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GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor Mack Builders Date 11-7-07 S.R. No. 1734

Location/Address Bruce Garner → Cashmere Lane → (R) on Chatham Ct → lot on (L)

Subdivision/Mobile Home Park Name Memweather Lot Size 50,137 Ft²

Permit No. # 06340 Lot No. 14

New System ☒ Repair ☐

House ☒ Mobile Home ☐ Business ☐

No. Bedrooms 4 No. People 8 No. Toilets 3

Water Supply: Private ☒ Approved ☒

Semi-Public ☐ Unapproved ☐

Public ☐ None ☐

Nitrification System:

Tank Size 1000 gal.

Distribution Box ☒ No. Lines 4

Nitrification Field 1600 Sq. Ft.

Lines: 1 2 3 4 5 6

Width 36" 36" 36" 36" _____

Length 100' 100' 100' 100' _____

Grade 56 1/2 61 1/2 66 74 _____

Stone Depth EZ-Flow _____

Layout to be followed by installer:

Tank info:

9-27-02

DB

STB-6416

CAP-1000

Well info:

Driller # 3454

10-29-07

300' deep

83' casing

15 GPM

6" height

air gap

hose bib

well tag

electrical

4 no pump tag

Improvements Permit By David Cumbee Installer Trueworks

Certificate of Completion By Cassell Q. Champion, RS Date of Inspection 11-7-07

* Construction must comply with all other applicable state and local regulations, but the permit is not a guarantee that the system will not malfunction and the Granville-Vance Health District will not be held responsible for a malfunctioning system.

WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

CRUIE LYNCH

Well Contractor Name

4374-C

NC Well Contractor Certification Number

WATER WIZARDS INC.

Company Name

2. Well Construction Permit #:

List all applicable well permits (i.e. County, State, Variance, Injection, etc.)

3. Well Use (check well use):

- ☐ Agricultural
☐ Geothermal (Heating/Cooling Supply)
☒ Residential Water Supply (single)
☐ Residential Water Supply (shared)
☐ Irrigation
☐ Non-Water Supply Well:
☐ Monitoring
☐ Recovery
☐ Injection Well:
☐ Aquifer Recharge
☐ Aquifer Storage and Recovery
☐ Salinity Barrier
☐ Groundwater Remediation
☐ Tracer
☐ Other (explain under #21 Remarks)

- ☐ Geothermal (Heating/Cooling Return)
☐ Geothermal (Closed Loop)
☐ Experimental Technology
☐ Aquifer Test
☐ Aquifer Storage and Recovery
☐ Salinity Barrier
☐ Groundwater Remediation
☐ Tracer
☐ Other (explain under #21 Remarks)

4. Date Well(s) Completed: **1-31-18** Well ID#
 5a. Well Location:
KRISTINA DECKER
 Facility/Owner Name
1006 CHATHAM JONESVILLE, NC
 Physical Address, City, and Zip
GRANVILLE
 County
 5b. Latitude and Longitude in degrees/minutes/seconds or decimal degrees:
36° 3' 40.10" N 78° 33' 40.73" W
 Parcel Identification No. (PIN)

6. Is (are) the well(s) ☒ Permanent or ☐ Temporary
 7. Is this a repair to an existing well: ☒ Yes or ☐ No
 If this is a repair, fill out known well construction information and explain the nature of the repair under #21 Remarks section or on the back of this form.
 8. Number of wells constructed: **1**
 For multiple injection or non-water supply wells ONLY with the same construction, you can submit one form.
 9. Total well depth below land surface:
 For multiple wells list all depths if different (example: 3@200' and 2@100')
28'
 10. Static water level below top of casing:
 If water level is above casing, use "++"
28'
 11. Borehole diameter: **6 1/4** (in.)
 12. Well construction method:
 (i.e. auger, rotary, cable, direct push, etc.)
Rotary
 13a. Yield (gpm): **5**
 13b. Distinction type: **HTH**
 Amount: **1/4 cup**
 Method of test: **Pump**
 FOR WATER SUPPLY WELLS ONLY:

For Internal Use ONLY:

FROM	TO	DESCRIPTION
14. WATER ZONES		
15. OUTER CASING (for multi-cased wells) OR L. INNER (if applicable)		
FROM	TO	DIA. (in.)
0	140	4
16. INNER CASING OR TUBING (geothermal closed-loop)		
FROM	TO	DIA. (in.)
0	140	4
17. SCREEN		
FROM	TO	DIA. (in.)
0	140	4
18. GROUT		
FROM	TO	DIA. (in.)
0	140	4
19. SAND/GRAVEL PACK (if applicable)		
FROM	TO	DIA. (in.)
0	140	4
20. DRILLING LOG (attach additional sheets if necessary)		
FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0	140	4
21. REMARKS		
Left casing! Ann Joint @ 66' Left casing! Ann Joint @ 83' Left casing! Ann Joint @ 87'		

22. Certification:

Signature of certified Well Contractor: **[Signature]** Date: **1-31-18**
 By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with 15A NCAC 02C .0100 or 15A NCAC 02C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

23. Site diagram or additional well details:
 You may use the back of this page to provide additional well site details or well construction details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

Division of Water Resources, Information Processing Unit,
 1617 Mail Service Center, Raleigh, NC 27699-1617

24b. For Injection Wells ONLY: In addition to sending the form to the address in 24a above, also submit a copy of this form within 30 days of completion of well construction to the following:

Division of Water Resources, Underground Injection Control Program,
 1636 Mail Service Center, Raleigh, NC 27699-1636

24c. For Water Supply & Injection Wells:

Also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where constructed.

REPAIR
UNAR

Granville - Vance District Health Department

Environmental Health

Well Construction Permit

2441

Owner/Applicant: Craig Cymal Water Wzskw Inc.

Date: 1/31/18

Address or Location of Property: 100 CHOTNAM CT.

Subdivision & Lot #: MEREWATER 14

Septic Permit #: 06340

Zoning Permit #: 15138

Environmental Health Specialist: Willard

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: — PUT LINER IN WELL TO

REPAIR A LEAKING CASING

Authorized Agent: Willard

Date: 1-31-18

1 Well Grout: (Circle or write in)

Witnessed: Yes or No EHS Agent: Willard

Date: 1/31/18 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: Water Wzskw Cert. # 4324-C

Depth: Casing Depth: 140 GPM: 5

REPAIR UNAR

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:

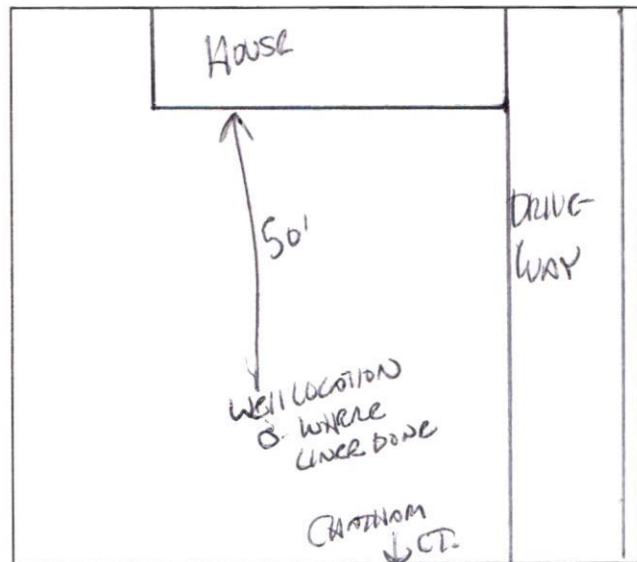
3 Well Completion Permit: EHS

Date Completed:

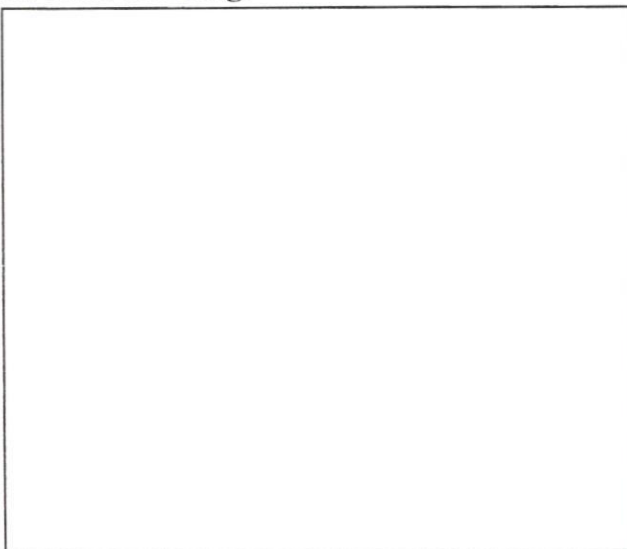
4 Water Samples Taken: Date:

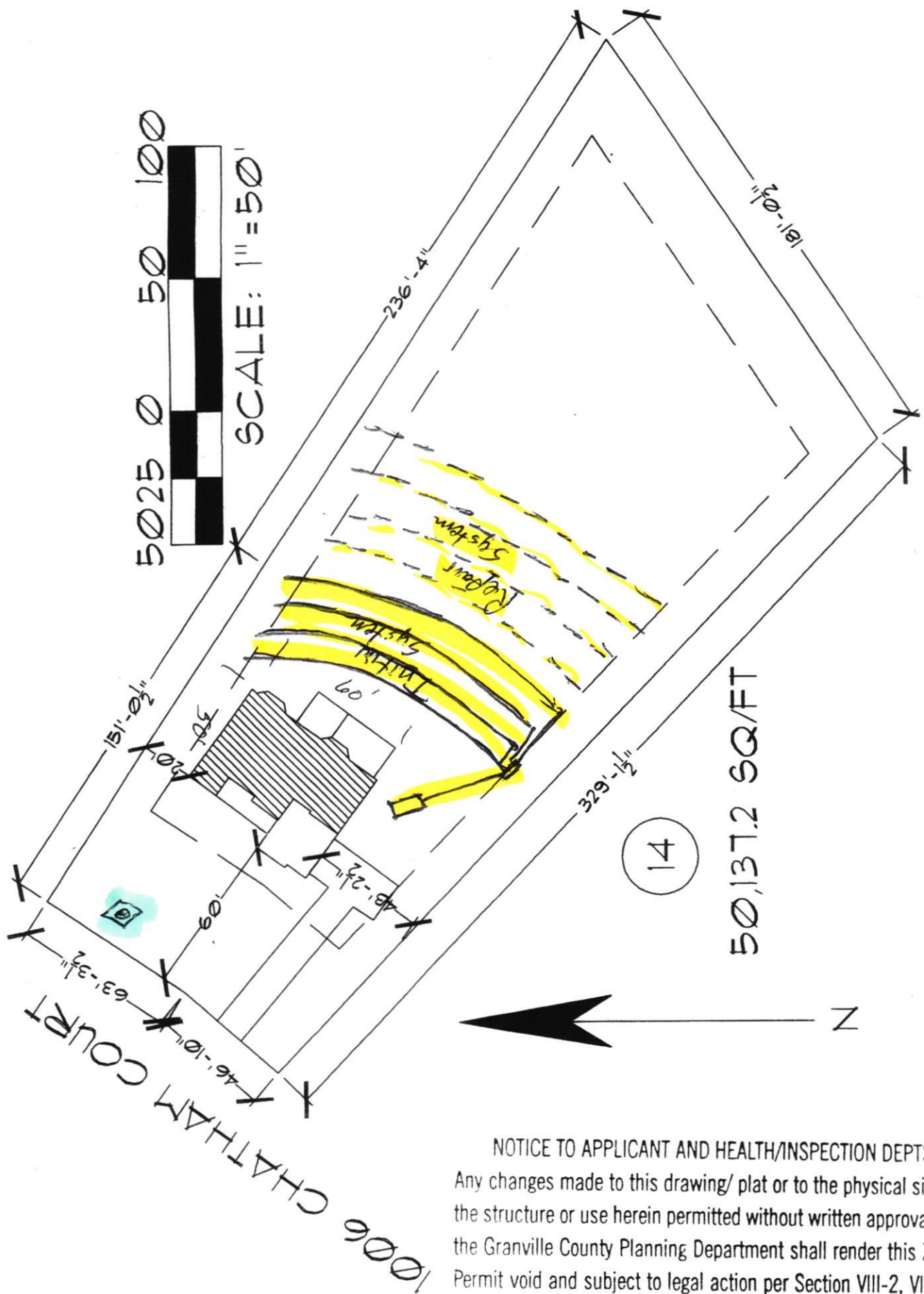
EHS: Results:

Retest: Results:



As Built Drawing:





NOTICE TO APPLICANT AND HEALTH/INSPECTION DEPTS.
Any changes made to this drawing/ plat or to the physical siting of the structure or use herein permitted without written approval from the Granville County Planning Department shall render this Zoning Permit void and subject to legal action per Section VIII-2, VIII-4 of the Granville County Zoning Ordinance.

11:00 11-7-07

True Love
PERMIT NUMBER 06340

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS

COUNTY:	TAX NO.	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
Granville	182400918321	RESIDENCE ☒	NUMBER OF BEDROOMS:	NUMBER OF OCCUPANTS:	
OWNER: Mack Builders Inc.	SR. NO. 1134	BUSINESS ☐	4	Spec	
APPLICANT'S ADDRESS:		OTHER ☐	WELL ☒	OTHER ☐	
105 King Charles Drive		WATER SUPPLY	PUBLIC ☐		*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.
Youngsville 21596		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	REPAIR	
PROPERTY ADDRESS/LOCATION:		DESIGN FLOW:	480 gal/day	Type III g	
Chatham Court		LTAR:	3 gal/hr		
SUBDIVISION:		ABSORPTION AREA:	1600 ft ²		
Marriweather		TRENCH WIDTH:	3'		
LOT NUMBER: 14		TRENCH DEPTH:	22"		
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH SPACING:	9' o.c.		
Lines dug level and on contour, Contour to be established by installer -		TOTAL TRENCH LENGTH:	* 400'		
Keep system up hill as much as possible to leave room for repair system -		NUMBER OF TRENCHES:	4		
		GRAVEL DEPTH:	* Accepted status (non-gravel)		PERMIT VALID FOR: 5 YEARS
		TANK SIZE:	1000 gal.		YES ☒ NO ☐
		PUMP TANK SIZE:			NO EXPIRATION
		DISTRIBUTION DEVICE:	Distribution 130x		

IMPROVEMENT PERMIT

DATE:

FOR: Mack Builders Inc.

5-21-07

ISSUED BY: Dan Cumber

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 06340

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: Do not install in wet conditions call 693-2688 (w/ 9 hours)

Date: 5-21-07 Environmental Health Specialist: Dan Cumber

Construction Authorization Addendum ☐ Yes ☒ No

OPERATION PERMIT

DATE: 11-7-07

SYSTEM INSTALLED BY: True Love

ISSUED BY: Cadderone BS

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