Mike Blevins 3:00

PERMIT NUMBER 07673

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

Zoning # 18810

COUNTY: Granville	TAX NO. 182500871010 / SR. NO.	TYPE OF ESTABLISHMENTS		
OWNER: Sumner Construction		RESIDENCE ✓ BUSINESS — OTHER —	NUMBER OF BEDROOMS: 4	NUMBER OF OCCUPANTS: 8 max
APPLICANT'S ADDRESS: P.O. Box 1011 Youngsville 27596		WATER SUPPLY	WELL ✓ PUBLIC —	OTHER —
PROPERTY ADDRESS/LOCATION: River Run Ct.		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION Type III a	REPAIR (Pump) Type III b,g
SUBDIVISION: Ironwood		DESIGN FLOW:	480 gpd	
LOT NUMBER: 24		LTAR:	.3 gpd/ft²	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		ABSORPTION AREA:	1600 ft²	
- Dig trenches level, on contour, and in dry conditions		TRENCH WIDTH:	3'	
		TRENCH DEPTH:	24"	
		TRENCH SPACING:	9' O.C.	
- Contours on sketch are estimated by Health Dept.		TOTAL TRENCH LENGTH:	400'	
		NUMBER OF TRENCHES:	5	
		GRAVEL DEPTH:	Accepted Status	
		TANK SIZE:	1200 gal	
		PUMP TANK SIZE:		
		DISTRIBUTION DEVICE:	Distribution 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 USES CHANGE FROM THOSE SHOWN ON THE IMPROVEMENT PERMIT. CHANGES SHALL REQUIRE HEALTH DEPARTMENT APPROVAL.

PERMIT VALID FOR: 5 YEARS YES (NO)

NO EXPIRATION YES (NO)

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IMPROVEMENT PERMIT DATE: 10-31-13

FOR: Sumner Construction

ISSUED BY: David Chambee

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CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 7673

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: Call 919-693-2655

Date: 10-31-13 Environmental Health Specialist: David Chambee

Construction Authorization Addendum ☐ Yes ☐ No

****

OPERATION PERMIT DATE: 4-4-14

SYSTEM INSTALLED BY: Sumner

ISSUED BY: [signature]

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

Granville-Vance District Health Department
Environmental Health

Pin 1825008787 07

Permit Number 7673

✓ Improvement Permit

✓ Construction Authorization

Site Sketch

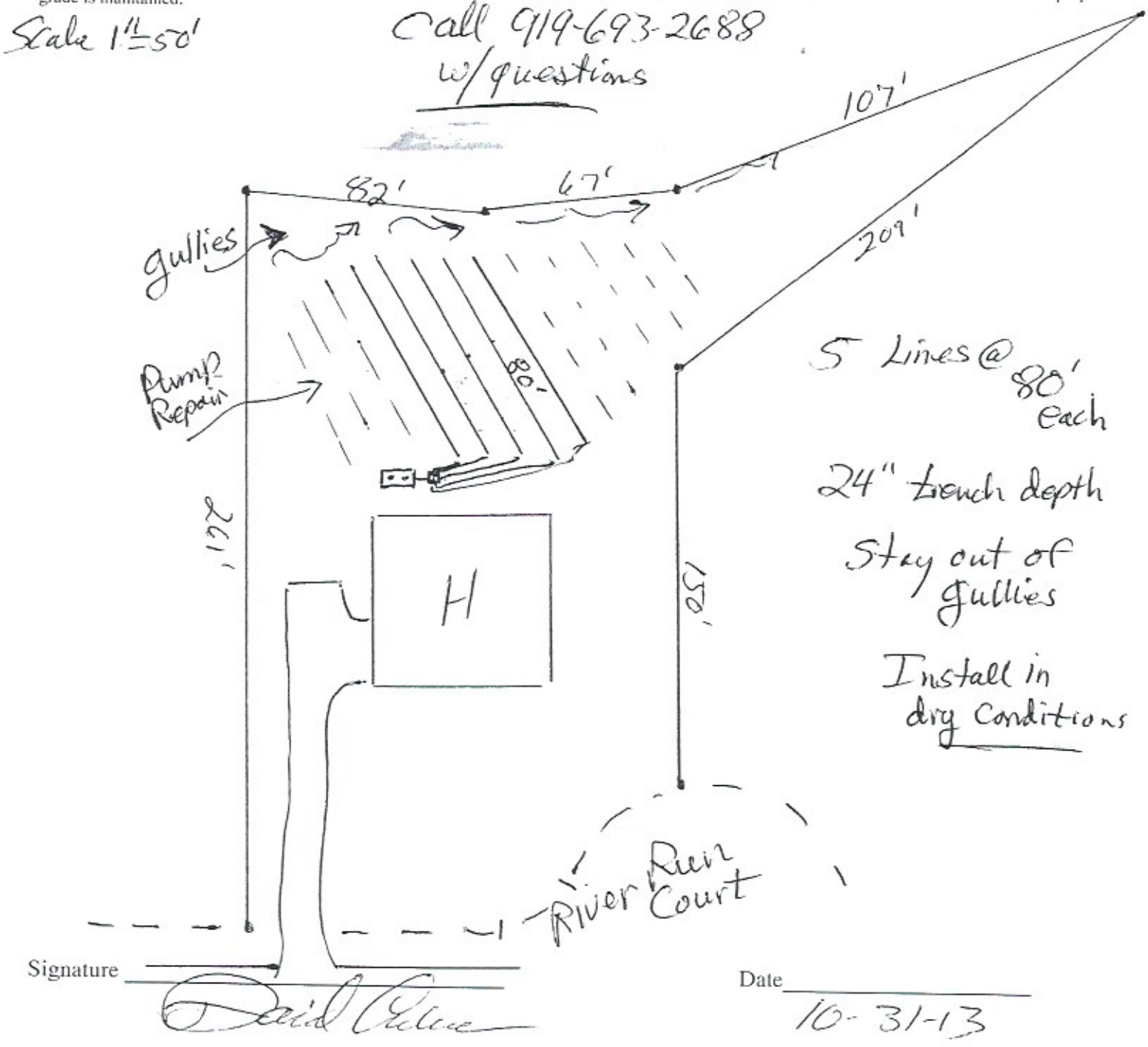
Summer Construction
Applicants Name

Ironwood 24
Subdivision – Section – Lot

David Culbreth
Authorized State Agent

10-31-13
Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to insure that proper grade is maintained.



Signature David Culbreth

Date 10-31-13

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Granville - Vance District Health Department
Environmental Health
Well Construction Permit

Owner/Applicant: Sumner Cepsti. Date: 10-31-13
Address or Location of Property: River Run Court

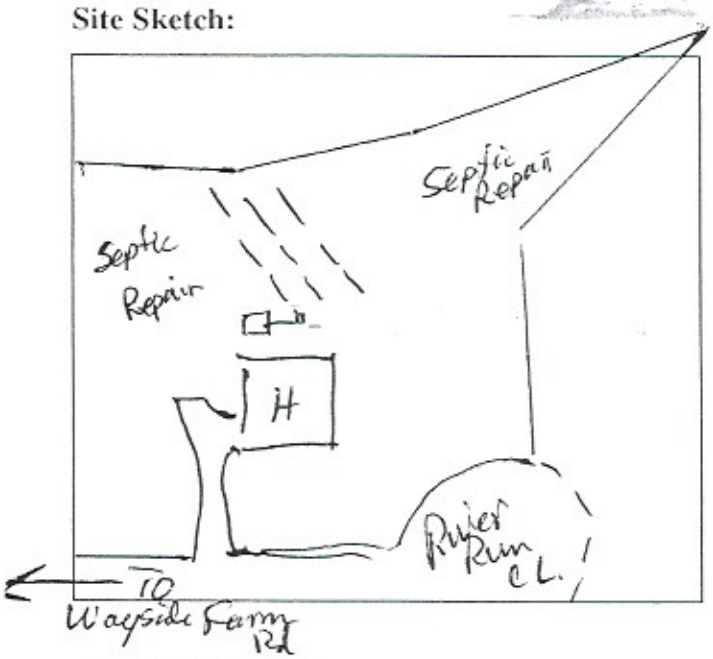
Subdivision & Lot #: Ironwood Lot 24 Septic Permit #: 7673
Zoning Permit #: 18010 Environmental Health Specialist: David Carlton

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:



As Built Drawing:

Conditions: Call 919-693-2688

Authorized Agent: David Carlton
Date: 10-31-13

 # 1 Well Grout: (Circle or write in)
Witnessed: Yes or No EHS Agent: _____
Date: _____ 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: _____ Cert. # _____
Depth: _____ Casing Depth: _____ GPM: _____

 # 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: _____ **EHS**
Date Completed: _____

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