PERMIT NUMBER 1409

# GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
## IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville

TAX NO.

LOT SIZE

APPLICANT'S NAME & ADDRESS: Clayton Homes (Petway)

PROPERTY ADDRESS/LOCATION: 4033 Salem Rd

SUBDIVISION:

LOT NUMBER:

REFERENCE SKETCH (SEE PLAT FOR DETAILS)

* Risers on tank
* House should sit 50' off left property line.

TYPE OF ESTABLISHMENTS: RESIDENCE ✓ BUSINESS ___ OTHER ___

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 6 MAX

WATER SUPPLY: WELL ☑ PUBLIC ☐

| | INITIAL INSTALLATION | REPAIR |
|---|---|---|
| TYPE OF WASTEWATER SYSTEM | III g | III g/bg |
| DESIGN FLOW: | 3[illegible] gpd | |
| LTAR: | .25 gpd/ft² | |
| ABSORPTION AREA: | 1,080 ft² | |
| TRENCH WIDTH | 36" | |
| TRENCH DEPTH: | 18" | |
| TRENCH SPACING: | 9' o.c. | |
| TOTAL TRENCH LENGTH: | 360' | |
| NUMBER OF TRENCHES: | 3 | |
| GRAVEL / ACCEPTED: | Accepted | |
| TANK SIZE: | 1000 gal | |
| PUMP TANK SIZE: | N/A | |
| DISTRIBUTION DEVICE: | D-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 USE CHANGES FROM THOSE SHOWN ON THE IMPROVEMENT PERMIT. CHANGES SHALL REQUIRE HEALTH DEPARTMENT APPROVAL.

PERMIT VALID FOR: 5 YEARS (YES) NO

NO EXPIRATION YES (NO)

**********

IMPROVEMENT PERMIT DATE: 7-5-19

FOR: Clayton Homes

ISSUED BY: Adam Cronin

**********

**CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 1409**

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: 7-5-19 Environmental Health Specialist: Adam Cronin

Construction Authorization Addendum ☑ Yes ☐ No

OPERATION PERMIT DATE: 4-23-2021

SYSTEM INSTALLED BY: Ricke Kegly

ISSUED BY: Adam Cronin

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

**Granville - Vance District Health Department**
**Environmental Health**
**Well Construction Permit**

3002

Owner/Applicant: Clayton Homes Date: 7-5-19
Address or Location of Property: 4033 Salem Rd

Subdivision & Lot #: _____ Septic Permit #: 1409
Zoning Permit #: Z1179 Environmental Health Specialist: AWC

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:**

See attachment

**As Built Drawing:**

**Conditions:** _____

**Authorized Agent:** Adam Green
**Date:** _____

**# 1 Well Grout: (Circle or write in)**
Witnessed: (Yes) or No EHS Agent: Chi Hall
Date: 5/3/21 Annular Space Open: (Yes) or No
Over 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 Well Cert. # ____
Depth: 240 Casing Depth: 63 GPM: 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:** _____ **EHS**
**Date Completed:** 5-6-21

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

## SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

### SEPTIC AND PUMP TANK INSPECTION

| SEPTIC TANK | | INITIAL | DATE |
|---|---|---|---|
| Manufacturer | Ellis | awc | 4-23-2021 |
| Date of Manufacture | 2-15-2021 | | |
| Stamp | STB-789 | | |
| Capacity | 1000 | | |
| Tee | ✓ Gray Polylock Filter (Zabel A1800) | | |
| Baffle | ✓ | | |
| Sealant | ✓ | | |
| AIR GAP | ✓, FILTER —, RISER 6" | | |

| 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 | ✓No Speed leveler | awc | awc |
| Equal Distribution | | | |
| Other | Serial | | |
| DISTRIBUTION MANIFOLD | | | |
| Pipe Size | | | |
| Gate Valves | | | |
| Other | | | |

| OTHER DISTRIBUTION | |
|---|---|
| Type | Serial |

| NITRIFICATION LINES | LINE 1 | LINE 2 | LINE 3 | LINE 4 | LINE 5 | LINE 6 |
|---|---|---|---|---|---|---|
| Trench Width | 3' | 3' | 3' | 3' | | |
| Trench Length | 70' | 90' | 100' | 100' | | |
| Trench Grade | ✓ | ✓ | ✓ | ✓ | | |
| ~~Stone~~ Depth | - | - | - | - | | |

EZ-Flow

### WELL INSPECTION

| | | | |
|---|---|---|---|
| LOCATION OF WELL | N-G-EZ1203H-GEO | | |

COMMENTS:

**Granville – Vance District Health Department**
**Environmental Health**

Pin _____ Permit Number 1409

## Final Sketch

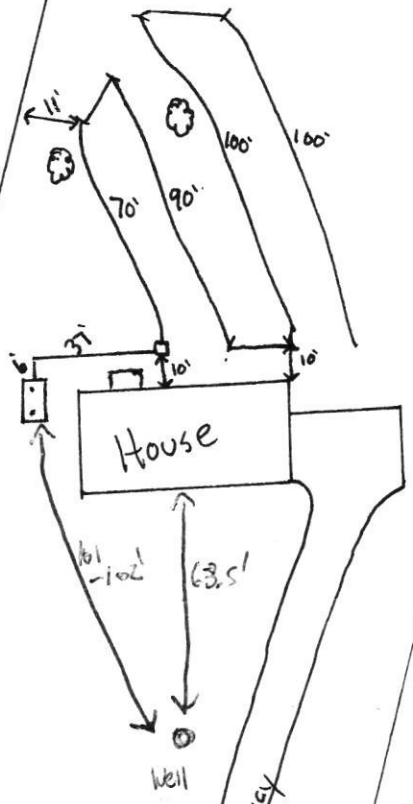
Clayton Homes (now Oakwood)
**Applicants Name**

_____
**Subdivision – Section – Lot**

**Physical Address:** 4033 Salem Road **Number of Bedrooms** 3

Rick Kegly
**System Installer**

4-23-2021
**Date**




Salem Road

Authorized Signature

4-23-2021
**Date**