

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: <u>Granville</u>	TAX NO.	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
APPLICANT'S NAME & ADDRESS <u>Jenea Garland</u>	LOT SIZE	RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: <u>4</u>	NUMBER OF OCCUPANTS: <u>8 MAX</u>	
		WATER SUPPLY WELL ☒ PUBLIC ☐	INITIAL INSTALLATION	REPAIR	
		TYPE OF WASTEWATER SYSTEM			
PROPERTY ADDRESS/LOCATION: <u>1556 Dogwood Dr</u>		DESIGN FLOW:	<u>480 gpd</u>		*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:	<u>.3 gpd/FT²</u>		
SUBDIVISION: <u>Shelton Hills</u>		ABSORPTION AREA:	<u>1,200 FT²</u>		
LOT NUMBER: <u>86</u>		TRENCH WIDTH	<u>36"</u>		
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:	<u>20-24"</u>		
		TRENCH SPACING:	<u>9' o.c.</u>		
		TOTAL TRENCH LENGTH:	<u>400'</u>		
		NUMBER OF TRENCHES:	<u>3 or 4</u>		
		GRAVEL / ACCEPTED:	<u>Accepted</u>		
		TANK SIZE:	<u>1000 gal</u>		
		PUMP TANK SIZE:	<u>N/A</u>		PERMIT VALID FOR: 5 YEARS YES ☒ NO ☐
		DISTRIBUTION DEVICE:	<u>D-Box</u>		NO EXPIRATION YES ☐ NO ☒

* Do not install when wet.
* Risers on tank

IMPROVEMENT PERMIT
FOR: Jenea Garland DATE: 4-16-2020
ISSUED BY: Alumnus Cooney

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 2226

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: Contractor to establish & follow contour.

Date: 4-16-2020 Environmental Health Specialist: Alumnus Cooney
Construction Authorization Addendum ☒ Yes ☐ No

OPERATION PERMIT

DATE:

SYSTEM INSTALLED BY: _____
ISSUED BY: _____

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

Granville-Vance District Health Department
Environmental Health

Pin _____

Permit Number 5-2226
W-3192

☒ Improvement Permit

☒ Construction Authorization

Site Sketch

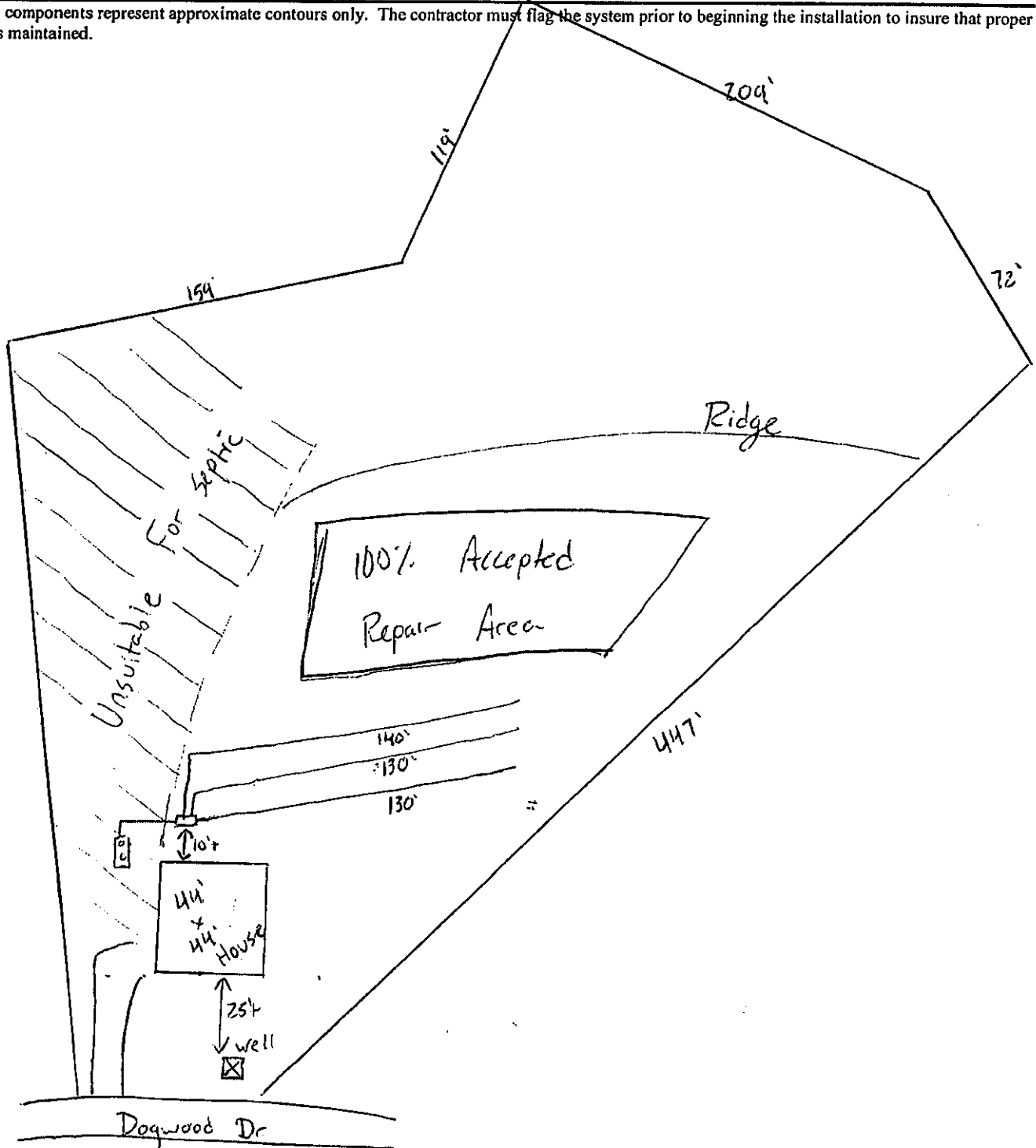
Jenea Garland
Applicants Name

Shelton Hills - 86
Subdivision - Section - Lot

Adrian L. Linn
Authorized State Agent

4-16-2020
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

3192

Owner/Applicant: Jenea GracelandAddress or Location of Property: 1556 Dogwood DrDate: 4-16-2020Subdivision & Lot #: Shelton Hills / 86Septic Permit #: 2226Zoning Permit #: 21714Environmental 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.

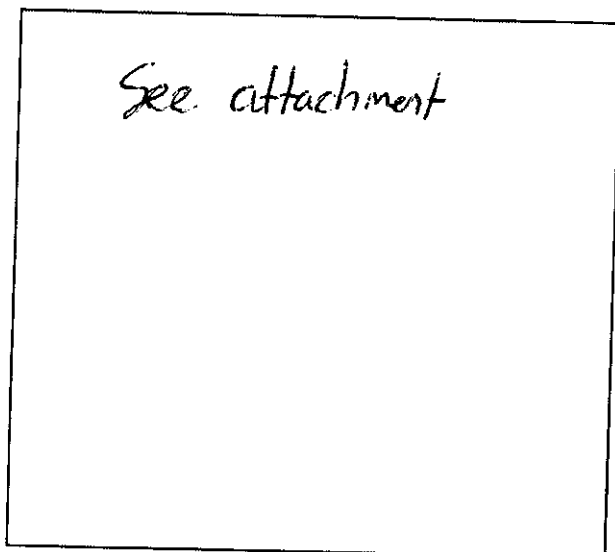
Minimum Setbacks: (these are the main setbacks, but not all required setbacks)

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: Antony C. [Signature]Date: 4-16-2020**# 1 Well Grout: (Circle or write in)**

Witnessed: Yes or No EHS Agent: _____

Date: _____ Annular Space Open: Yes or No

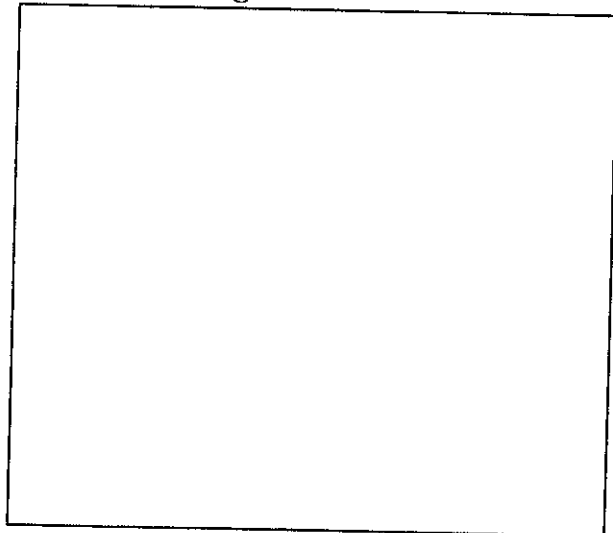
Over reamed: Yes or No Depth Grouted: _____

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-Vance District Health Department
Environmental Health

Pin _____

Permit Number

5-2226

☒ Improvement Permit

☒ Construction Authorization

W-3192

Site Sketch

Jenea Garland

Applicants Name

Shelton Hills - 86

Subdivision - Section - Lot

Andrew L. L. L.

Authorized State Agent

4-16-2020

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.

