PERMIT NUMBER 8765

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville	TAX NO. 162400 121237	TYPE OF ESTABLISHMENTS		
	SR. NO.	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 Capitol Dr Suite 105 Creedmoor, NC 27522		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION: ~~HH~~ bg	REPAIR: ~~HH~~ bg
PROPERTY ADDRESS/LOCATION: Butterfly Circle		DESIGN FLOW:	480 GPD	
		LTAR:	.3 GPD	
SUBDIVISION: Chesleigh		ABSORPTION AREA:	1720 ft²	1780 ft²
LOT NUMBER: 103		TRENCH WIDTH:	3'	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:	20"	
		TRENCH SPACING:	9' O.C.	
		TOTAL TRENCH LENGTH:	430'	
		NUMBER OF TRENCHES:	1 Serial	4
		GRAVEL DEPTH:	Accepted	
		TANK SIZE:	1000 Gallon	
		PUMP TANK SIZE:		1000 Gallon
		DISTRIBUTION DEVICE:	'D' 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 attached plan

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

Construction Authorization Addendum ☒ Yes ☐ No

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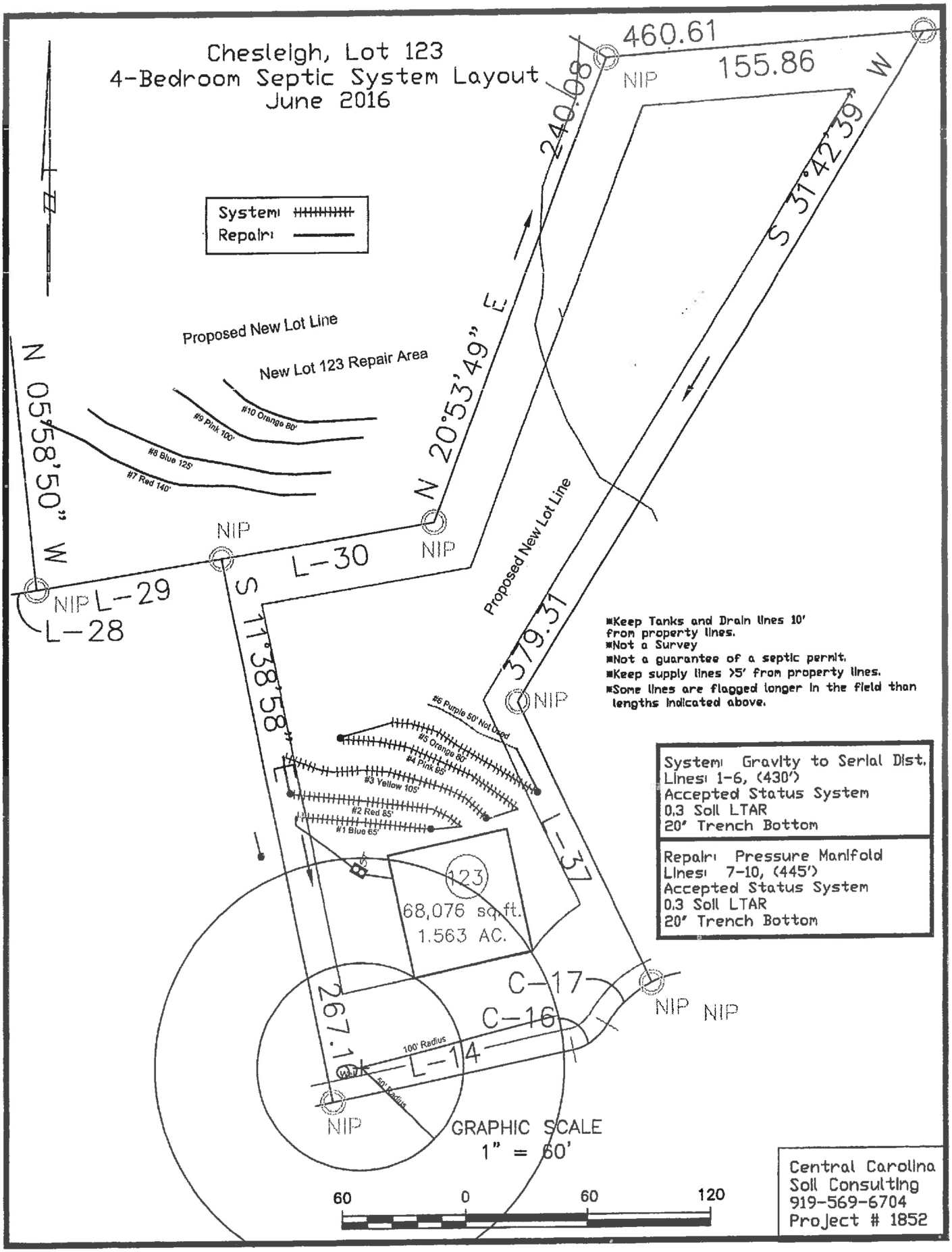
OPERATION PERMIT DATE:

SYSTEM INSTALLED BY: _____

ISSUED BY: _____

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


Chesleigh, Lot 123
4-Bedroom Septic System Layout
June 2016
System
Repair
Proposed New Lot Line
New Lot 123 Repair Area
#10 Orange 80'
#9 Pink 100'
#8 Blue 125'
#7 Red 140'
#6 Purple 50' Not Used
#5 Orange 80'
#4 Pink 85'
#3 Yellow 105'
#2 Red 85'
#1 Blue 65'
N 05°58'50" W
N 20°53'49" E
240.08
460.61
NIP
155.86
S 31°42'39" W
NIP
L-30
NIP
NIP
L-29
L-28
S 11°38'58" E
Proposed New Lot Line
379.31
NIP
L-37
123
68,076 sq.ft.
1.563 AC.
C-17
C-16
L-14
297.1
100' Radius
50' Radius
NIP
NIP
NIP
GRAPHIC SCALE
1" = 60'
60
0
60
120
*Keep Tanks and Drain lines 10' from property lines.
*Not a Survey
*Not a guarantee of a septic permit.
*Keep supply lines >5' from property lines.
*Some lines are flagged longer in the field than lengths indicated above.
System: Gravity to Serial Dist.
Lines: 1-6, (430')
Accepted Status System
0.3 Soil LTAR
20" Trench Bottom
Repair: Pressure Manifold
Lines: 7-10, (445')
Accepted Status System
0.3 Soil LTAR
20" Trench Bottom
Central Carolina
Soil Consulting
919-569-6704
Project # 1852

Chesleigh, Lot 123
TAP CHART

Bench Mark		is = 100.00	Location of BM:					**Elevation Head**	-89.00
Pump tank el	0	5	95.00	**Pump elev.**	90.00		**Manifold elev.**		1.00
line	**color**	**rod read**	**Elevation**	**length**	**hole size**	**flow/tap**	**gal/day**	**trench area**	**LINE LTAR**

	total	**feet =**	**0**	**gal/min =**	**0**	**LTAR =**	**0.3000**
						LTAR ÷ %5	**0.3150**
% of Dose Vol.	75		**Des. Flow**	**480**		**(ltar W/ INOV)**	0.4000
Dose Volume	0.00		**Pump Run=**	#DIV/0!		**(ltar W/ INOV + 5%)**	0.4200
Dose Pump Time	#DIV/0!		**Tank Gal/IN**	21			
Drawdown in Inches	0.00						

Chesleigh, Lot 123
Repair TAP CHART

Bench Mark		is = 100.00	Location of BM:					**Elevation Head**	-7.70
Pump tank elev.		5	95.00	**Pump elev.**	90.00		**Manifold elev.**		82.30
line	**color**	**rod read**	**Elevation**	**length**	**hole size**	**flow/tap**	**gal/day**	**trench area**	**LINE LTAR**
7	Red	18.70	81.30	140	1in SCH 80	16.8	173.38	420	0.4128
8	Blue	20.30	79.70	125	3/4in SCH 40	12.5	129.00	375	0.3440
9	Pink	22.6	77.40	100	3/4in SCH 80	10.1	104.24	300	0.3475
10	Orange	24.4	75.60	80	1/2in SCH 40	7.11	73.38	240	0.3057

	total	**feet =**	**445**	**gal/min =**	**46.51**	**LTAR =**	**0.3000**
						LTAR + %5	**0.3150**
% of Dose Vol.	75		**Des. Flow**	**480**		**(ltar W/ INOV)**	0.4000
Dose Volume	216.94		**Pump Run=**	10.32		**(ltar W/ INOV + 5%)**	0.4200
Dose Pump Time	4.66		**Tank Gal/IN**	21			
Drawdown in Inches	10.33						

Granville - Vance District Health Department
Environmental Health
Well Construction Permit

1926

Owner/Applicant: Wynn Construction Date: 8/26/16
Address or Location of Property: 13 Holly Circle

Subdivision & Lot #: Cheshire 123 Septic Permit #: 8765
Zoning Permit #: 14265 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 septic tank and drain field, including repair area – 100 ft
Setback from structural foundations – 25 ft
Setback from ponds, lakes or other bodies of water – 50 ft

Site Sketch:

see attached

Conditions: _____

Authorized Agent: Chris Heath
Date: 8/26/16

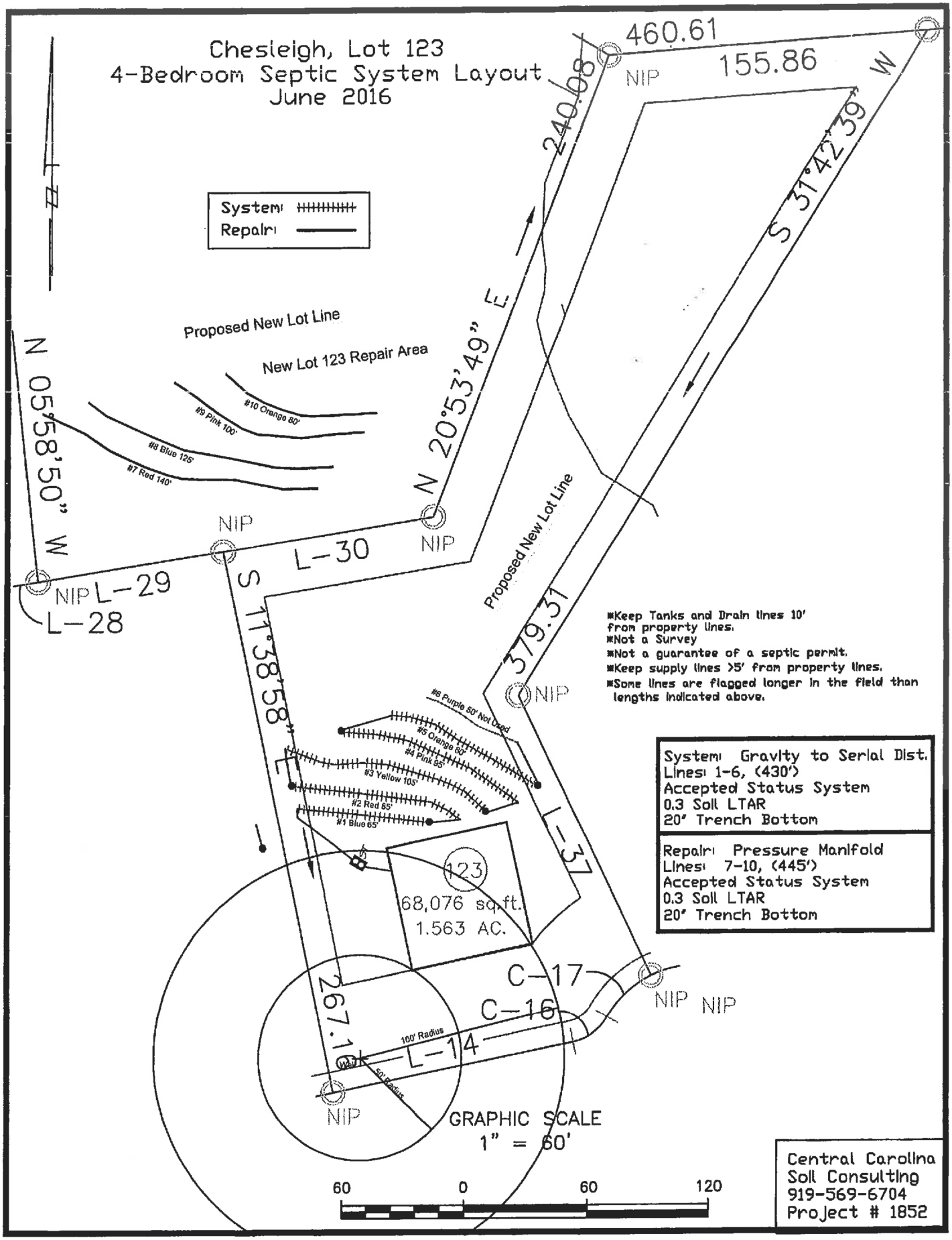
 # 1 Well Grout: (Circle or write in)
Witnessed: Yes or No EHS Agent: _____
Date: _____ Annular Space Open: Yes or No
Over reamed: Yes or No Depth Grouted: _____
Method: _____ Pump _____ Poured _____ Pressure
Well Log received: Yes or No (EHS to Attach to Permit)
Driller Name: _____ Cert. # _____
Depth: _____ Casing Depth: _____ GPM: _____

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: _____ **EHS**
Date Completed: _____

 # 4 Water Samples Taken: Date: _____
EHS: _____ **Results:** _____
Retest: _____ **Results:** _____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C-17
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