Granville - Vance District Health Department
Environmental Health
Well Construction Permit

1926

Owner/Applicant: Wynn Construction Date: 8/24/16
Address or Location of Property: Butterfly Circle

Subdivision & Lot #: Cholejo 123 Septic Permit #: 8765
Zoning Permit #: 19265 Environmental Health Specialist: Clark

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

Conditions:

Authorized Agent: Chris Hedt
Date: 8/24/16

 # 1 Well Grout: (Circle or write in)
Witnessed: Yes or No EHS Agent: W. Vaughn
Date: 11/17/16 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: Southern Cert. # ____
Depth: 500 Casing Depth: 95 GPM: 1

As Built Drawing:

 # 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: Will Baker **EHS**
Date Completed: 2-13-17

 # 4 Water Samples Taken: Date: ____
EHS: ____ **Results:** ____
Retest: ____ **Results:** ____

Monitor Report

Date/Time: 01/29/2019 03:43 PM

Fax Number : 9196030106
Company Name : GV Environmental Health

The documents were sent.

No.	Job#	Remote Station	Start Time	Dura.	Pages	Mode	Contents	Result
001	0595	919198053549	01/29/2019 03:42PM	1'10"	3/ 3	ECM		Done

PERMIT NUMBER 8765

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville	TAX NO. 162400 121137 / SR. NO.	TYPE OF ESTABLISHMENTS: RESIDENCE ✓ BUSINESS — OTHER —	NUMBER OF BEDROOMS: 4	NUMBER OF OCCUPANTS: 8 max!
APPLICANT: Wynn Construction		WATER SUPPLY: Private	WELL ✓ PUBLIC —	OTHER —
APPLICANT'S NAME & ADDRESS: 2550 Capital Dr. Ste 105 Raleigh, NC 27612		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION: Trad	REPAIR: ~~Trad~~
PROPERTY ADDRESS/LOCATION: Peterly Circle		DESIGN FLOW:	480 GPD	
SUBDIVISION: Chesleigh		LTAR:	.36 GPD	
LOT NUMBER: 183		ABSORPTION AREA:	1720-ft²	1780 ft²
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH WIDTH:	3'	
		TRENCH DEPTH:	20"	
		TRENCH SPACING:	9' O.C.	
		TOTAL TRENCH LENGTH:	430'	
		NUMBER OF TRENCHES:	1 Serial	4
		GRAVEL DEPTH:	Geotextile	
		TANK SIZE:	1000 Gallon	
		PUMP TANK SIZE:		1000 Gallon
		DISTRIBUTION DEVICE:	1" Box	Pressure Manifold

*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.

*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) NO

NO EXPIRATION YES (NO)

IMPROVEMENT PERMIT DATE: 8/26/16

FOR: Wynn Construction
ISSUED BY: Chris Kidd

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 8765

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: Install according to approved plan

Date: 8/29/16 Environmental Health Specialist: Chris Kidd

Construction Authorization Addendum ☒ Yes ☐ No

OPERATION PERMIT DATE: 11/10/16

SYSTEM INSTALLED BY: BLACKLEY
ISSUED BY: Will Braddock

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

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SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

SEPTIC AND PUMP TANK INSPECTION

SEPTIC TANK	INITIAL	DATE
Manufacturer ELLIS		
Date of Manufacture 6-14-16		
Stamp STB 784		
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	11/10/16
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'	3'		
Trench Length	100'	110'	110'	110'		
Trench Grade	✓	✓	✓	✓		
~~Stone Depth~~ ACCEPTED POLYSTYRENE	20"					

WELL INSPECTION

LOCATION OF WELL 90' FROM TANK, 40' FROM HOUSE, 15' FROM ROAD — WTB — 11/10/16

COMMENTS:

Granville – Vance District Health Department
Environmental Health

Final Sketch

Pin 182400121237

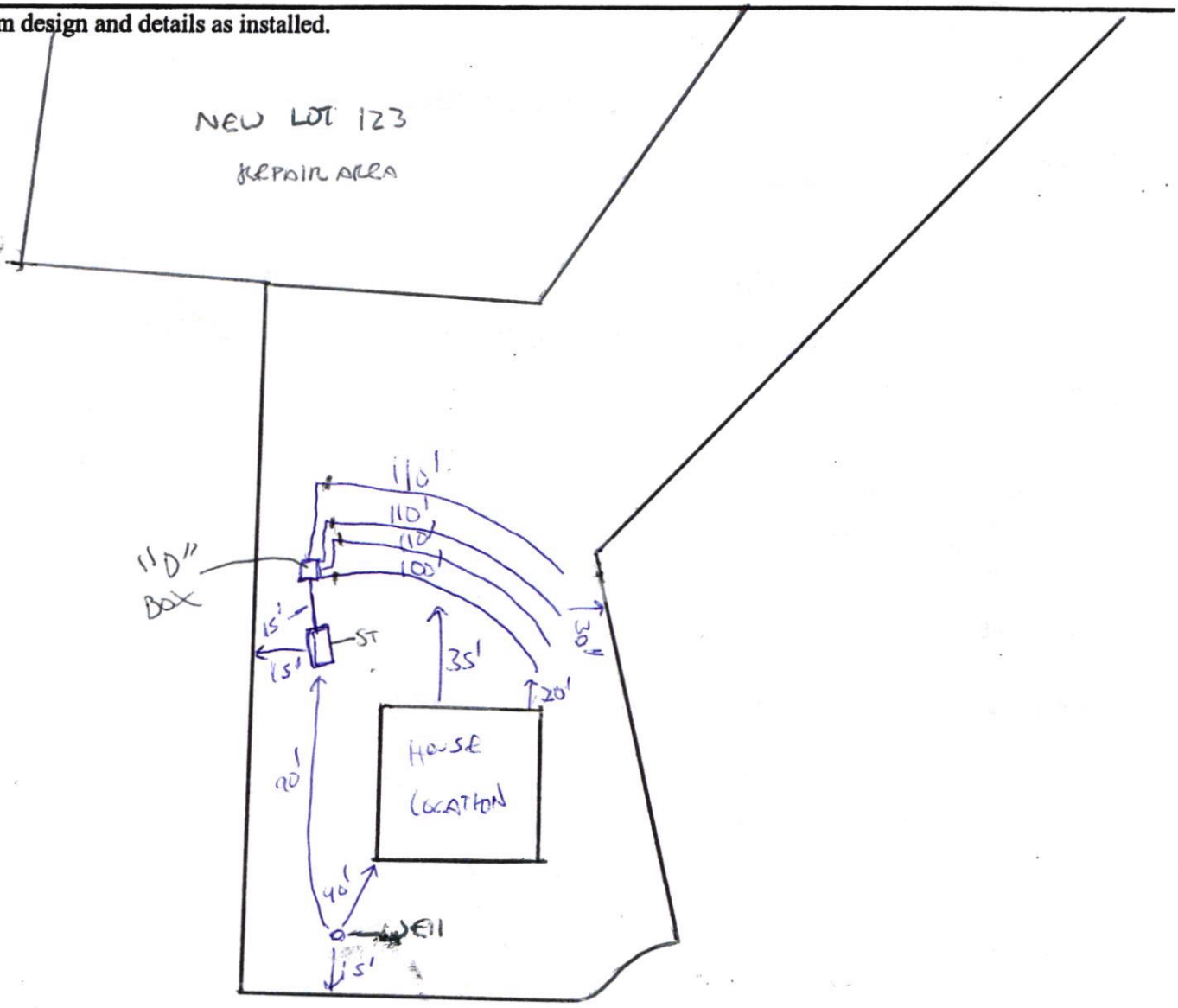
____Improvement Permit ✓ Construction Authorization

WYNN CONST. Permit No. 8765 CHESLEIGH 123
Applicant's Name Subdivision – Section – Lot

Physical Address: BUTTERFLY CIRCLE

BLACKLEY 11/10/16
System Installer Date

System design and details as installed.



Authorized Signature 11/10/16
Date

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		TRENCH SPACING:	9' O.C.		
		TOTAL TRENCH LENGTH:	430'		
		NUMBER OF TRENCHES:	1 Serial	4	
		GRAVEL DEPTH:	Accepted		PERMIT VALID FOR: 5 YEARS YES (YES) NO
		TANK SIZE:	1000 Gallon		
		PUMP TANK SIZE:		1000 Gallon	NO EXPIRATION YES (NO)
		DISTRIBUTION DEVICE:	'd Box	Pressure Manifold	

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IMPROVEMENT PERMIT DATE: 8/26/16

FOR: Wynn Construction

ISSUED BY: Chris Kidd

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Date: 8/26/16 Environmental Health Specialist: Chris Kidd

Construction Authorization Addendum ☐ Yes ☐ No

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OPERATION PERMIT DATE: 11/10/16

SYSTEM INSTALLED BY: BLACKLEY

ISSUED BY: Mike Faulkner

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