

PERMIT NUMBER 9337

# GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS

|                                                                       |         |                                                                                                                      |                                                                             |                                      |                                                                                                                                                                             |
|-----------------------------------------------------------------------|---------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COUNTY:<br><u>Granville</u>                                           | TAX NO. | 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><u>4</u>                                             | NUMBER OF OCCUPANTS:<br><u>8 MAX</u> |                                                                                                                                                                             |
| APPLICANT: <u>Wynn Construction</u>                                   |         | WATER SUPPLY                                                                                                         | WELL <input checked="" type="checkbox"/><br>PUBLIC <input type="checkbox"/> | OTHER <input type="checkbox"/>       |                                                                                                                                                                             |
| APPLICANT'S NAME & ADDRESS:                                           |         | TYPE OF WASTEWATER SYSTEM                                                                                            | INITIAL INSTALLATION<br><u>IIIg</u>                                         | REPAIR                               |                                                                                                                                                                             |
| PROPERTY ADDRESS/LOCATION:<br><u>1314 Sourwood Dr</u>                 |         | DESIGN FLOW:                                                                                                         | <u>480 gpd</u>                                                              |                                      | *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. |
|                                                                       |         | LTAR:                                                                                                                | <u>.3 gpd/ft<sup>2</sup></u>                                                |                                      |                                                                                                                                                                             |
| SUBDIVISION:<br><u>New Forest IV</u>                                  |         | ABSORPTION AREA:                                                                                                     | <u>1,200 ft<sup>2</sup></u>                                                 |                                      |                                                                                                                                                                             |
| LOT NUMBER: <u>106</u>                                                |         | TRENCH WIDTH:                                                                                                        | <u>36"</u>                                                                  |                                      |                                                                                                                                                                             |
| REFERENCE SKETCH (SEE PLAT FOR DETAILS)<br><br><u>*Risers on tank</u> |         | TRENCH DEPTH:                                                                                                        | <u>20-24"</u>                                                               |                                      |                                                                                                                                                                             |
|                                                                       |         | TRENCH SPACING:                                                                                                      | <u>9' o.c.</u>                                                              |                                      |                                                                                                                                                                             |
|                                                                       |         | TOTAL TRENCH LENGTH:                                                                                                 | <u>400'</u>                                                                 |                                      |                                                                                                                                                                             |
|                                                                       |         | NUMBER OF TRENCHES:                                                                                                  | <u>3</u>                                                                    |                                      |                                                                                                                                                                             |
|                                                                       |         | GRAVEL DEPTH:                                                                                                        | <u>N/A</u>                                                                  |                                      |                                                                                                                                                                             |
|                                                                       |         | TANK SIZE:                                                                                                           | <u>1000 gal</u>                                                             |                                      |                                                                                                                                                                             |
|                                                                       |         | PUMP TANK SIZE:                                                                                                      | <u>N/A</u>                                                                  |                                      |                                                                                                                                                                             |
|                                                                       |         | DISTRIBUTION DEVICE:                                                                                                 | <u>D-Box</u>                                                                |                                      | PERMIT VALID FOR: 5 YEARS<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                            |
|                                                                       |         |                                                                                                                      |                                                                             |                                      | NO EXPIRATION<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                        |

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IMPROVEMENT PERMIT

DATE: 3-26-18

FOR: Wynn Construction  
ISSUED BY: Deborah Curran

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CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 9337

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: \_\_\_\_\_

Date: 3-26-18 Environmental Health Specialist: Deborah Curran, REHS  
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

PIN \_\_\_\_\_

**Granville-Vance District Health Department**

Permit Number 5-9337  
W-2475

**Environmental Health**

☒ **Improvement Permit**

☒ **Construction Authorization**

**Site Sketch**

Wynn Construction

**Applicant's Name**

Adam Curre

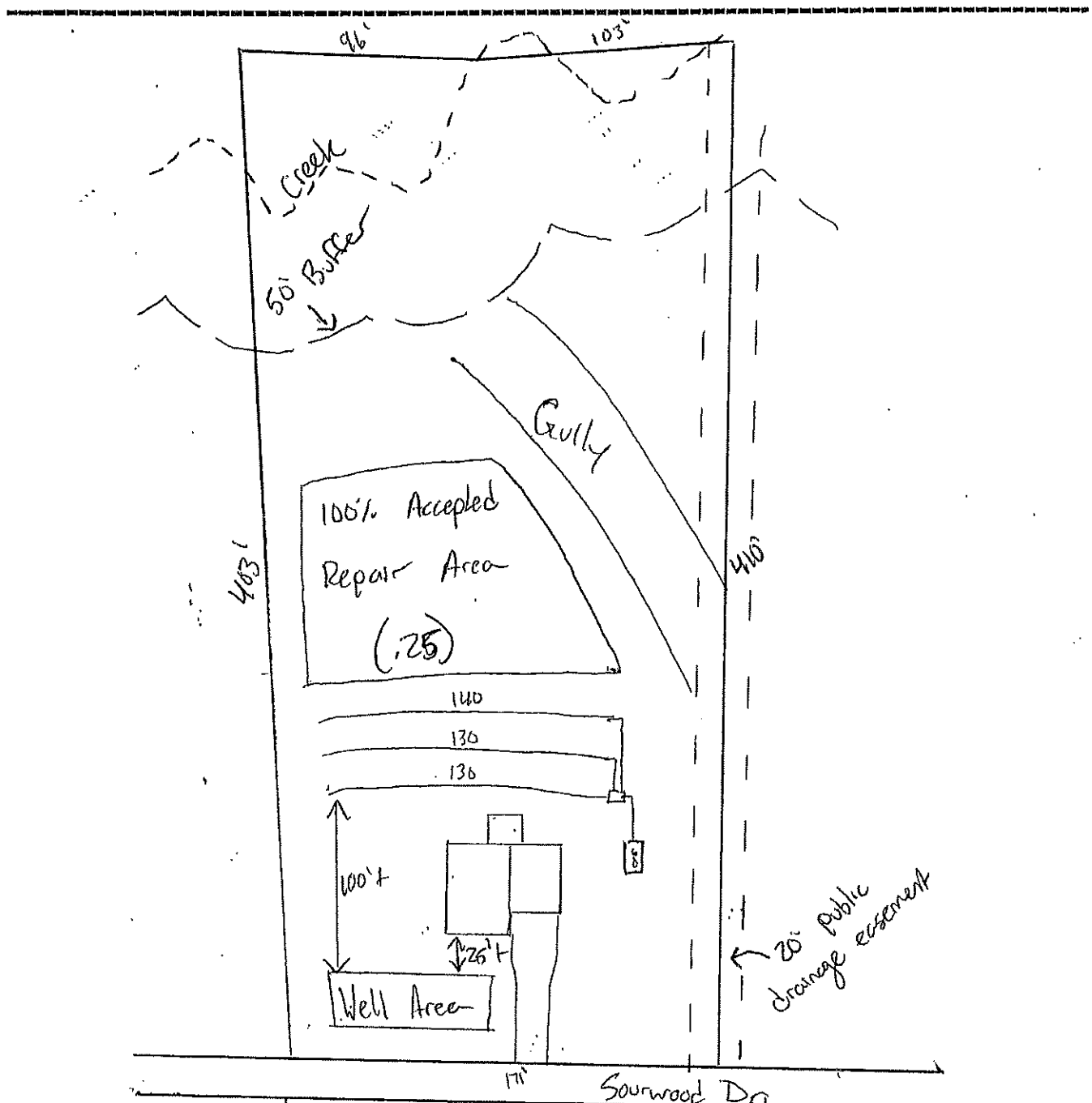
**Authorized Signature**

New Forest #12/106

**Address/Subdivision-Lot Number**

3-26-18

**Date**



## Granville - Vance District Health Department

## Environmental Health

2475

## Well Construction Permit

Owner/Applicant: Wynn ConstructionDate: 3-26-18Address or Location of Property: 1314 Saw-wood DrSubdivision & Lot #: New Forest IV / 106 Septic Permit #: 9337Zoning Permit #: 20341 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.

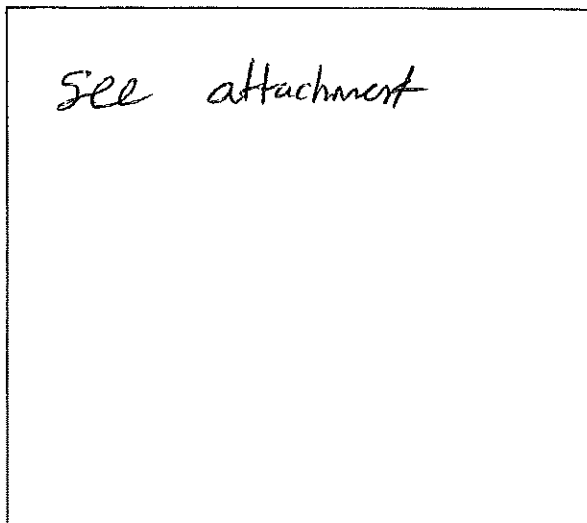
**Minimum Setbacks:** (these are the main setbacks, but not all required setbacks)

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: [Signature]Date: 3-26-18**# 1 Well Grout: (Circle or write in)**

Witnessed: Yes or No EHS Agent: \_\_\_\_\_

Date: \_\_\_\_\_ Annular Space Open: Yes or No

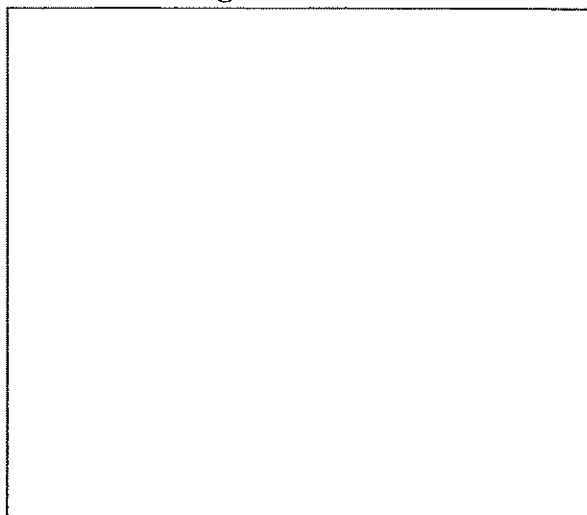
Over reamed: Yes or No Depth Grouted: \_\_\_\_\_

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: \_\_\_\_\_

PIN \_\_\_\_\_

**Granville-Vance District Health Department**

Permit Number 5-9337  
W-2475

**Environmental Health**

✓  
Improvement Permit

✓  
Construction Authorization

**Site Sketch**

Wynn Construction

**Applicant's Name**

Adam Curren

**Authorized Signature**

New Forest #12/106

**Address/Subdivision-Lot Number**

3-26-18

**Date**

