

PERMIT NUMBER 2131

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS

COUNTY: <u>Granville</u>	TAX NO.	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
APPLICANT'S NAME & ADDRESS <u>Haven Homes LLC</u> <u>1116 Hawk Hollow Ln.</u> <u>Wake Forest, NC 27587</u>	LOT SIZE	RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: <u>4</u>	NUMBER OF OCCUPANTS: <u>6 (max)</u>	
PROPERTY ADDRESS/LOCATION: <u>3603 Carole Ct.</u>		WATER SUPPLY WELL ☐ PUBLIC ☐	INITIAL INSTALLATION	REPAIR	
SUBDIVISION: <u>Preserve</u>		TYPE OF WASTEWATER SYSTEM	<u>Accepted</u>	<u>Accepted</u>	*THIS IMPROVEMENT PERMIT IS SUBJECT TO REVOCATION IF THE INTENDED USE CHANGES FROM THOSE SHOWN ON THE IMPROVEMENT PERMIT. CHANGES SHALL REQUIRE HEALTH DEPARTMENT APPROVAL.
LOT NUMBER: <u>195</u>		DESIGN FLOW:	<u>400 gpd</u>	<u>400 gpd</u>	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		LTAR:	<u>0.34 gpd/ft²</u>	<u>0.20 gpd/ft²</u>	
		ABSORPTION AREA:	<u>12,000 ft²</u>	<u>1,354 ft²</u>	PERMIT VALID FOR: 5 YEARS <u>YES</u> NO
		TRENCH WIDTH	<u>3'</u>	<u>3'</u>	
		TRENCH DEPTH:	<u>18-20'</u>	<u>16-18' (max)</u> <u>11' (min)</u>	
		TRENCH SPACING:	<u>9' o.c.</u>	<u>9' o.c.</u>	NO EXPIRATION YES <u>NO</u>
		TOTAL TRENCH LENGTH:	<u>400'</u>	<u>460'</u>	
		NUMBER OF TRENCHES:	<u>1 (seal)</u>	<u>6</u>	
		GRAVEL / <u>ACCEPTED</u>	<u>Accepted</u>	<u>Accepted</u>	
		TANK SIZE:	<u>1000 gallon</u>	<u>1000 gallon</u>	
		PUMP TANK SIZE:	<u>1000 gallon</u>	<u>1000 gallon</u>	
		DISTRIBUTION DEVICE:	<u>8 1/2" B.O.X</u>	<u>Pressure</u> <u>manifold</u>	

IMPROVEMENT PERMIT

DATE: 12/3/19FOR: Haven Homes LLCISSUED BY: [Signature]CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 2131

Unless otherwise indicated, the same conditions above apply regarding system type, layout, location and installation requirement.

(The wastewater system cannot be installed until authorization is signed)

Comments:

Date: 4/6/20Environmental Health Specialist: [Signature]Construction Authorization Addendum ☒ Yes ☐ No

OPERATION PERMIT

DATE: Tank & Lines (4-7-2020) AWC
PP (6-24-20) WTBSYSTEM INSTALLED BY: Glenn ToddISSUED BY: [Signature]PERFORMANCE, MONITORING, MAINTENANCE AND OPERATION
AS REQUIRED BY RULE .1961

Granville - Vance District Health Department
Environmental Health
Well Construction Permit

3092

Owner/Applicant: Haven Homes LLCDate: 12/3/19Address or Location of Property: 3603 Carole Ct.Subdivision & Lot #: Preserve lot # 195Septic Permit #: 7131Zoning Permit #: 71436Environmental Health Specialist: T. Bailey

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:

- See attached

o must meet driller on-site

prior to installing well (to show

well location/placement must be
in correct spot)

Conditions: off any part of septic (including
neighboring lots)

o 40' off property line to get 50' setback off of lot 193proposed initial / repair area (see attached)o 50' from all bodies of water (streams / local system)o maintain all setbacks**Authorized Agent:** T. BaileyDate: 12/3/19**# 1 Well Grout: (Circle or write in)**Witnessed: (Yes) or No EHS Agent: T. BaileyDate: 4/22/20 Annular Space Open: (Yes) or NoOver reamed: (Yes) or No Depth Grouted: 20+Method: Pump ✓ Poured Pressure

Well Log received: Yes or No (EHS to Attach to Permit)

Driller Name: Southern Cert. # 41105Depth: 500 Casing Depth: 92 GPM: 1.5**# 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: T. Bailey EHSDate Completed: 1/24/20**# 4 Water Samples Taken: Date:** 6/24/20EHS: WTS

Results: _____

Retest: _____

Results: _____

As Built Drawing: