GRANVILLE VANCE public health

Existing System Approval

Granville County Health Department
Environmental Health Section
Environmental Health
Oxford, NC 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

***CDP File Number:** 450446

County ID Number:

Evaluated For: EXISTING

Permit Valid Until: 03/12/2025

Applicant:	NATHAN APEL
Address:	923 WEATHERBY LANE
City:	CREEDMOOR
State/Zip:	NC / 27522
Phone #:	(724) 989-1700

Property Owner:	NATHAN APEL
Address:	923 WEATHERBY LANE
City:	CREEDMOOR
State/Zip:	NC / 27522
Phone #:	(724) 989-1700

Property Location & Site Information

Address: 923 WEATHERBY LANE **Subdivision:** WEATHERBY **Phase:** _____ **Lot:** 15

Road#: CREEDMOOR NC 27522 **Township:** _____

***Structure:** SINGLE FAMILY

# of Bedrooms: _____ **# of People:** _____ **Directions:** GPS OFF BRUCE GARNER ROAD

***Water Supply:** EXISTING WELL **Type of business:** _____

Basement: ☐ Yes ☒ No **Total sq. Footage:** _____ **No. Of Employees:** _____

***Proposed Improvement:** 10 X 10 ACCESSORY STRUCTURE FOR PERSONAL STORAGE

***Release Conditions:** Keep proposed storage building 5ft min. from any part of the septic. Only deliver building during a dry time, due to having to drive over the drain Feild.

This release in no way expresses or implies that the existing subsurface sewage treatment and disposal system serving the site will continue to function for any period of time.

Applicant/Legal Reps. Signature Required? ☐ Yes ☐ No

Applicant/Legal Reps. Signature: _____ *Date: _____

*Issued By: Wilkerson, Austin *Date of Issue: 03/12/2025

Authorized State Agent: Austin Wilkerson REHS

****Site Plan/Drawing attached.****

☆ NO Drawing ◯ Hand Drawing ◯ Import Drawing

Total Time: (HH:MM) Hours Minutes

Activity Code: -

Granville – Vance District Health Department
Environmental Health

Pin _____ Permit Number 23892

Final Sketch

C&I Homes — Applicants Name

Weatherby 15 — Subdivision – Section – Lot

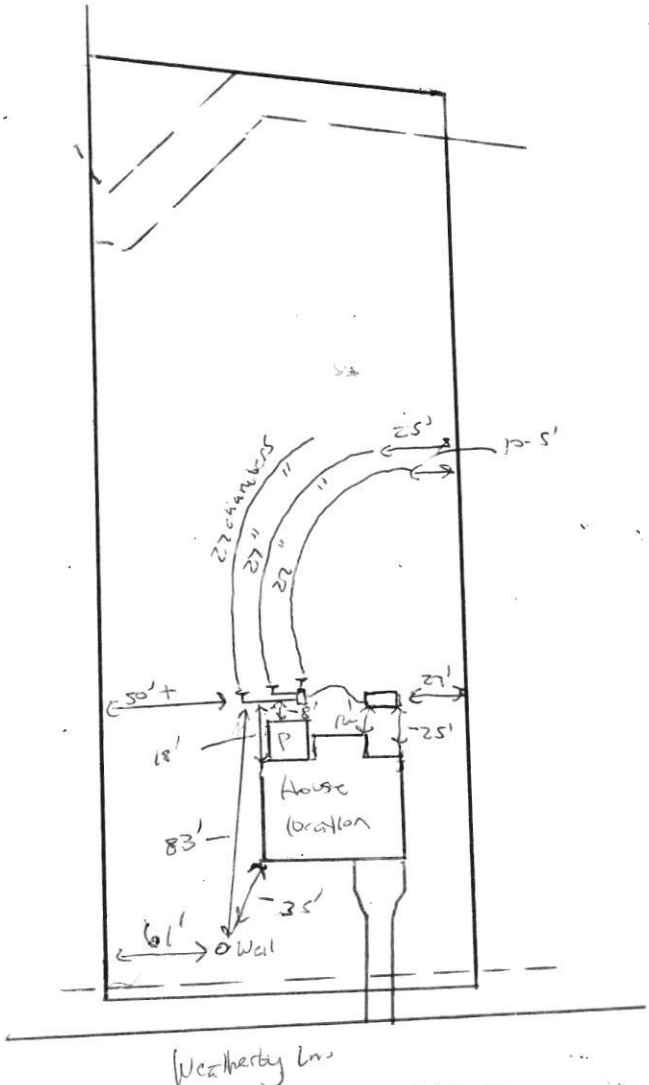
Physical Address: 923 Weatherby Ln. Number of Bedrooms 3

Quality Septic — System Installer

3-9-21 — Date

(3) 110' lines
Chambers

=330' total



Authorized Signature

3-9-21
Date

SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

WF
☑ pump/well tag
☑ elec box
☑ spigot/ w/ backflow
12" ✓
vent ✓
✓ holes sealed
✓ inlet

SEPTIC AND PUMP TANK INSPECTION

SEPTIC TANK		INITIAL	DATE
Manufacturer	Mills	WTB	
Date of Manufacture	11/6/21		
Stamp	SIB 858		
Capacity	1000		
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	✓	WTB	3-9-21
Equal Distribution	✓		
Other			
DISTRIBUTION MANIFOLD			
Pipe Size			
Gate Valves			
Other			

OTHER DISTRIBUTION	
Type	

NITRIFICATION LINES	LINE 1	LINE 2	LINE 3	LINE 4	LINE 5	LINE 6
Trench Width	3'	3'	3'			
Trench Length	110'	110'	110'			
Trench Grade	✓	✓	✓			
Stone Depth	20"	20"	20"			

Chambers

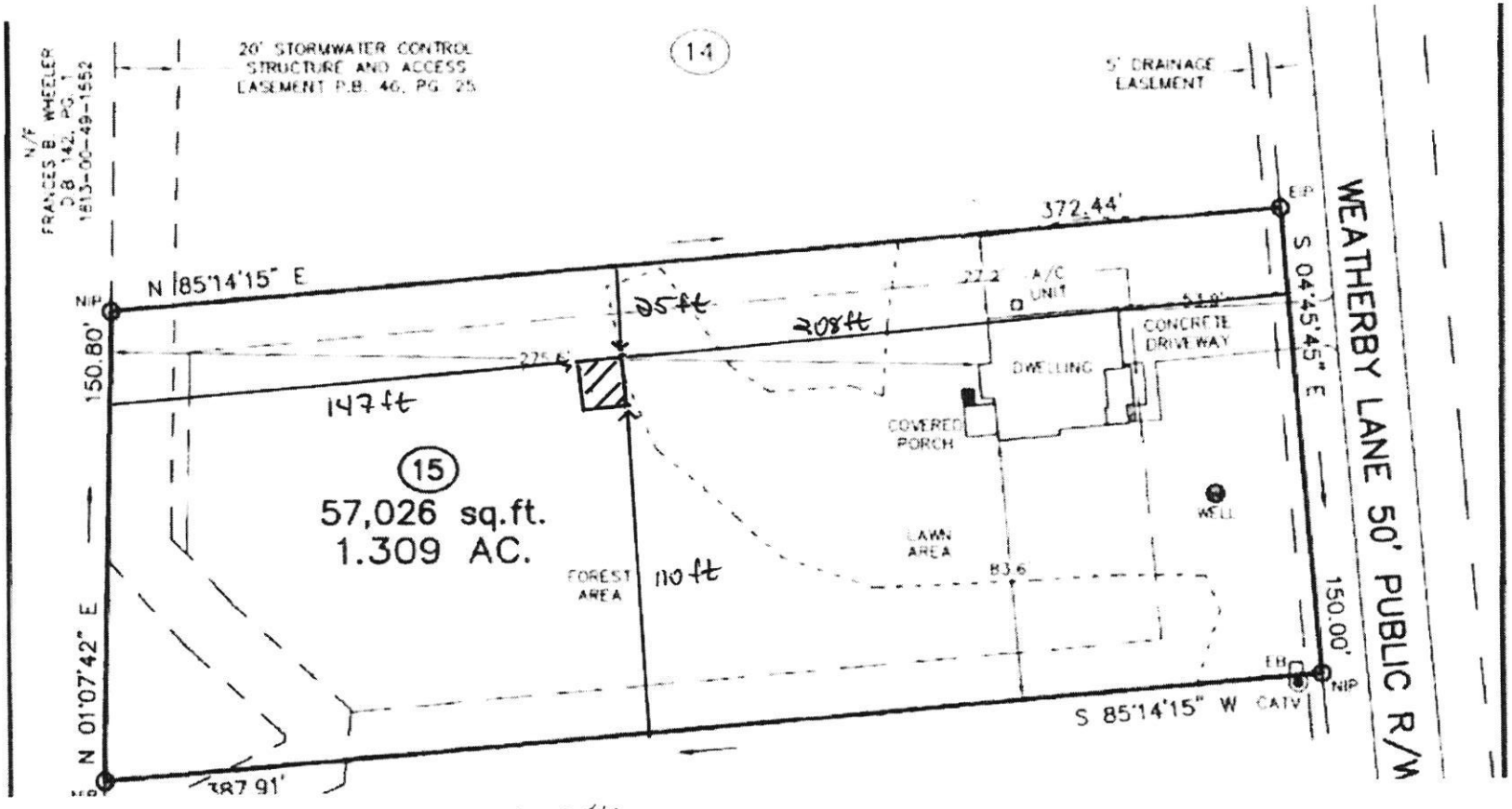
WELL INSPECTION

LOCATION OF WELL 83' to last line — WTB — 3-9-21

COMMENTS: N-G-I.Dy

SCALE: 1" = 54.5 ft

TREE REMOVAL



CLEAR TREES FROM MARKED AREA ///

225 SQFT OF FOREST AREA CLEARED. 15ft x 15ft

DIMENSIONS SUPERCEDE DRAWING SCALE.

GRANVILLE VANCE public health

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: 323892 - 1
County ID Number: 181300487882
Evaluated For: NEW

Property Owner: LGI Homes
Address: 1450 Lake Robbins Drive
Road #: Suite 430
City:
State/Zip: /
Phone #: (252) 915-0741
Township:
Subdivision: Weatherby
Phase : NEW Lot: 15

Structure: SINGLE FAMILY
# of Bedrooms:
# of People:
Water Supply: NEW WELL
Saprolite System?: [ ] Yes [X] No
Pump Required?: [ ] Yes [X] No
Design Flow: 360
System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Installer: Quality Septic
Certification #: 4530
Specific System Installed: CHAMBER
Septic Tank Date: 01/06/2021
STB: 858
Pump Tank Date:
PT:
Comments: Installed (3) 110' lines (Chambers). 3 bedroom system.

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 [X] No

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

Operation:

Other: Installed (3) 110' lines (Chambers). 3 bedroom system.

Authorized State Agent: Bullock, Will WBB REHS

Date of Issue: 03/09/2021

Owner/Applicant: LGI

Monitor Report

Date/Time: 04/14/2021 08:09 AM

Fax Number : 9196030106
Company Name : GV Environmental Health

The documents were sent.

No.	Job#	Remote Station	Start Time	Dura.	Pages	Mode	Contents	Result
001	0400	99196936794	04/14/2021 08:08AM	0'23"	2/ 2	SG3		Done

GRANVILLE VANCE public health

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: 323892 - 1
County ID Number: 181300487882
Evaluated For: NEW

Property Owner: LGI Homes
Address: 1450 Lake Robbins Drive
Road #: Suite 430
City:
State/Zip:/
Phone #: (252) 915-0741
Township:
Subdivision: Weatherby
Phase : NEW Lot: 15

Structure: SINGLE FAMILY
# of Bedrooms:
# of People:
Water Supply: NEW WELL
Saprolite System?: ☐ Yes ☒ No
Pump Required?: ☐ Yes ☒ No
Design Flow: 360
System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Installer: Quality Septic
Certification #: 4530
Specific System Installed: CHAMBER
STB: 858
PT:
Septic Tank Date: 01/06/2021
Pump Tank Date: _____
Comments: Installed (3) 110' lines (Chambers). 3 bedroom system.

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: Installed (3) 110' lines (Chambers). 3 bedroom system.

Authorized State Agent: Bullock, Will Date of Issue: 03/09/2021

Owner/Applicant: LGI

The Fax Transmit prints each time when the documents are sent or unsent. To turn off this page:
1.) At the printer's control panel, press "Machine Status"
2.) At the LCD Panel,press the "Tools" tab and then press "Admin Settings..."
3.) Press "Fax Settings..." and then press "Fax Reports..."
4.) Press "Fax Transmit" and set the setting to "Print Disable"

GRANVILLE VANCE
public health

*File #: 323894 - 1
PIN #: 181300487882
Tax Lot #: 15
Tax Block #:

WELL CONSTRUCTION RECORD

Owner: LGI Homes
1450 Lake Robbins Drive
Suite 430

Directions
Right off Bruce Garner Rd Weatherly lot 15

Drilling Contractor: Southern Well Drilling
Driller Registration: 4165
Date Drilled: 01/18/2021
Use of Well: SINGLE FAMILY

Total Depth: 500 Ft.
Static Water Level: Ft.
Replacement Well: NO
Yield: 1 gpm

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

Disinfection Type: GRANULAR Amount: 16oz

WELL HEAD CONSTRUCTION

Location:
Latitude:
Longitude:

Enclosure	[X] Yes	[ ] No	[ ] N/A
Enclosure Floor	[ ] Yes	[ ] No	[X] N/A
Access Port	[X] Yes	[ ] No	[ ] N/A
Vent:	[X] Yes	[ ] No	[ ] N/A
Sample Tap	[X] Yes	[ ] No	[ ] N/A
Back Flow	[X] Yes	[ ] No	[ ] N/A
Tee (jet)	[ ] Yes	[ ] No	[X] N/A
Suction Line	[ ] Yes	[ ] No	[ ] N/A
Temporary	[ ] Yes	[ ] No	[X] N/A
Well ID Plate	[X] Yes	[ ] No	[ ] N/A
Pump ID Plate	[X] Yes	[ ] No	[ ] N/A

EHS: Bullock, Will

Issue Date: 04/13/2021

Casing: Depth: 130 Ft. Thickness: In.
Diameter: 6 In. Top of Casing: 12 In.
Material: SDR 21

Grout:

	Depth			Material	Method
From	0	To	20 Ft.	BENTONITE	POUR
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: Stiles, Bailey
Date of Issue: 06/25/2020

Comments:
WG witnessed by Bailey Stiles on 1/20/21, GW-1 received 2/5/21. WF done on 4/13/21 by WTB.