Granville – Vance District Health Department
Environmental Health

Final Sketch

Pin_____

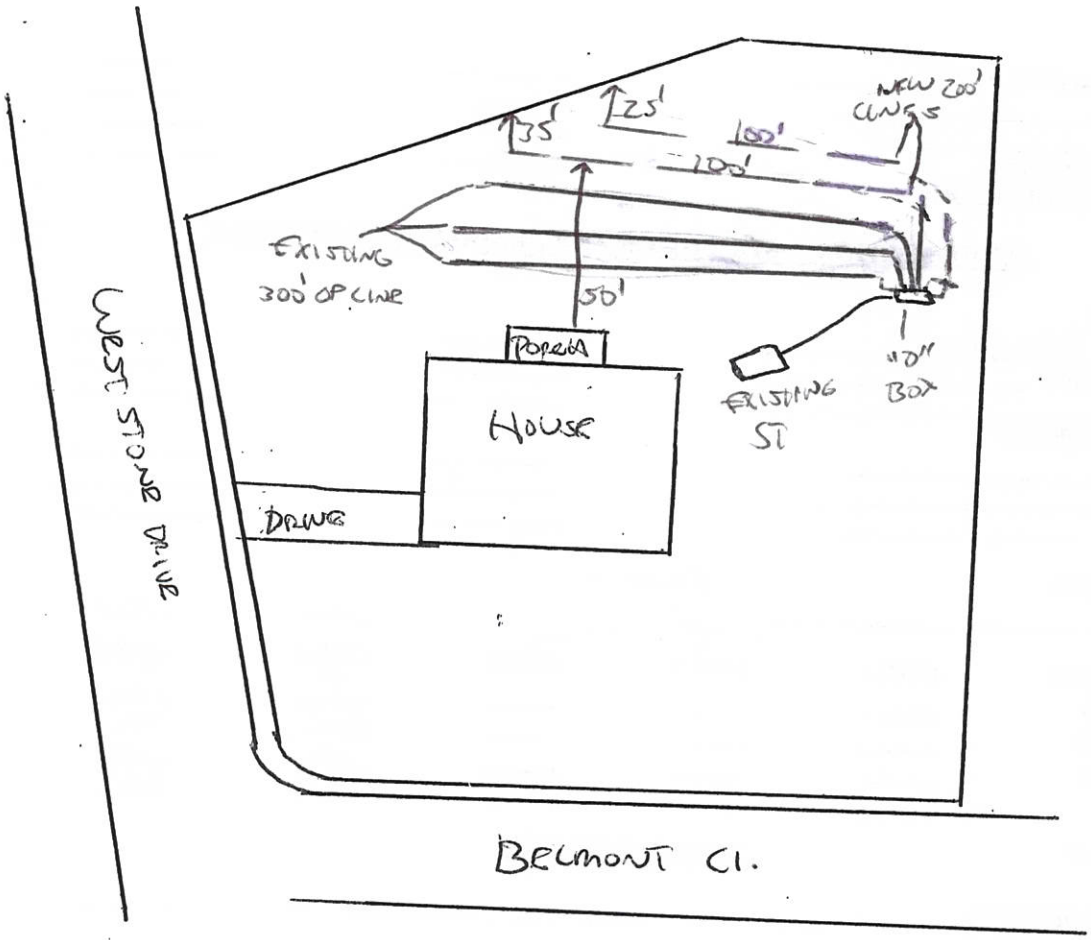
___Improvement Permit ✓ Construction Authorization

SUZANNE TEMPLE — Permit No. 8888 — FIELDSTONE WEST 67
Applicant's Name — Subdivision – Section – Lot

Physical Address: 509 BELMONT CIRCLE

TRUE WORKS — 5-4-17
System Installer — Date

System design and details as installed.



Authorized Signature — 5-4-17
Date

SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

SEPTIC AND PUMP TANK INSPECTION

		INITIAL	DATE
SEPTIC TANK			
Manufacturer	EXISTING		
Date of Manufacture			
Stamp			
Capacity			
Tee			
Baffle			
Sealant			
AIR GAP_____,FILTER_____, RISER_____			
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	EXISTING					
Equal Distribution						
Other						
DISTRIBUTION MANIFOLD						
Pipe Size						
Gate Valves						
Other						
OTHER DISTRIBUTION						
Type		EXISTING		NEW	NEW	
NITRIFICATION LINES	LINE 1	LINE 2	LINE 3	LINE 4	LINE 5	LINE 6
Trench Width				3'	3'	
Trench Length				100'	100'	
Trench Grade				/	/	
~~Stone Depth~~				26"	26"	
POLYSTYRENE						

WELL INSPECTION

LOCATION OF WELL_____

COMMENTS:

_____

_____

_____

GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor Oakview Homes Date 2-27-07 S.R. No. 1717

Location/Address West Stone Drive + Belmont Circle off Woodland Church Rd

Subdivision/Mobile Home Park Name Fieldstone West Lot Size .918 acres

Permit No. # 05286 Lot No. 67

New System ✓ Repair

House ✓ Mobile Home Business

No. Bedrooms 3 No. People No. Toilets

Water Supply: Private ✓ Approved

Semi-Public Unapproved

Public None

Nitrification System:

Tank Size 1000 gal.

Distribution Box ✓ No. Lines 3

Nitrification Field 1200 Sq. Ft.

Lines:	1	2	3	4	5	6
Width	3'	3'	3'			
Length	100'	100'	100'			
Grade	0'	0'	0'			
~~Stone Depth~~	10	10	10			

EZ Flow units

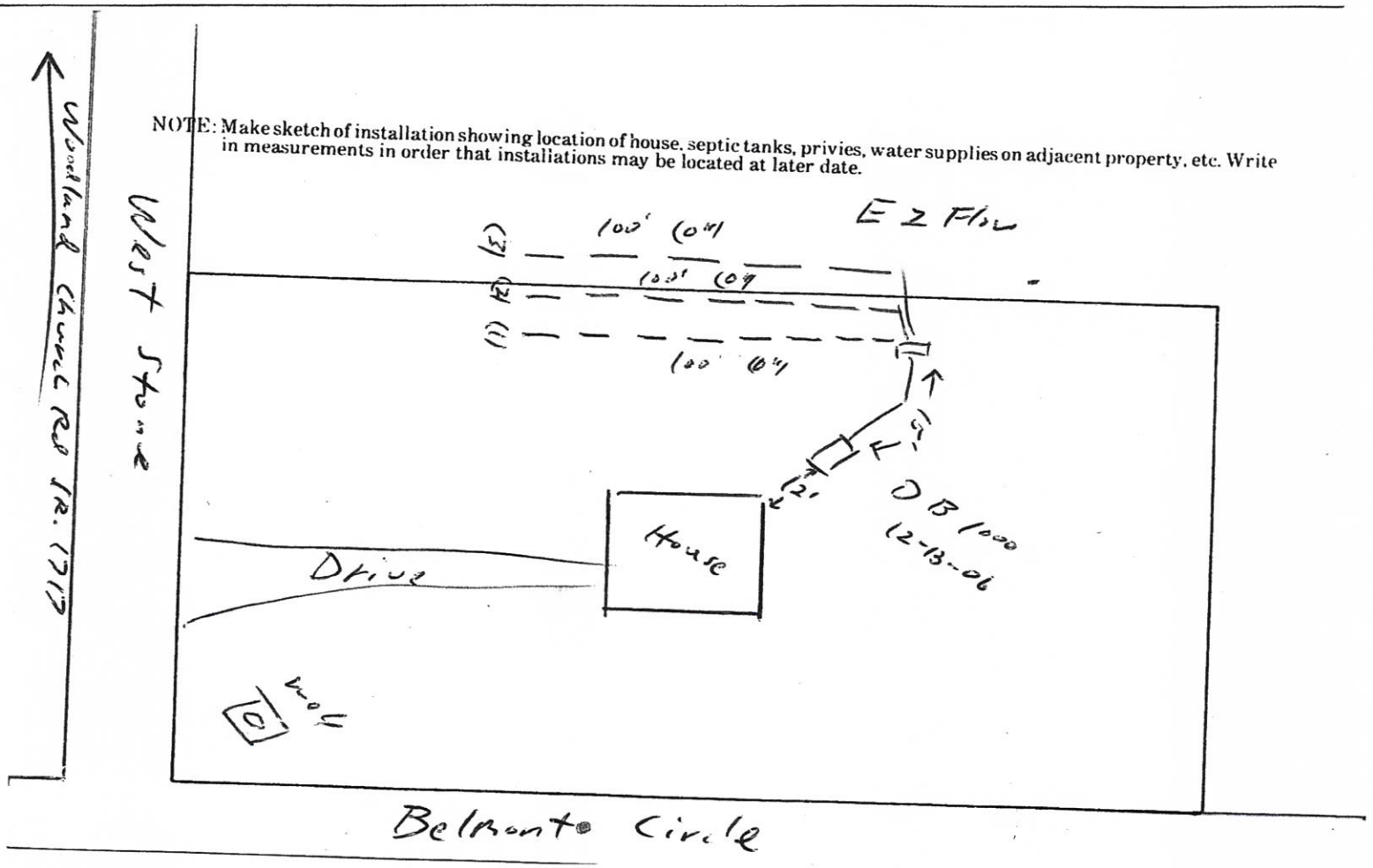
Layout to be followed by installer:

Improvements Permit By Eddie Yount Installer David Brantley + Sons

Certificate of Completion By Eddie Yount Date of Inspection 2-27-07

* Construction must comply with all other applicable state and local regulations, but the permit is not a guarantee that the system will not malfunction and the Granville-Vance Health District will not be held responsible for a malfunctioning system.

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



REPAIR

PERMIT NUMBER 8888

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville	TAX NO.	TYPE OF ESTABLISHMENTS		*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
	SR. NO.	RESIDENCE ✓ BUSINESS — OTHER —	NUMBER OF BEDROOMS:	NUMBER OF OCCUPANTS:
APPLICANT: Suzanne Temple		WATER SUPPLY Existing	WELL — PUBLIC —	OTHER —
APPLICANT'S NAME & ADDRESS: 509 Belmont Circle Wake Forest, NC 27587		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	REPAIR
PROPERTY ADDRESS/LOCATION: 509 Belmont Circle		DESIGN FLOW:		
		LTAR:		
SUBDIVISION: Fieldstone West		ABSORPTION AREA:		
LOT NUMBER: 67		TRENCH WIDTH:		36"
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:		18-~~24~~ 20"
		TRENCH SPACING:		9' O.C.
		TOTAL TRENCH LENGTH:		200' Accepted
		NUMBER OF TRENCHES:		2 OR 3
		GRAVEL DEPTH:		Accepted
		TANK SIZE:		Existing
		PUMP TANK SIZE:		—
		DISTRIBUTION DEVICE:		"D" Box

*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 (circled) NO

NO EXPIRATION YES NO (circled)

- PUT IN 200' of Accepted Product to Existing (3) 100' lines
- Stay minimum 10' off property line
- Have trenches 9' on center
- Minimum 50' from all wells, house, creeks, & ponds
- Replace "D" box or tank (if needed)

****

IMPROVEMENT PERMIT DATE: 2-20-17

FOR: Suzanne Temple

ISSUED BY: Will Bruner

****

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 8888

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: Contractor to establish & follow contours!

Date: 2-20-17 Environmental Health Specialist: Will Bruner

Construction Authorization Addendum ❑ Yes ❑ No

****

OPERATION PERMIT DATE: 5-4-17

SYSTEM INSTALLED BY: True Works

ISSUED BY: Will Bruner

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