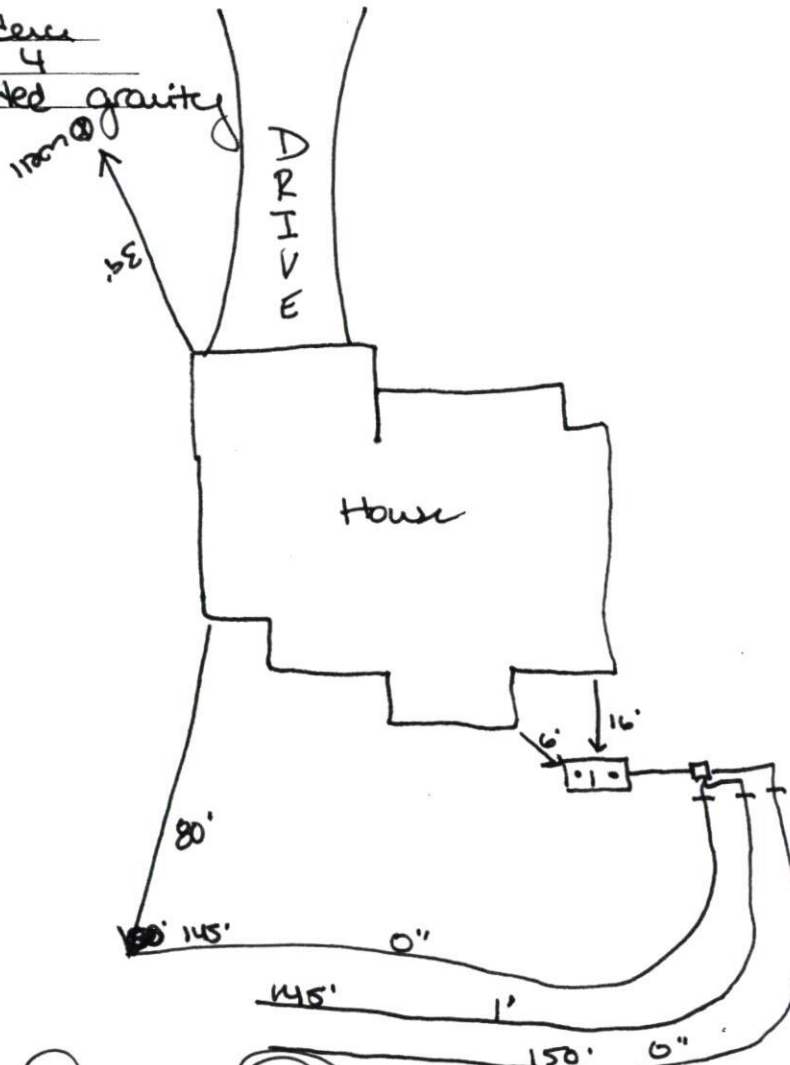
Distribution Box ☒

Pressure Manifold
Serial Distribution

Type of Facility: Residence

Number of Bedrooms: 4

Type of System: Accepted gravity



DAVID CUMBER CC
Authorized Signature

10-4-13

Date

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Granville - Vance District Health Department

01088

Environmental Health

Well Construction Permit

Owner/Applicant: Wynn Const. Date: 8/1/13
 Address or Location of Property: Bluebell Ln
 Subdivision & Lot #: Chesleigh 84 Septic Permit #: 1609
 Zoning Permit #: 17879 Environmental Health Specialist: David Cullen

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: Call 919-693-2688
w/ questions

Authorized Agent: David Cullen
 Date: 8/1/13

1 Well Grout: (Circle or write in)

Witnessed: Yes or No EHS Agent: Champion
 Date: 10-8-13 Annular Space Open: Yes or No
 Over reamed: Yes or No Depth Grouted:
 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: 8

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:

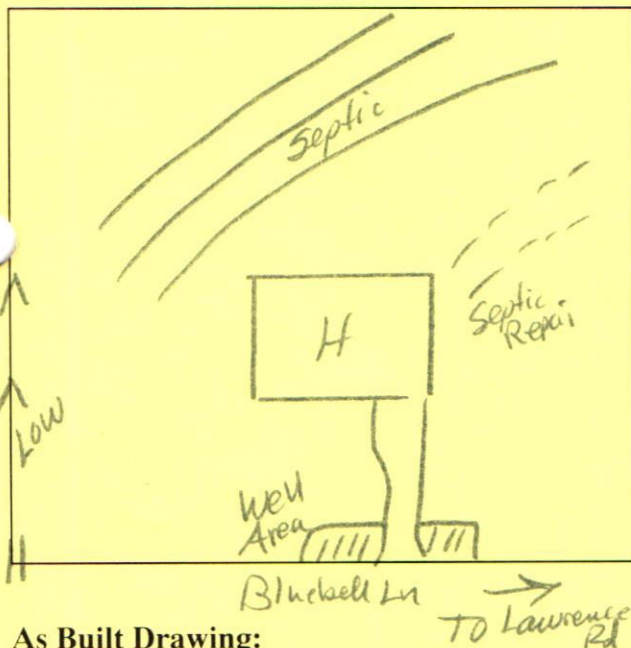
Well log-

3 Well Completion Permit: David Cullen EHS

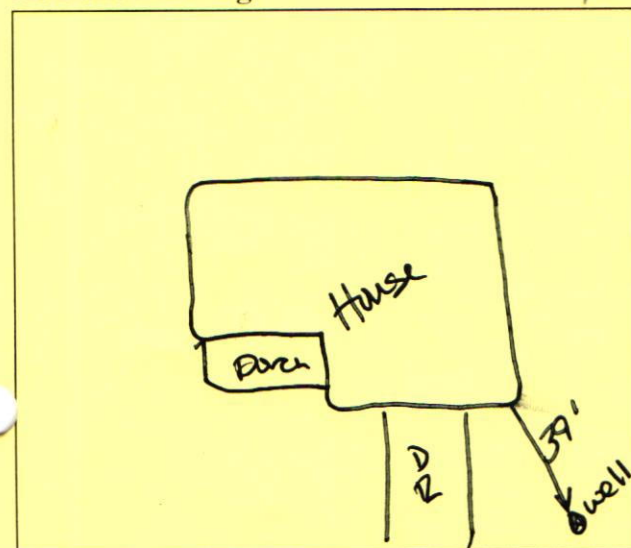
Date Completed: 11-25-13

4 Water Samples Taken: Date: 11-25-13

EHS: DC Results:
 Retest: Results:



As Built Drawing:



11:30

PERMIT NUMBER 07609

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS

Zoning #
17879

COUNTY:	TAX NO.	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
OWNER:	SR. NO.	RESIDENCE ☒	NUMBER OF BEDROOMS:	NUMBER OF OCCUPANTS:	
		BUSINESS ☐	4	8 max	
APPLICANT'S ADDRESS:		OTHER ☐	WELL PUBLIC ☒	OTHER ☐	
PROPERTY ADDRESS/LOCATION:		WATER SUPPLY	WELL	OTHER	*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.
SUBDIVISION:		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	REPAIR	
LOT NUMBER:		DESIGN FLOW:	14 pc III g	Type III b, g	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		LTAR:	275 gal / hr ²		
- Call for pre-installation lay-out conference - Keep 36" trench depth on high side - stay +50' from stream		ABSORPTION AREA:	1745 ft ²		
		TRENCH WIDTH:	3'		
		TRENCH DEPTH:	36" (high side)		
		TRENCH SPACING:	9' o.c.		
		TOTAL TRENCH LENGTH:	440'		
		NUMBER OF TRENCHES:	4		
		GRAVEL DEPTH:	Accepted Status		
	TANK SIZE:	1200 gal			PERMIT VALID FOR: 5 YEARS YES ☒ NO ☐
	PUMP TANK SIZE:				NO EXPIRATION YES ☐ NO ☒
	DISTRIBUTION DEVICE:	Distribution Box			

IMPROVEMENT PERMIT

DATE:

FOR:

ISSUED BY:

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT#

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: 8/1/13 Environmental Health Specialist: David CumberConstruction Authorization Addendum ☐ Yes ☒ No

OPERATION PERMIT

DATE:

SYSTEM INSTALLED BY:

ISSUED BY:

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