

# **GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS**

|                                                                               |                                |                                                                                                                      |                                                                             |                                       |                                                                                                                                                                             |
|-------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COUNTY:<br><b>Granville</b>                                                   | TAX NO.<br><b>182400121237</b> | TYPE OF ESTABLISHMENTS                                                                                               |                                                                             |                                       | *THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.                                                                               |
| SR. NO.                                                                       |                                | RESIDENCE <input checked="" type="checkbox"/><br>BUSINESS <input type="checkbox"/><br>OTHER <input type="checkbox"/> | NUMBER OF BEDROOMS:<br><b>4</b>                                             | NUMBER OF OCCUPANTS:<br><b>8 MAX!</b> |                                                                                                                                                                             |
| APPLICANT: <b>Wynn Const.</b>                                                 |                                | WATER SUPPLY                                                                                                         | WELL <input checked="" type="checkbox"/><br>PUBLIC <input type="checkbox"/> | OTHER <input type="checkbox"/>        |                                                                                                                                                                             |
| APPLICANT'S NAME & ADDRESS:<br><b>2450 Capitol Dr<br/>Creedmoor, NC 27422</b> |                                | TYPE OF WASTEWATER SYSTEM                                                                                            | INITIAL INSTALLATION                                                        | REPAIR                                |                                                                                                                                                                             |
| PROPERTY ADDRESS/LOCATION:<br><b>Lavender Lane</b>                            |                                | DESIGN FLOW:                                                                                                         | <b>480 gpd</b>                                                              |                                       | *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. |
| SUBDIVISION: <b>Chesleigh</b>                                                 |                                | LTAR:                                                                                                                | <b>3 gpd/ft<sup>2</sup></b>                                                 |                                       |                                                                                                                                                                             |
| LOT NUMBER: <b>112</b>                                                        |                                | ABSORPTION AREA:                                                                                                     | <b>1600 ft<sup>2</sup></b>                                                  |                                       |                                                                                                                                                                             |
| REFERENCE SKETCH (SEE PLAT FOR DETAILS)                                       |                                | TRENCH WIDTH:                                                                                                        | <b>36"</b>                                                                  |                                       |                                                                                                                                                                             |
| <b>*NO Foundation Drain!</b><br><b>*Maintain Setbacks</b>                     |                                | TRENCH DEPTH:                                                                                                        | <b>18-20"</b>                                                               |                                       | PERMIT VALID FOR 5 YEARS<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                             |
|                                                                               |                                | TRENCH SPACING:                                                                                                      | <b>9' O.C.</b>                                                              |                                       |                                                                                                                                                                             |
|                                                                               |                                | TOTAL TRENCH LENGTH:                                                                                                 | <b>400'</b>                                                                 |                                       |                                                                                                                                                                             |
|                                                                               |                                | NUMBER OF TRENCHES:                                                                                                  | <b>4</b>                                                                    |                                       |                                                                                                                                                                             |
|                                                                               |                                | GRAVEL DEPTH:                                                                                                        | <b>Accepted</b>                                                             |                                       | NO EXPIRATION<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                        |
|                                                                               |                                | TANK SIZE:                                                                                                           | <b>1000</b>                                                                 |                                       |                                                                                                                                                                             |
|                                                                               |                                | PUMP TANK SIZE:                                                                                                      | <b>-</b>                                                                    |                                       |                                                                                                                                                                             |
|                                                                               |                                | DISTRIBUTION DEVICE:                                                                                                 | <b>D-Box</b>                                                                |                                       |                                                                                                                                                                             |

\*\*\*\*\* IMPROVEMENT PERMIT DATE: **8-10-16** \*\*\*\*\*

FOR: **Wynn Construction**  
ISSUED BY: **Adam C...**

\*\*\*\*\* CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# **8740** \*\*\*\*\*

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: **Contractor to establish & follow contours.**

Date: **8-10-16** Environmental Health Specialist: **Adam C...**  
Construction Authorization Addendum ☐ Yes ☒ No

\*\*\*\*\* OPERATION PERMIT DATE: \*\*\*\*\*

SYSTEM INSTALLED BY: \_\_\_\_\_  
ISSUED BY: \_\_\_\_\_

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

Granville County Health Department  
Environmental Health

Permit Number \_\_\_\_\_

☒ Improvement Permit

☒ Construction Authorization

**SITE SKETCH**

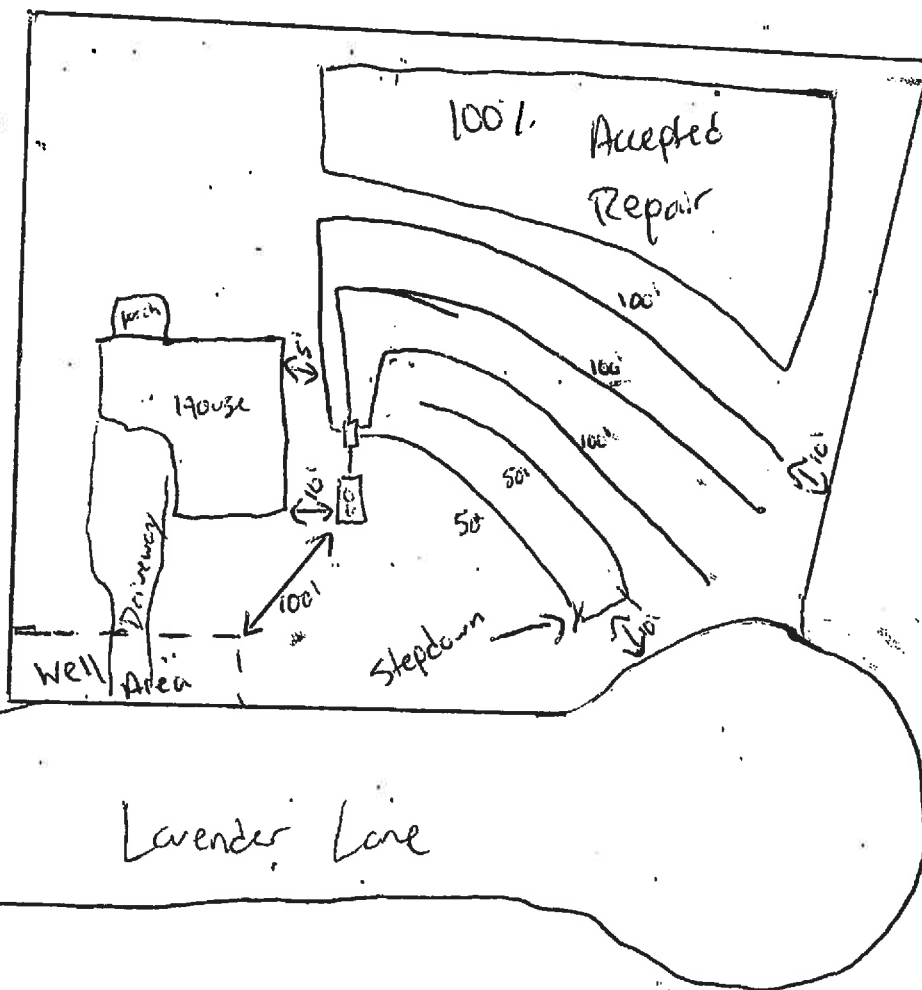
Wynn Construction  
Applicants Name

Chisleigh 112  
Subdivision - Section - Lot

Adam Cunn  
Authorized State Agent

8-10-16  
Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to insure that proper grade is maintained.



# Granville - Vance District Health Department

## Environmental Health

### Well Construction Permit

1908

Owner/Applicant: Wynn Construction

Date: 8-10-16

Address or Location of Property: lavender Lane

Subdivision & Lot #: chesleigh / 112

Septic Permit #: 8740

Zoning Permit #: 19453

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)

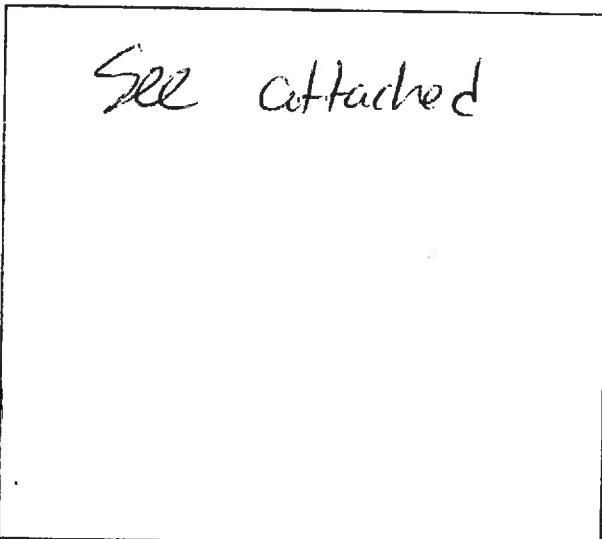
Setback from property lines – 10 ft

Setback from 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:**



**Conditions:**

Authorized Agent: Octavio Carr

Date: 8-10-16

**# 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: \_\_\_\_\_

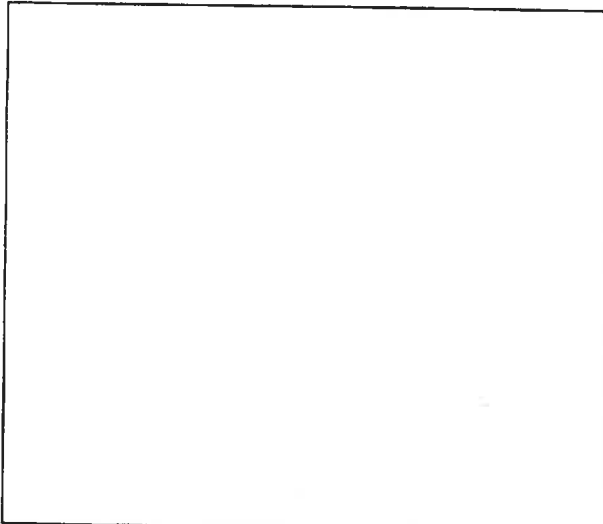
Method: \_\_\_\_\_ Pump \_\_\_\_\_ Poured \_\_\_\_\_ Pressure

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: \_\_\_\_\_

Granville County Health Department  
Environmental Health

Pin \_\_\_\_\_

Permit Number \_\_\_\_\_

☒ Improvement Permit

☒ Construction Authorization

**SITE SKETCH**

Wynn Construction  
Applicants Name

Chesleigh 112  
Subdivision - Section - Lot

Adam Cunn  
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