

SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

SEPTIC AND PUMP TANK INSPECTION

SEPTIC TANK

Manufacturer Brantley
 Date of Manufacture 3-17-2022
 Stamp STB 502
 Capacity 1000 gallons
 Tee ☒
 Baffle ☒
 Sealant ☒
 AIR GAP ☒ , FILTER ☒ , RISER ☒

INITIAL

KBS

DATE

04-25-2022

PUMP TANK

Manufacture _____
 Date of Manufacture _____
 Stamp _____
 Capacity _____
 Sealant _____
 Manhole _____
 RISER _____ , SEALANT _____

polylok 48 (2/3)

MECHANICAL INSPECTION

PUMP

Manufacturer and Model # _____
 Control Panel _____
 Alarm _____
 Electrical Connection _____
 SEALANT AROUND CONDUIT _____

NITRIFICATION/DISTRIBUTION AND DRAINFIELD INSPECTION

DISTRIBUTION BOX

Level ☒
 Equal Distribution _____
 Other _____

DISTRIBUTION MANIFOLD

Pipe Size _____
 Gate Valves _____
 Other _____

OTHER DISTRIBUTION

Type sewer

NITRIFICATION LINES

Trench Width _____
 Trench Length _____
 Trench Grade _____
 Stone Depth _____

LINE 1

LINE 2

LINE 3

LINE 4

LINE 5

LINE 6

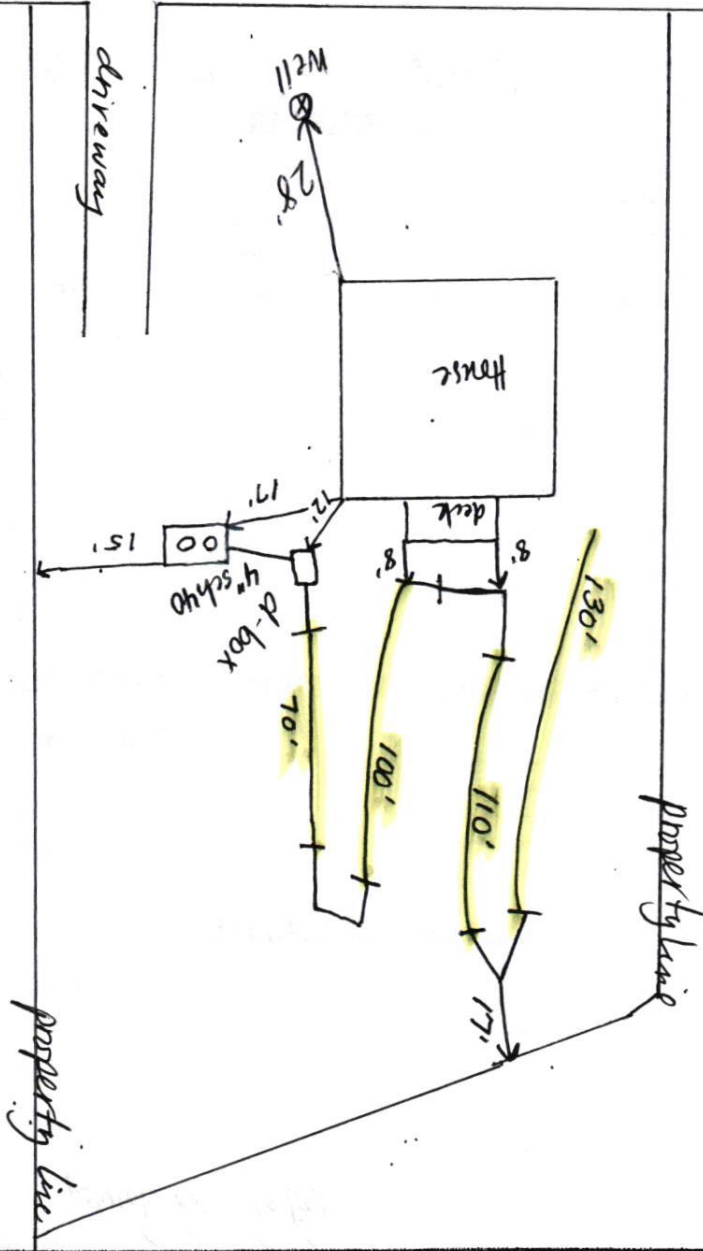
WELL INSPECTION

LOCATION OF WELL 28' to house (front yard)

KBS 5/6/22

COMMENTS:

N-G-POLY



*File #: 353177 - 2
PIN #: 182500568228
Tax Lot #: 126
Tax Block #:

WELL CONSTRUCTION RECORD

Owner: Bobby Sumner
P.O. Box 1011

Youngsville, NC 27596

Directions

Hwy 96 S to Bruce Garner, left on Bruce Garner,
right Wayside Farm Rd and right into the
subdivision.

WELL HEAD CONSTRUCTION

Drilling Contractor: Southern Well Drilling

Driller Registration: 3104

Date Drilled: 05/05/2022

Use of Well: SINGLE FAMILY

Total Depth: 600 Ft.

Static Water Level: Ft.

Replacement Well: NO

Yield: 3 gpm

Water Zone: 1) Ft. 2) Ft.
3) Ft. 4) Ft.

Disinfection Type: GRANULAR Amount:

Location:

Latitude:

Longitude:

Enclosure	☒ Yes	☐ No	☐ N/A
Enclosure Floor	☐ Yes	☒ No	☐ N/A
Access Port	☒ Yes	☐ No	☐ N/A
Vent:	☒ Yes	☐ No	☐ N/A
Sample Tap	☒ Yes	☐ No	☐ N/A
Back Flow	☐ Yes	☒ No	☐ N/A
Tee (jet)	☐ Yes	☒ No	☐ N/A
Suction Line	☐ Yes	☒ No	☐ N/A
Temporary	☐ Yes	☒ No	☐ N/A
Well ID Plate	☒ Yes	☐ No	☐ N/A
Pump ID Plate	☒ Yes	☐ No	☐ N/A
EHS:	Stiles, Bailey <i>Bailey Stiles</i>		
Issue Date:	07/12/2022		

Casing: Depth: 110 Ft. Thickness: In. Comments:
Diameter: In. Top of Casing: In.
Material: N/A

Grout:

	Depth	Material	Method
From 0 To	Ft.	N/A	N/A
From 0 To	Ft.	N/A	N/A

* Liner Date: From 0 To Ft.

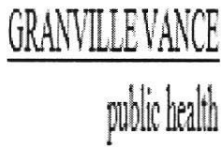
Grout:

	Depth	Material	Method
From 0 To	Ft.	N/A	N/A

Issued by: Bullock, Will

Date of Issue: 12/14/2021

This well was constructed, repaired or abandoned in compliance with the well permit and in accordance with 15A NCAC 02C .0100, .0300.
The well owner shall not place potential sources of groundwater contamination closer to the well than the separation distances specified
in 15A NCAC 02C .0100, .0300.



OPERATION PERMIT

Granville County Health Dept
Environmental Health
101 Hunt Drive
Oxford, NC 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number 353177 - 1
County ID Number: 182500568228
Evaluated For: NEW

Property Owner: Bobby Sumner

Address: P.O. Box 1011

Road #:

City: Youngsville

State/Zip: NC/ 27596

Phone #: (919) 422-5713

Township:

Subdivision: Oaks at Ironwood

Phase: NEW

Lot: 126

Structure: SINGLE FAMILY

of Bedrooms: 4

of People:

Water Supply: NEW WELL

Saprolite System?: ☐ Yes ☒ No

Pump Required?: ☐ Yes ☒ No

Design Flow: 480

System Classification/Description: TYPE III G. OTHER
NON-CONV. TRENCH SYSTEMS

Installer: Truework, Inc.

Specific System UNKNOWN

Installed:

STB: 502

PT:

Comments:

Certification #:

Septic Tank Date: 03/17/2022

Pump Tank Date: _____

This system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.

PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with Rule .1961.

II. Monitoring: As required by Rule .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

Other:

Subsurface Operator Required: ☐ Yes ☒ No

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

Operation:

Other:

Authorized State Agent: Stiles, Bailey

Date of Issue: 04/25/2022

Owner/Applicant: _____