SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

SEPTIC AND PUMP TANK INSPECTION

		INITIAL	DATE
SEPTIC TANK			
Manufacturer	Mills		
Date of Manufacture	12-16-22		
Stamp	STD858		
Capacity	1000		
Tee	/		
Baffle			
Sealant			
AIR GAP / , FILTER / , RISER /			
PUMP TANK	" " Polylock-68		
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 (Serial)			
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	3'					
Trench Length	300' (Serial)					
Trench Grade	/					
~~Stone~~ Depth	18-26"					
Chambers						

WELL INSPECTION

LOCATION OF WELL			

COMMENTS: N-G-CHm 36 (Serial)

Granville – Vance District Health Department
Environmental Health

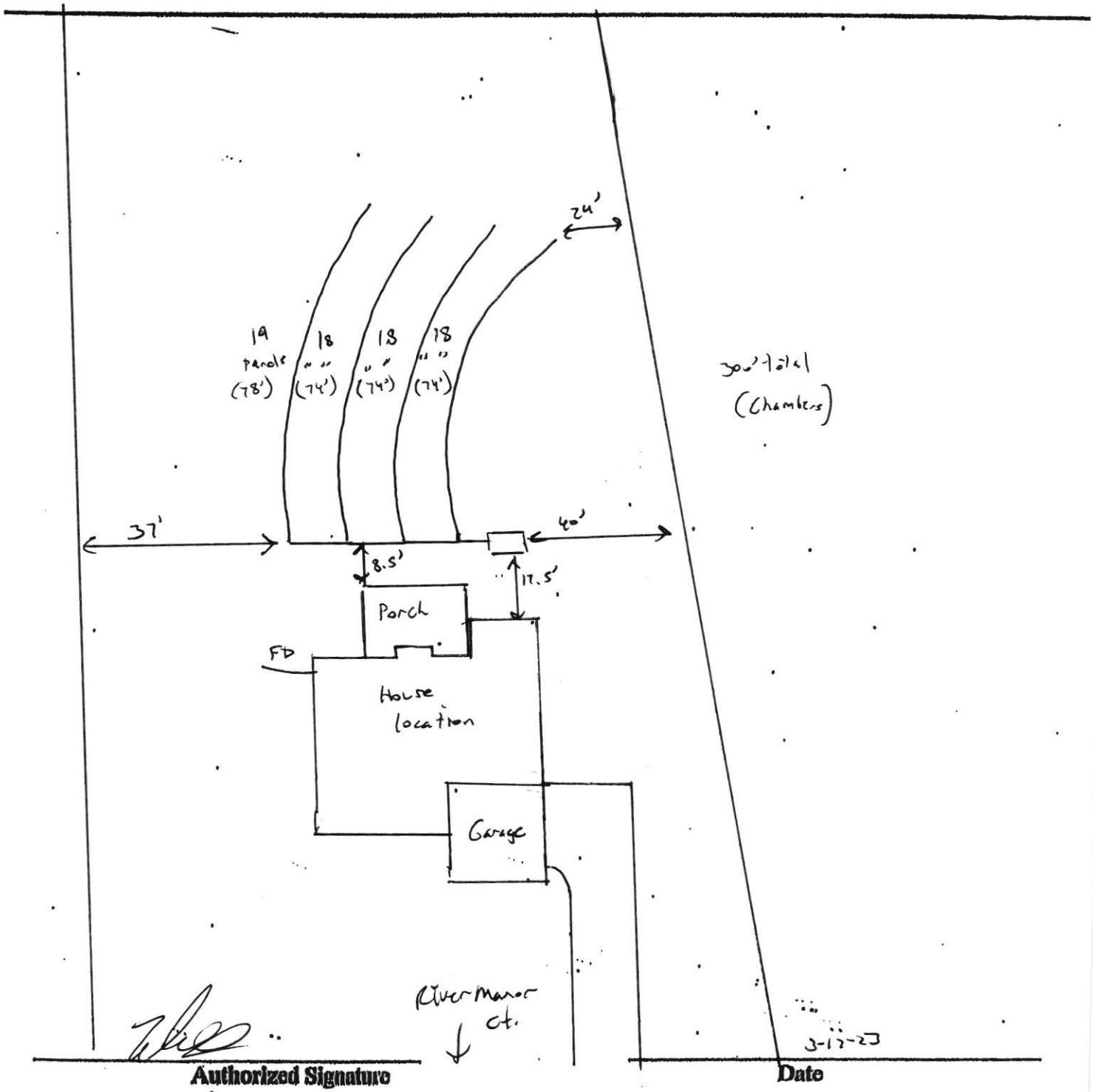
Pin _____ Permit Number 37109

Final Sketch

Lawrence Homes — Applicants Name
Ironwood 153 — Subdivision – Section – Lot

Physical Address: River Manor Ct. — Number of Bedrooms 3

Blackley Bros. — System Installer
3-17-23 — Date



Authorized Signature

3-17-23
Date

WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

Van Elliott
Well Contractor Name

3104
NC Well Contractor Certification Number

Southern Well Drilling LLC
Company Name

2. Well Construction Permit #: 376109
List all applicable well construction permits (i.e. County, State, Variance, etc.)

3. Well Use (check well use):

Water Supply Well:
- ☐ Agricultural
- ☐ Geothermal (Heating/Cooling Supply)
- ☐ Industrial/Commercial
- ☐ Irrigation
- ☐ Municipal/Public
- ☒ Residential Water Supply (single)
- ☐ Residential Water Supply (shared)

Non-Water Supply Well:
- ☐ Monitoring
- ☐ Recovery

Injection Well:
- ☐ Aquifer Recharge
- ☐ Aquifer Storage and Recovery
- ☐ Aquifer Test
- ☐ Experimental Technology
- ☐ Geothermal (Closed Loop)
- ☐ Geothermal (Heating/Cooling Return)
- ☐ Groundwater Remediation
- ☐ Salinity Barrier
- ☐ Stormwater Drainage
- ☐ Subsidence Control
- ☐ Tracer
- ☐ Other (explain under #21 Remarks)

4. Date Well(s) Completed: 3-30-31 **Well ID#** _____

5a. Well Location:

Lawrence Homes — Facility/Owner Name
Lot 153 — Facility ID# (if applicable)
River Manor Ct — Physical Address, City, and Zip
Granville — County
Ironwood — Parcel Identification No. (PIN)

5b. Latitude and Longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

_____ N _____ W

6. Is (are) the well(s): ☒ Permanent or ☐ Temporary

7. Is this a repair to an existing well: ☐ Yes or ☒ No
If this is a repair, fill out known well construction information and explain the nature of the repair under #21 remarks section or on the back of this form.

8. Number of wells constructed: 1
For multiple injection or non-water supply wells ONLY with the same construction, you can submit one form.

9. Total well depth below land surface: 500 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 40 (ft.)
If water level is above casing, use "-"

11. Borehole diameter: 6 (in.)

12. Well construction method: Air
(i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 2 **Method of test:** Air

13b. Disinfection type: HTH **Amount:** _____

For Internal Use ONLY:

14. WATER ZONES

FROM	TO	DESCRIPTION
470 ft.	ft.	
ft.	ft.	

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
+1 ft.	120 ft.	6 in.		PVC

16. INNER CASING OR TUBING (geothermal closed-loop)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		
ft.	ft.	in.		

17. SCREEN

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	Bennite	Poured
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
ft.	ft.		
ft.	ft.		

20. DRILLING LOG (attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

[signature] — Signature of Certified Well Contractor
3-31-23 — Date

By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with 15A NCAC 02C .0100 or 15A NCAC 02C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

23. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well construction details. You may also attach additional pages if necessary.

SUBMITTAL INSTUCTIONS

24a. For All Wells: Submit this form within 30 days of completion of well construction to the following

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

24b. For Injection Wells: In addition to sending the form to the address in 24a above, also submit a copy of this form within 30 days of completion of well construction to the following.

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

24c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where constructed.

Ironwood #153

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	376109 - 1
County ID Number:	182500459618
Evaluated For:	NEW

Property Owner: Lawrence Homes
Owner Address: 3192 Brassfield Rd

City: Creedmoor
State/Zip: NC/ 27525
Phone #: (919) 291-9471
Address: River Manor Ct
Franklinton, NC 27525
Road #:
Township:
Subdivision: Ironwood
Phase : NEW Lot: 153

Structure: SINGLE FAMILY
# of Bedrooms: 3
# 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: Blackley Bros
Certification #: 1935

Specific System Installed: INFILTRATOR QUICK4 PLUS STANDARD

Septic Tank Date: 12/16/2022

STB: 858

Pump Tank Date: _____

PT:

Comments: Serial Distribution system. 300' total (Chambers).

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: Serial Distribution system. 300' total (Chambers).

Authorized State Agent: Bullock, Will

Date of Issue: 03/17/2023

Owner/Applicant: Lawrence Homes