North Carolina State Laboratory of Public Health

Environmental Sciences

Inorganic Chemistry

4312 District Drive
MSC 1918
Raleigh, NC 27699-1918

http://slph.ncpublichealth.com
Phone: 919-733-7308
Fax: 919-715-8611

Certificate of Analysis

FINAL REPORT

Report to: WILL BULLOCK

GRANVILLE CO ENVIRONMENTAL HEALTH
PO BOX 367
OXFORD, NC 27565

Name of System:

Grande Manor Homes
3684 Summer Springs Dr
Summersprings 137
Franklinton, NC 27525

EIN: 561060453EH

Delivery: NC Courier

StarLiMS ID: ES200514-0064

Date Collected: 05/13/2020
Time Collected: 13:50
By: Will Bullock
Date Received: 05/14/2020
Time Received: 08:11

Sample Type: Raw
Sample Source: New Well
Sampling Point: Well
Receipt Temp. : 0.0 °C
Well Permit No. 3039
GPS Number:

Profile: New Well I

Analyte	Test Result	Allowable Limit	Unit	Qualifier(s)
Arsenic	<0.001	0.010	mg/L	
Barium	<0.1	2.0	mg/L	
Cadmium	<0.001	0.005	mg/L	
Calcium	23		mg/L	
Chloride	<5	250	mg/L	
Chromium	<0.01	0.10	mg/L	
Copper	<0.05	1.3	mg/L	
Fluoride	<0.1	4	mg/L	
Iron	0.16	0.30	mg/L	
Lead	<0.003	0.015	mg/L	
Magnesium	42		mg/L	
Manganese	<0.005	0.05	mg/L	
Mercury	<0.0005	0.002	mg/L	
Nitrate	<1	10.0	mg/L	
Nitrite	<0.1	1.00	mg/L	
pH	7.5		N/A	
Selenium	<0.005	0.05	mg/L	
Silver	<0.01	0.10	mg/L	
Sodium	4.5		mg/L	
Sulfate	<5	250	mg/L	
Total Alkalinity	211		mg/L	
Total Hardness	229		mg/L	
Zinc	0.05	5.00	mg/L	

Report Date: 06/02/2020

Received
JUN 04 2020
Granville County
Health Department

Reported By: Kenneth Greene

Kenneth Greene

Emailed 6/9/20

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North Carolina State Laboratory of Public Health

Environmental Sciences

Microbiology

Certificate of Analysis

FINAL REPORT

Report to: **WILL BULLOCK**

GRANVILLE CO ENVIRONMENTAL HEALTH
PO BOX 367
Oxford, NC 27565

Name of System:

Grande Manor Homes
3689 Summer Springs Dr. / Summer Sprin
Franklinton, NC 27525 #137

EIN: 561060453EH **Delivery: Private** **Granville County**

StarLiMS ID:	ES200514-0156	Date Collected:	05/13/2020	Time Collected:	13:50	By:	Will Bullock
		Date Received:	05/14/2020	Time Received:	09:40	By:	Denise Richardson
Sample Source:	New Well	Sampling Point:	Well				
Sample Type:	Raw	GPS No.					
Treatment:		Well Permit No.	3039				

Comment:

Colilert Profile **Method: SM 9223B**

Analyte	Test Result	Unit	Conclusion	Date Tested
Total Coliform	Absent			05/14/2020
E. coli	Absent			05/14/2020

Report Date: 05/27/2020 **Reported By:** **KPLEMMONS**

Received
JUN 02 2020
Granville County
Health Department

Explanations of Coliform Analysis:
If coliform bacteria are **Absent**, the water is considered safe for drinking purpose. If coliform bacteria are **Present**, the water is considered unsafe for drinking purpose. Presence of *E. coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Emailed 6/4/20

Granville - Vance District Health Department
Environmental Health
Well Construction Permit

3039

Owner/Applicant: Grande Manor Homes Date: 9-3-19
Address or Location of Property: 3689 Summer Springs Dr.
Subdivision & Lot #: Summer Springs / 137 Septic Permit #: 12059
Zoning Permit #: 21146 Environmental Health Specialist: AWC

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 Attachment

As Built Drawing:

Conditions:

Authorized Agent: [signature]
Date: 9-3-19

 # 1 Well Grout: (Circle or write in)
Witnessed: (Yes) or No EHS Agent: [signature]
Date: 12/10/19 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. # ____
Depth: 125 Casing Depth: 25' GPM: 15

 # 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: [signature] **EHS**
Date Completed: 5-13-20

 # 4 Water Samples Taken: Date: 5-13-20
EHS: WTB **Results:** ____
Retest: ____ **Results:** ____

SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

SEPTIC AND PUMP TANK INSPECTION

		INITIAL	DATE
SEPTIC TANK			
Manufacturer	DB	WJB	1-28-20
Date of Manufacture	10-19		
Stamp	DB 507		
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	No D Box		
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	350' (Aerial)					
Trench Grade	✓					
Stone Depth	18"					
	Ez flow					

WELL INSPECTION

LOCATION OF WELL 72-73' from closest part of septic (see final sketch) WJB 1-28-20

COMMENTS:

Granville – Vance District Health Department
Environmental Health

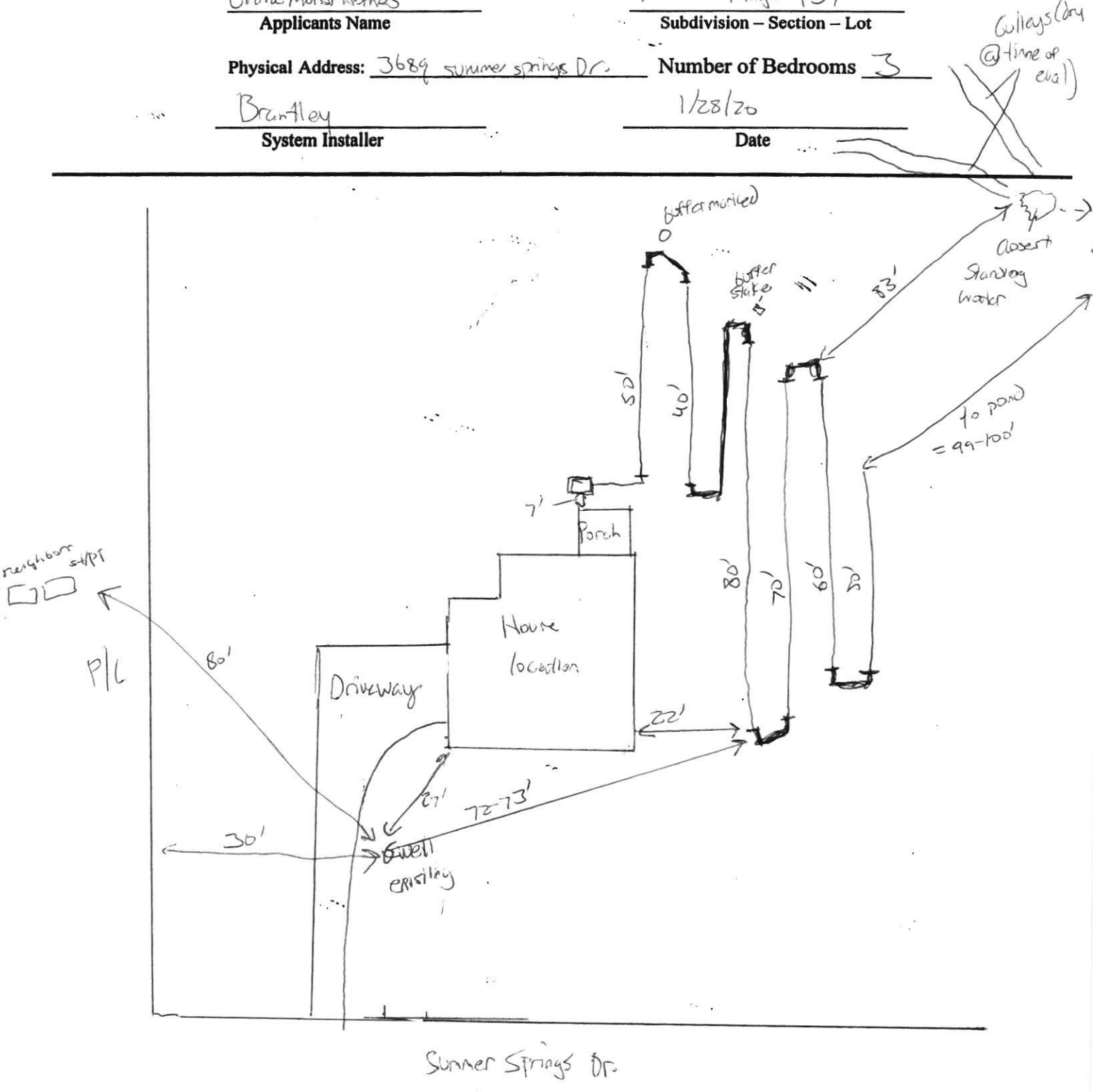
Pin _____ Permit Number 2059

Final Sketch

Grant Mercer Homes — Summerstrings 137
Applicants Name — **Subdivision – Section – Lot**

Physical Address: 3689 summer springs Dr. **Number of Bedrooms** 3

Brantley — 1/28/20
System Installer — **Date**



Authorized Signature — 1-28-20 **Date**

PERMIT NUMBER 2059

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville	TAX NO.	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
	LOT SIZE	RESIDENCE ✓ BUSINESS ___ OTHER ___	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS: 6 MAX	
APPLICANT'S NAME & ADDRESS: Grande Manor Homes		WATER SUPPLY WELL ☑ PUBLIC ☐	INITIAL INSTALLATION	REPAIR	
		TYPE OF WASTEWATER SYSTEM	IIIg	IIIbg	
PROPERTY ADDRESS/LOCATION: 3689 Summer Springs Dr		DESIGN FLOW:	360 gpd		*THIS IMPROVEMENT PERMIT IS SUBJECT TO REVOCATION IF THE INTENDED USE CHANGES FROM THOSE SHOWN ON THE IMPROVEMENT PERMIT. CHANGES SHALL REQUIRE HEALTH DEPARTMENT APPROVAL.
		LTAR:	.27 gpd/ft²		
SUBDIVISION: Summer Springs		ABSORPTION AREA:	1,035 ft²		
LOT NUMBER: 137		TRENCH WIDTH	36"		
REFERENCE SKETCH (SEE PLAT FOR DETAILS) * Risers on tank		TRENCH DEPTH:	18"		
		TRENCH SPACING:	9' o.c.		
		TOTAL TRENCH LENGTH:	345'		
		NUMBER OF TRENCHES:	6 Serial		
		GRAVEL / ACCEPTED:	Accepted		
		TANK SIZE:	1000 gal		PERMIT VALID FOR: 5 YEARS (YES) NO
		PUMP TANK SIZE:	N/A		NO EXPIRATION YES (NO)
		DISTRIBUTION DEVICE:	~~D-BOX~~ D-BOX if needed		

****

IMPROVEMENT PERMIT DATE: 9-3-19

FOR: Grande Manor Homes

ISSUED BY: Autumn Cronin

****

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 2059

Unless otherwise indicated, the same conditions above apply regarding system type, layout, location and installation requirement.

(The wastewater system cannot be installed until authorization is signed)

Comments: _____

Date: 9-3-19 Environmental Health Specialist: Autumn Cronin

Construction Authorization Addendum ☑ Yes ☐ No

OPERATION PERMIT DATE: 1-28-20

SYSTEM INSTALLED BY: Brantley

ISSUED BY: [signature]

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