PERMIT NUMBER 8232

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville	TAX NO. / SR. NO.	TYPE OF ESTABLISHMENTS: RESIDENCE ✓ BUSINESS — OTHER —	NUMBER OF BEDROOMS: 4	NUMBER OF OCCUPANTS: 8 max	*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
OWNER: Grande Manor Homes		WATER SUPPLY	WELL ✓ PUBLIC —	OTHER —	
APPLICANT'S ADDRESS: 1151 Tarboro Rd Yanceyville, NC 27596		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION: Type II 6	REPAIR	
PROPERTY ADDRESS/LOCATION: Corner Tarboro Hwy		DESIGN FLOW:	480 Gal/day		*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.
		LTAR:	.36 GPD/ft²		
SUBDIVISION: Preserve		ABSORPTION AREA:	1610 ft²		
LOT NUMBER: 69		TRENCH WIDTH:	3'		
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:	top 3-30" bot 2-24"		
		TRENCH SPACING:	9' O.C.		
		TOTAL TRENCH LENGTH:	415 except		
		NUMBER OF TRENCHES:	5		
		GRAVEL DEPTH:	NA		**PERMIT VALID FOR: 5 YEARS** YES NO
		TANK SIZE:	1200 Gal		
		PUMP TANK SIZE:	1000 Gal		**NO EXPIRATION** YES NO
		DISTRIBUTION DEVICE:	Presso manifold		

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IMPROVEMENT PERMIT DATE: 6/17/15

FOR: Grande Manor Homes

ISSUED BY: [signature]

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CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 8232

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: Footing according to attached plan

Date: 6/17/15 Environmental Health Specialist: [signature]

Construction Authorization Addendum ☐ Yes ☐ No

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OPERATION PERMIT DATE: 3/28/2016

SYSTEM INSTALLED BY: Brantley

ISSUED BY: [signature] REHS A.S.

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

1606

Granville - Vance District Health Department
Environmental Health
Well Construction Permit

Owner/Applicant: Grande Manor Homes Date: 6/17/15
Address or Location of Property: Gross Tracking

Subdivision & Lot #: The Preserve 69 Septic Permit #: 8232
Zoning Permit #: 18436 Environmental Health Specialist: _____

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 ATTACHED

As Built Drawing:

Conditions: _____

Authorized Agent: _____
Date: 6/17/15

 # 1 Well Grout: (Circle or write in)
Witnessed: Yes or No EHS Agent: _____
Date: 2/10/16 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: DAVIS Cert. # 2385
Depth: 305 Casing Depth: 68 GPM: 12

 # 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: 7/13/16

 # 4 Water Samples Taken: Date: 7/13/16
EHS: _____ **Results:** _____
Retest: _____ **Results:** _____

Granville – Vance District Health Department
Environmental Health

Final Sketch

Pin _____

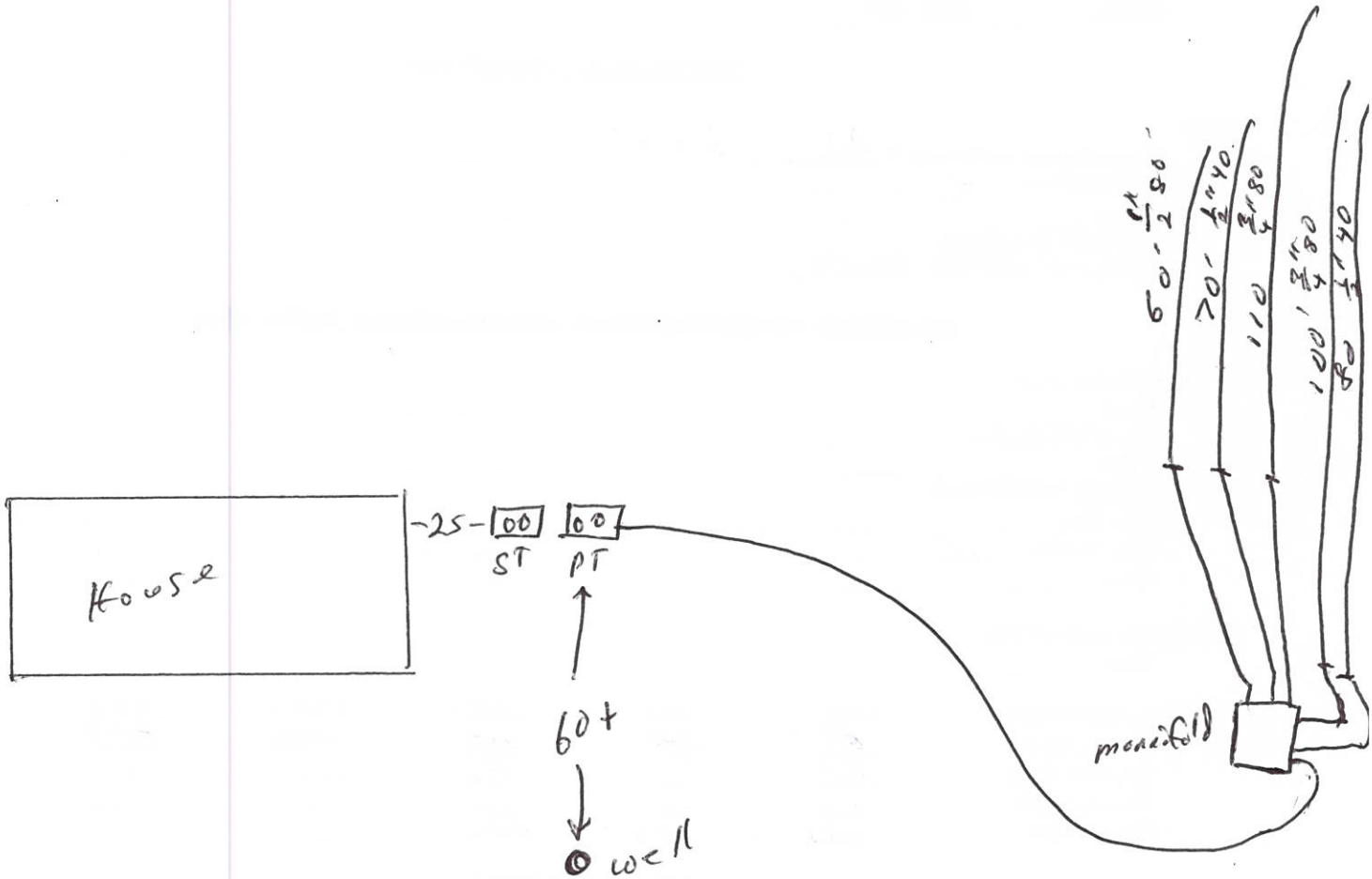
_____ Improvement Permit _____ Construction Authorization

Grande Manor Homes Permit No. _____ Pleasant 69
Applicant's Name Subdivision – Section – Lot

Physical Address: Corner Terrace Way

Brantley 3/28/2016
System Installer Date

System design and details as installed.



Corner Terrace Way

Walton Vaughan REHS 3/28/2016
Authorized Signature Date

SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

SEPTIC AND PUMP TANK INSPECTION

		INITIAL	DATE
SEPTIC TANK			
Manufacturer	D-B	WTO	3/28/2016
Date of Manufacture	11-2-15		
Stamp	646		
Capacity	1000		
Tee	✓		
Baffle	✓		
Sealant	✓		
AIR GAP ✓, FILTER —, RISER ✓			
PUMP TANK			
Manufacture	D-B		
Date of Manufacture	9-22-15		
Stamp			
Capacity	1000		
Sealant	✓		
Manhole	✓		
RISER —, SEALANT ✓			

MECHANICAL INSPECTION

PUMP			
Manufacturer and Model #	AshLand EP45		
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 _____

NITRIFICATION LINES	LINE 1	LINE 2	LINE 3	LINE 4	LINE 5	LINE 6
Trench Width	~~60~~ 3	~~30~~ 3	~~40~~ 3	~~40~~ 3	~~8~~ 3	
Trench Length	60	70	110	100	80	
Trench Grade	✓	✓	—	—	—	
Stone Depth	accept	#67 stone				

WELL INSPECTION

LOCATION OF WELL _____

COMMENTS:

_____

_____

_____