

Present 134 surveying  
locations

Rogers Farm Rd.

124.93'

Proposed  
Driveway

Proposed House

Deck Porch

150.00'

102.872

30' ①

80' ③

60' ②

68.99'

162.72'

100.516'

50' riparian  
buffer (stay  
dry!)

73.05'

51.80'

123R

# WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

## 1. Well Contractor Information:

Van Elliott

Well Contractor Name:

3104

NC Well Contractor Certification Number

Southern Well Drilling LLC

Company Name

331830

## 2. Well Construction Permit #:

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

## 3. Well Use (check well use):

### Water Supply Well:

- ☐ Agricultural ☐ Municipal/Public  
☐ Geothermal (Heating/Cooling Supply) ☒ Residential Water Supply (single)  
☐ Industrial/Commercial ☐ Residential Water Supply (shared)  
☐ Irrigation

### Non-Water Supply Well:

- ☐ Monitoring ☐ Recovery

### Injection Well:

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

4. Date Well(s) Completed: 7-27-21 Well ID# Lot 134

### 5a. Well Location:

Oak & Stone

Facility/Owner Name

Facility ID# (if applicable)

Rogers Farm Rd

Preserve

Physical Address, City, and Zip

Granville

County

Parcel Identification No. (PIN)

5b. Latitude and Longitude in degrees/minutes/seconds or decimal degrees:  
(if well field, one lat/long is sufficient)

N W

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: 380 (ft.)  
For multiple wells list all depths if different (example: 300, 200' and 200, 100')

10. Static water level below top of casing: 20 (ft.)  
If water level is above casing, use "-"

11. Borehole diameter: 6 (in.)

12. Well construction method: Air  
(i.e. auger, rotary cable, direct push, etc.)

### FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 18 Method of test: Air

13b. Disinfection type: HTH Amount:

For Internal Use ONLY:

### 14. WATER ZONES

| FROM    | TO      | DESCRIPTION |
|---------|---------|-------------|
| 110 ft. | 360 ft. |             |
| ft.     | ft.     |             |

### 15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)

| FROM  | TO      | DIAMETER | THICKNESS | MATERIAL |
|-------|---------|----------|-----------|----------|
| 4 ft. | 120 ft. | 6 in.    |           | PVC      |

### 16. INNER CASING OR TUBING (geothermal closed-loop)

| FROM | TO  | DIAMETER | THICKNESS | MATERIAL |
|------|-----|----------|-----------|----------|
| ft.  | ft. | in.      |           |          |
| ft.  | ft. | in.      |           |          |

### 17. SCREEN

| FROM | TO  | DIAMETER | SLOT SIZE | THICKNESS | MATERIAL |
|------|-----|----------|-----------|-----------|----------|
| ft.  | ft. | in.      |           |           |          |
| ft.  | ft. | in.      |           |           |          |

### 18. GROUT

| FROM  | TO     | MATERIAL | EMPLACEMENT METHOD & AMOUNT |
|-------|--------|----------|-----------------------------|
| 0 ft. | 20 ft. | Bennett  | Poured                      |
| ft.   | ft.    |          |                             |
| ft.   | ft.    |          |                             |

### 19. SAND/GRAVEL PACK (if applicable)

| FROM | TO  | MATERIAL | EMPLACEMENT METHOD |
|------|-----|----------|--------------------|
| ft.  | ft. |          |                    |
| ft.  | ft. |          |                    |

### 20. DRILLING LOG (attach additional sheets if necessary)

| FROM | TO  | DESCRIPTION (color, hardness, soil/rock type, grain size, etc.) |
|------|-----|-----------------------------------------------------------------|
| ft.  | ft. |                                                                 |
| ft.  | ft. |                                                                 |
| ft.  | ft. |                                                                 |
| ft.  | ft. |                                                                 |
| ft.  | ft. |                                                                 |
| ft.  | ft. |                                                                 |
| ft.  | ft. |                                                                 |

### 21. REMARKS

### 22. Certification:

Signature of Certified Well Contractor

8-11-21  
Date

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 Quality, Information Processing Unit,  
1617 Mail Service Center, Raleigh, NC 27699-1617

24b. For Injection Wells: 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 Quality, Underground Injection Control Program,  
1636 Mail Service Center, Raleigh, NC 27699-1636

24c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, 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.

# IMPROVEMENT PERMIT

Granville County Health Dept  
Environmental Health  
101 Hunt Drive  
Oxford, NC 27565  
Phone: (252) 492-5263 Fax: (252) 492-2361

## For Office Use Only

\*CDP File Number \_\_\_\_\_  
County ID Number: 182500229310  
Evaluated For: NEW

PERMIT VALID UNTIL: 10/22/2025

**\*NOTE TO INSPECTIONS DIVISION:** Building Permits cannot be issued with this Improvement Permit.

Applicant: Rebecca Abplanalp  
Address: 1004 Buttar Ln  
City: Raleigh  
State/Zip: NC 27614  
Phone #: home: (919) 995-6810

Property Owner: Oak & Stone Custom Homes  
Address: 1004 Buttar Ln  
City: Raleigh  
State/Zip: NC. 27614  
Phone #: home: (919) 995-6810

## Property Location & Site Information

Address/Road #: 13212 Rogers Farm Rd Wake Subdivision: Preserve at Phase: NEW Lot: 134  
Forest, NC 27587  
Structure: SINGLE FAMILY  
# of Bedrooms: 4  
# of People: 8 max  
\*Water Supply: NEW WELL  
**Directions** 96 S to Bruce Garner, take a right, subdivision on left

## System Specifications

### Initial System

\*Site Classification: Provisionally Suitable  
Design Flow: 480  
Soil Application Rate: 0.3000

Minimum Trench Depth: 20 Inches  
Maximum Trench Depth: 22 Inches

\*System Classification/Description:  
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

Septic Tank: 1000 Gallons  
Pump Required ☒ Yes ☐ No ☐ May Be Required

\*Proposed System:  
25% REDUCTION

Pump Tank: 1000 Gallons

Repair System Required: ☒ Yes ☐ No ☐ No, but has Available Space

## Repair System

\*Site Classification: Provisionally Suitable  
Soil Application Rate: 0.300

Minimum Trench Depth: 20 Inches  
Maximum Trench Depth: 22 Inches

\*System Classification/Description:  
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

Pump Required: ☒ Yes ☐ No ☐ May Be Required

\*Proposed System:  
25% REDUCTION

Pump Tank: \_\_\_\_\_ Gallons

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department

## \*Site Modifications

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

## \*Permit Conditions

Initial system laid out in field by soil scientist. Keep drainlines min. 10' off property lines. Min. 50' off all well's with any part of septic. Stay off bad topography/drainage. Min. 15' off foundation with drainlines. MAINTAIN ALL SETBACKS.

The Department and Local Health Department may impose conditions on the issuance and may revoke the permits for failure of the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation if the site plan, plat, or intended use changes (NCGS 130A-335(f)). The person owning or controlling the system location, installing, operation, maintenance, monitoring, reporting, and repair (1938(b)).

Authorized State Agent:

Bullock, Will

*Will Bullock*

Date of Issue:

10/22/2020

Total Time: (HH:MM)



Hand Drawing



Import Drawing

**\*\*Site Plan/Drawing attached.\*\***



# Construction Authorization

Granville County Health Dept  
Environmental Health  
101 Hunt Drive  
Oxford, NC 27565  
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

\*CDP File Number: 331830 - 1  
County ID Number: 182500229310  
Evaluated For: NEW

PERMIT VALID UNTIL: 10/22/2025

☐ Open Pump System Sheet

Applicant: Rebecca Abplanalp  
Address: 1004 Buttar Ln  
City: Raleigh  
State/Zip: NC 27614  
Phone #: home: (919) 995-6810

Property Owner: Oak & Stone Custom Homes  
Address: 1004 Buttar Ln  
City: Raleigh  
State/Zip: NC 27614  
Phone #: home: (919) 995-6810

## Property Location & Site Information

Address/Road #: 13212 Rogers Farm Rd Wake Forest, NC 27587 Subdivision: Preserve at Smith Creek Phase: NEW Lot: 134  
Structure: SINGLE FAMILY  
# of Bedrooms: 4  
# of People: 8 max  
\*Water Supply: NEW WELL  
Directions: 96 S to Bruce Garner, take a right, subdivision on left

## System Specifications

\*Site Classification: Provisionally Suitable Minimum Trench Depth: 20 Inches  
Design Flow: 480 Maximum Trench Depth: 22 Inches  
Soil Application Rate: 0.3000 Minimum Soil Cover: Inches  
\*System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP Maximum Soil Cover: Inches  
\*Proposed System: 25% REDUCTION \*Distribution Type: PRESSURE MANIFOLD  
Nitrification Field: 1200 Sq. ft. Septic Tank: 1,000 Gallons  
No. Drain Lines: 4 Pump Required: ☒ Yes ☐ No ☐ May Be Required  
Total Trench Length: 400 ft. ☐ Inches O.C. ☒ Feet O.C. Pump Tank: 1,000 Gallons  
Trench Spacing: 9 - ☐ Inches Grease Trap: Gallons  
Trench Width: 3 - ☒ Feet Septic Tank Installer  
Aggregate Depth: inches Grade Level Required: ☐ I ☒ II ☐ III ☐ IV

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

### \*Permit Conditions:

Initial system laid out in field by soil scientist. Keep drainlines min. 10' off property lines. Min. 50' off all well's with any part of septic. Stay off bad topography/drainage. Min. 15' off foundation with drainlines. MAINTAIN ALL SETBACKS.

The Authorization for Wastewater System Construction shall be valid for a period equal to the period of validity of the Improvement Permit and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the Construction Permit, the information submitted in the application for a permit or Construction Authorization shall become invalid, and may be suspended or revoked (.1937(g)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting

Authorized State Agent: Bullock, Will *Will Bullock* Date of Issue: 10/22/2020

☒ Hand Drawing ☐ Import Drawing

\*\*Site Plan/Drawing attached.\*\*

Total Time : (HH:MM)

Granville County Health Department  
Environmental Health

Pin \_\_\_\_\_

Permit Number CDP# P-331830

☒ Improvement Permit

☒ Construction Authorization

S-232355

W-232356

Site Sketch

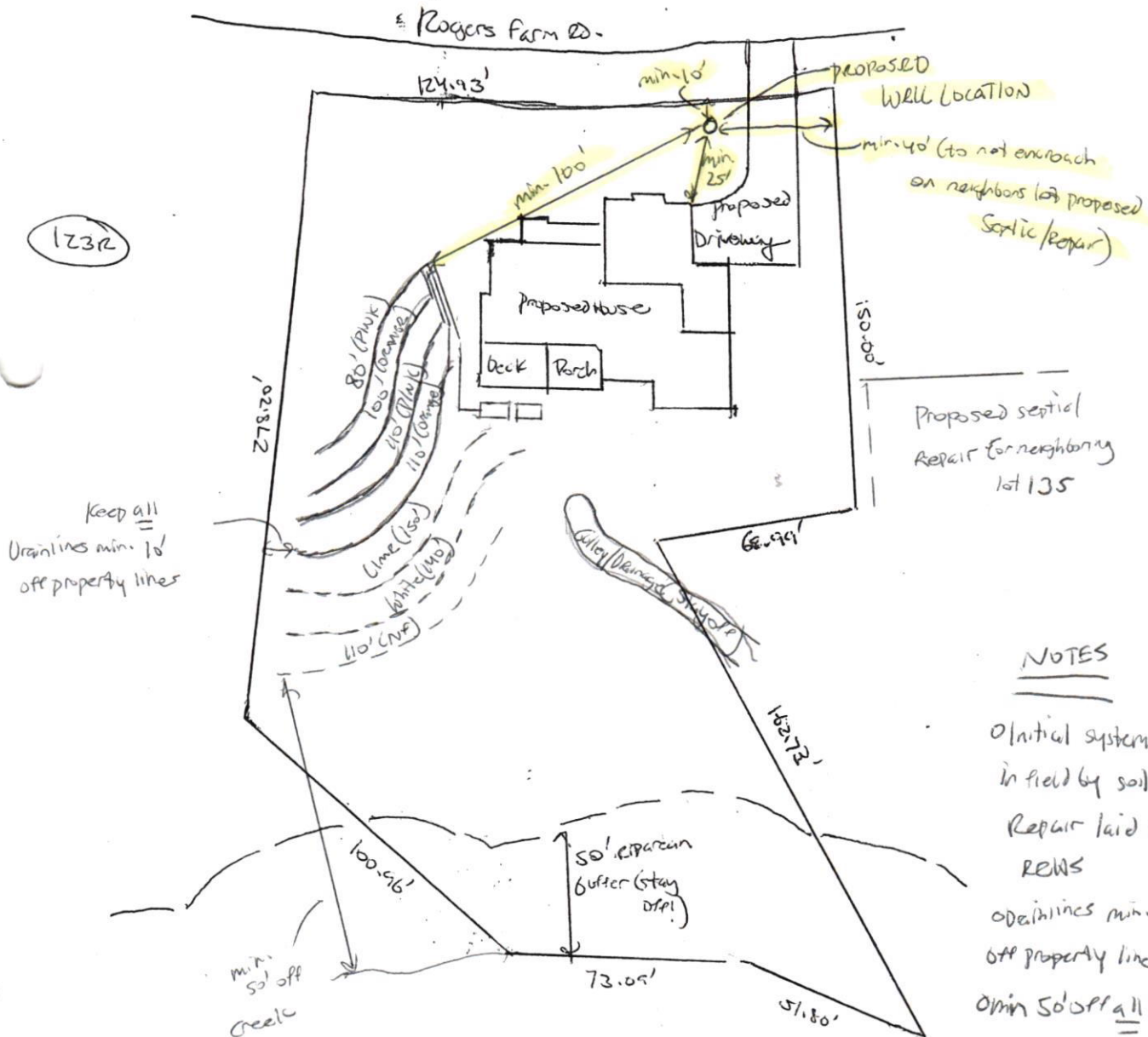
Rebecca Abplanalp / Oak & Stone custom  
Applicants Name Homes

1212 Rogers Farm Rd. / Preserve 134  
Subdivision - Section - Lot

Whip Bullock  
Authorized State Agent

10/21/20  
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.



# Well Construction Permit

Granville County Health Dept  
Environmental Health  
101 Hunt Drive  
Oxford NC, 27565  
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

\*CDP File Number 331830

PIN Number: 182500229310

Tax Lot #: 134 Tax Block #:

Evaluated For: SINGLE FAMILY \ WELL

Property Owner: Oak & Stone Custom Homes

Address: 1004 Buttar Ln

City: Raleigh

State/Zip: NC / 27614

Phone #: H: (919) 995-6810

Applicant: Rebecca Abplanalp

Address: 1004 Buttar Ln

City: Raleigh

State/Zip: NC / 27614

Phone #: H: (919) 995-6810

## Property Location & Site Information

Address/Road #:

Subdivision:

## Preserve at Smith Creek

Phase:

Lot:

134

13212 Rogers Farm Rd

Wake Forest NC, 27587

\*Proposed use of Well: SINGLE FAMILY

### Directions

If Other:

96 S to Bruce Garner, take a right, subdivision on left

## Well Contractor Information

Drilling Contractor:

Driller Registration:

## Permit Conditions

### \*Permit Conditions

Keep proposed well min. 100' off any part of septic (Including neighboring lots). Min. 25' off house foundation(s). Min. 10' off property lines. Obtain 40' off Left property line (On lot 135 side) to get setback off of proposed lot 135 Initial and repair lines.

Well location, construction and protection must meet all state and local regulations and must be inspected and approved by an authorized representative of the Local Health Department. The permit may be revoked at any time for failure to comply with existing regulations. The siting of approved well construction area(s) by the Health Department is to provide protection from the known possible sources of contamination. The approved well area(s) may not be changed without permission from an authorized representative of the Local Health Department. No volume of quality of water is guaranteed by the Health Department.

\*Issued By: Bullock, Will

Authorized State Agent:

Owner/Applicant: DAK + Stone Custom Homes

\*Date of Issue: 10/22/2020

☒ Hand Drawing

☐ Import Drawing

**\*\*Site Plan/Drawing attached.\*\***

SOIL/SITE EVALUATION  
for ON-SITE WASTEWATER SYSTEM  
(Complete all fields in full)

OWNER: Oak & Stone Custom Homes

APPLICATION DATE 10/8/20

ADDRESS: \_\_\_\_\_

DATE EVALUATED: 10/30/20

PROPOSED FACILITY: SFO

PROPOSED DESIGN FLOW (.1949): 480 gpd

PROPERTY SIZE: 6034 sq ft

LOCATION OF SITE: 1272 Rogers Rd NW

PROPERTY RECORDED: \_\_\_\_\_

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other \_\_\_\_\_

EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

| P<br>R<br>O<br>F<br>I<br>L<br>E<br># | .1940<br>LANDSCAPE<br>POSITION/<br>SLOPE % | HORIZON<br>DEPTH<br>(IN.) | SOIL MORPHOLOGY<br>(.1941)     |                                     | OTHER<br>PROFILE FACTORS           |                        |                         |                         | PROFILE<br>CLASS<br>& LTAR |
|--------------------------------------|--------------------------------------------|---------------------------|--------------------------------|-------------------------------------|------------------------------------|------------------------|-------------------------|-------------------------|----------------------------|
|                                      |                                            |                           | .1941<br>STRUCTURE/<br>TEXTURE | .1941<br>CONSISTENCE/<br>MINERALOGY | .1942<br>SOIL<br>WETNESS/<br>COLOR | .1943<br>SOIL<br>DEPTH | .1956<br>SAPRO<br>CLASS | .1944<br>RESTR<br>HORIZ |                            |
| 1                                    | side<br>12-13° to                          | 0-30                      | sic (red) silty                | Pls, P, S, AD                       | PS                                 | PS<br>(22")            | —                       | —                       | IV<br>03                   |
|                                      |                                            | 30-36                     | CL, silty                      | Pl, ss, SP, S, AD                   |                                    |                        |                         |                         |                            |
|                                      |                                            | 36+                       | no struc / SAD                 |                                     |                                    |                        |                         |                         |                            |
|                                      |                                            |                           |                                |                                     |                                    |                        |                         |                         |                            |
| 2                                    | side<br>6-7° to                            | 0-16                      | CL, silty                      | Pl, ss, SP, S, AD                   | PS                                 | PS<br>(20")            | —                       | —                       | IV<br>03                   |
|                                      |                                            | 16-36                     | sic (red) silty                | Pl, S, P, S, AD                     |                                    |                        |                         |                         |                            |
|                                      |                                            | 36+                       | BC / Auger refusal             |                                     |                                    |                        |                         |                         |                            |
|                                      |                                            |                           |                                |                                     |                                    |                        |                         |                         |                            |
| 3                                    | (Rear)<br>side<br>17-18° to                | 0-16                      | sic, silty                     | Pl, S, P, S, AD                     | PS                                 | PS<br>(20")            | —                       | —                       | IV<br>0275                 |
|                                      |                                            | 16-36                     | CL, silty                      | Pl, ss, SP, S, AD                   |                                    |                        |                         |                         |                            |
|                                      |                                            | 36+                       | BC / SAD                       |                                     |                                    |                        |                         |                         |                            |
|                                      |                                            |                           |                                |                                     |                                    |                        |                         |                         |                            |
| 4                                    |                                            |                           |                                |                                     |                                    |                        |                         |                         |                            |
|                                      |                                            |                           |                                |                                     |                                    |                        |                         |                         |                            |
|                                      |                                            |                           |                                |                                     |                                    |                        |                         |                         |                            |
|                                      |                                            |                           |                                |                                     |                                    |                        |                         |                         |                            |

| DESCRIPTION             | INITIAL SYSTEM | REPAIR SYSTEM | OTHER FACTORS (.1946):<br>SITE CLASSIFICATION (.1948): <u>PS</u><br>EVALUATED BY: <u>[Signature]</u><br>OTHER(S) PRESENT: _____ |
|-------------------------|----------------|---------------|---------------------------------------------------------------------------------------------------------------------------------|
| Available Space (.1945) | PS             | PS            |                                                                                                                                 |
| in Type(s)              | Accepted       | Accepted      |                                                                                                                                 |
| Site LTAR               | 03             | 03            |                                                                                                                                 |

COMMENTS: \_\_\_\_\_

# Monitor Report

Date/Time: 10/06/2021 01:41 PM

Fax Number : 9196030106  
Company Name : GV Environmental Health

The documents were sent.

| No. | Job# | Remote Station | Start Time         | Dura. | Pages | Mode | Contents | Result |
|-----|------|----------------|--------------------|-------|-------|------|----------|--------|
| 001 | 0875 | 99196936794    | 10/06/2021 01:41PM | 0'37" | 2/ 2  | SG3  |          | Done   |

GRANVILLE VANCE  
public health

\*File #: 331830 - 2  
PIN #: 182500229310  
Tax Lot #: 134  
Tax Block #:

## WELL CONSTRUCTION RECORD

Owner: Oak & Stone Custom Homes  
1004 Buttar Ln  
Raleigh, NC 27614

Directions:  
96 S to Bruce Garner, take a right, subdivision on left

Drilling Contractor: Southern Well Drilling  
Driller Registration: 3104  
Date Drilled:  
Use of Well: SINGLE FAMILY  
Total Depth: 380 Ft.  
Static Water Level: Ft.  
Replacement Well: NO  
Yield: 18 gpm  
Water Zone: 1) Ft. 2) Ft.  
3) Ft. 4) Ft.  
Disinfection Type: GRANULAR Amount:

## WELL HEAD CONSTRUCTION

Location:  
Latitude:  
Longitude:  
Enclosure ☐ Yes ☐ No ☒ N/A  
Enclosure Floor ☐ Yes ☐ No ☒ N/A  
Access Port ☐ Yes ☐ No ☒ N/A  
Vent: ☒ Yes ☐ No ☐ N/A  
Sample Tap ☒ Yes ☐ No ☐ N/A  
Back Flow ☐ Yes ☒ No ☐ N/A  
Tee (jet) ☐ Yes ☐ No ☒ N/A  
Suction Line ☐ Yes ☐ No ☐ N/A  
Temporary ☐ Yes ☐ No ☒ N/A  
Well ID Plate ☒ Yes ☐ No ☐ N/A  
Pump ID Plate ☒ Yes ☐ No ☐ N/A  
EHS:  
Issue Date: 10/05/2021

Casing: Depth: 120 Ft. Thickness: In.  
Diameter: In. Top of Casing: 12 In.  
Material: SDR 21  
Grout: Depth Material Method  
From 0 To 20 Ft. BENTONITE N/A  
From 0 To Ft. N/A N/A  
\* Liner Date: From 0 To Ft.  
Grout: Depth Material Method  
From 0 To Ft. N/A N/A  
Issued by: Bullock, Will  
Date of Issue: 07/28/2021

Comments:  
WG done on 7/28/21 by WTB. WF done on 10/5/21 by Jimmie Clayton. GW-1 Received.

The Fax Transmit prints each time when the documents are sent or unsent. To turn off this page:

- 1.) At the printer's control panel, press "Machine Status"
- 2.) At the LCD Panel, press the "Tools" tab and then press "Admin Settings..."
- 3.) Press "Fax Settings..." and then press "Fax Reports..."
- 4.) Press "Fax Transmit" and set the setting to "Print Disable"

Page:1(Last Page)

\*File #: 331830 - 2  
 PIN #: 182500229310  
 Tax Lot #: 134  
 Tax Block #:

**WELL CONSTRUCTION RECORD**

Owner: Oak & Stone Custom Homes  
 1004 Buttar Ln  
 Raleigh, NC 27614

**Directions**

96 S to Bruce Garner, take a right, subdivision on left

**WELL HEAD CONSTRUCTION**

Drilling Contractor: Southern Well Drilling

Driller Registration: 3104

Date Drilled:

Use of Well: SINGLE FAMILY

Total Depth: 380 Ft.

Static Water Level: Ft.

Replacement Well: NO

Yield: 18 gpm

Water Zone: 1) Ft. 2) Ft.  
 3) Ft. 4) Ft.

Disinfection Type: GRANULAR Amount:

Location:

Latitude:

Longitude:

|                 |                                         |                                        |                                         |
|-----------------|-----------------------------------------|----------------------------------------|-----------------------------------------|
| Enclosure       | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |
| Enclosure Floor | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |
| Access Port     | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |
| Vent:           | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| Sample Tap      | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| Back Flow       | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| Tee (jet)       | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |
| Suction Line    | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| Temporary       | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |
| Well ID Plate   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| Pump ID Plate   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |

EHS:

Issue Date: 10/05/2021

**Casing:** Depth: 120 Ft. Thickness: In. Comments:  
 Diameter: In. Top of Casing: 12 In.  
 Material: SDR 21

**Grout:**

| Depth |             | Material  | Method |
|-------|-------------|-----------|--------|
| From  | 0 To 20 Ft. | BENTONITE | N/A    |
| From  | 0 To Ft.    | N/A       | N/A    |

\* Liner Date: From 0 To Ft.

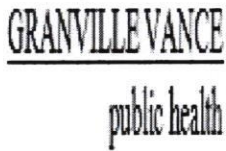
**Grout:**

| Depth |          | Material | Method |
|-------|----------|----------|--------|
| From  | 0 To Ft. | N/A      | N/A    |

Issued by: Bullock, Will

Date of Issue: 07/28/2021

WG done on 7/28/21 by WTB. WF done on 10/5/21 by Jimmie Clayton. GW-1 Received.



## OPERATION PERMIT

Granville County Health Dept  
Environmental Health  
101 Hunt Drive  
Oxford, NC 27565

Phone: (252) 492-5263 Fax: (252) 492-2361

### For Office Use Only

\*CDP File Number 331830 - 1  
County ID Number: 182500229310  
Evaluated For: NEW

Property Owner: Oak & Stone Custom Homes

Address: 1004 Buttar Ln

Road #:

City: Raleigh

State/Zip: NC/ 27614

Phone #: (919) 995-6810

Township:

Subdivision: Preserve at Smith Creek

Phase : NEW

Lot: 134

Structure: SINGLE FAMILY

# of Bedrooms: 8

# of People: 4

Water Supply: NEW WELL

Saprolite System?: ☐ Yes ☒ No

Pump Required?: ☒ Yes ☐ No

Design Flow: 480

System Classification/Description: TYPE III B. SYSTEM  
W/SINGLE EFFLUENT PUMP

Installer: Brantley & Sons

Certification #: 1036

Specific System EZFLOW EZ 1203H-GEO

Installed:

STB: 502

PT:

Septic Tank Date: 05/13/2021

Pump Tank Date: 04/12/2021

Comments: Installed 4 EZ Flow lines (400' total). 4 bedroom system.

This system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.

### PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with Rule .1961.

II. Monitoring: As required by Rule .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

Other:

Subsurface Operator Required: ☐ Yes ☒ No

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

Operation:

Other: Installed 4 EZ Flow lines (400' total). 4 bedroom system.

Authorized State Agent: Bullock, Will

Date of Issue: 08/05/2021

Owner/Applicant:

Oak & Stone Custom Homes

**Pln** \_\_\_\_\_

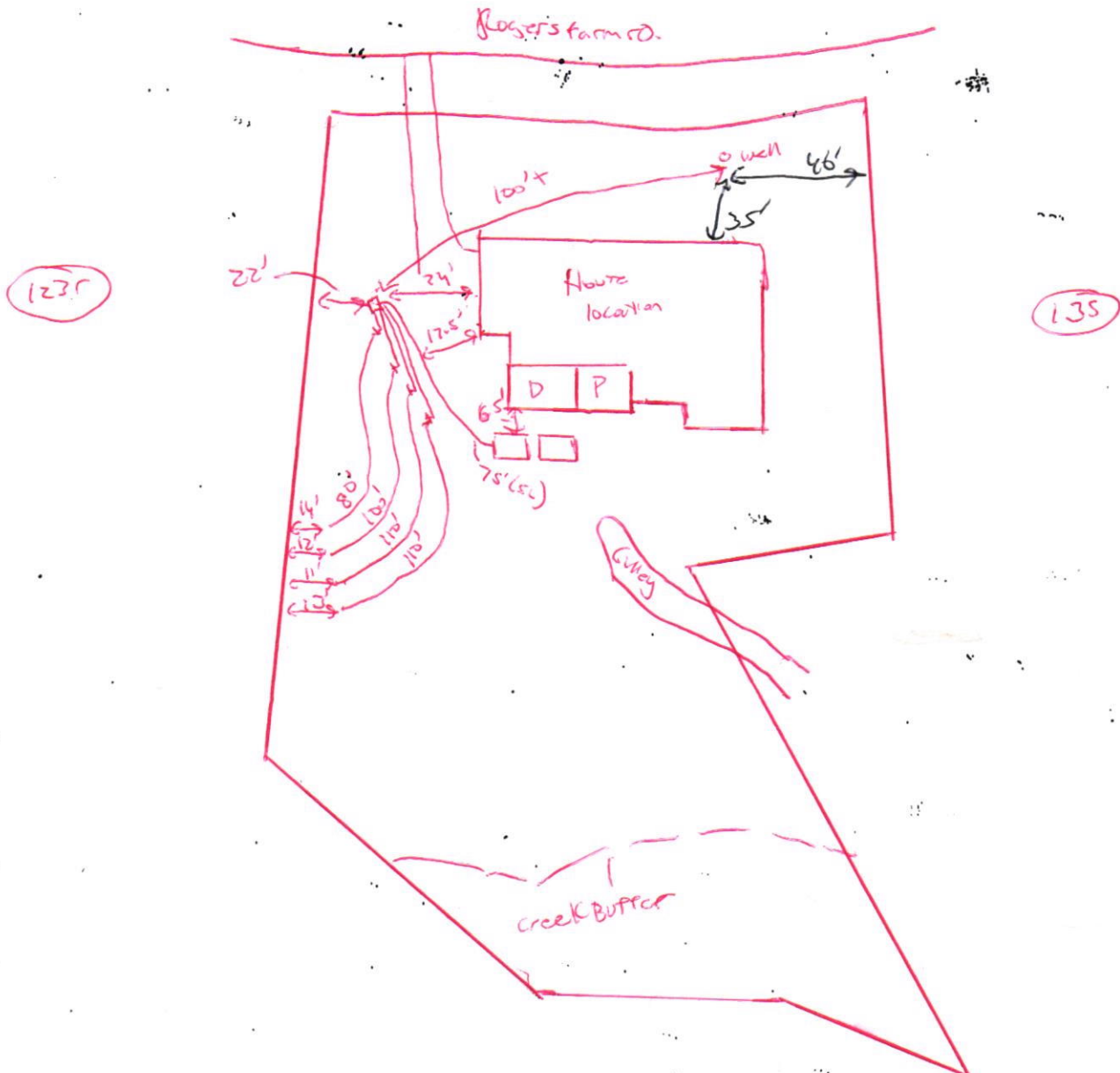
### Final Sketch

S-232355  
W-232356

Subdivision – Section – Lot

**Number of Bedrooms** 4

Date \_\_\_\_\_



Wheeler

8-5-21

Date \_\_\_\_\_

# SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

## SEPTIC AND PUMP TANK INSPECTION

### SEPTIC TANK

Manufacturer DB  
 Date of Manufacture 5/13/21  
 Stamp 51B 502  
 Capacity 1000  
 Tee /  
 Baffle /  
 Sealant /  
 AIR GAP /, FILTER /, RISER /

### INITIAL

WTB  
↓

### DATE

8/5/21  
↓

### PUMP TANK

Manufacturer DB  
 Date of Manufacture 4/12/21  
 Stamp PT-237  
 Capacity 1000  
 Sealant /  
 Manhole /  
 RISER /, SEALANT /

WTB  
↓

8/5/21  
↓

## MECHANICAL INSPECTION

### PUMP

Manufacturer and Model # Ashland EP30  
 Control Panel /  
 Alarm /  
 Electrical Connection /  
 SEALANT AROUND CONDUIT /

WTB  
↓

8/5/21  
↓

## NITRIFICATION/DISTRIBUTION AND DRAINFIELD INSPECTION

### DISTRIBUTION BOX

Level /  
 Equal Distribution /  
 Other /

↓

↓

### DISTRIBUTION MANIFOLD

Pipe Size 6" w/40 (followed top chart provided)  
 Gate Valves /  
 Other /

WTB  
↓

8/5/21  
↓

### OTHER DISTRIBUTION

Type /

### NITRIFICATION LINES

Trench Width  
 Trench Length  
 Trench Grade  
 Stone Depth

### LINE 1

3'  
80'  
/  
20"

### LINE 2

3'  
100'  
/  
20"

### LINE 3

3'  
110'  
/  
20"

### LINE 4

3'  
110'  
/  
20"

### LINE 5

/  
/  
/  
/

### LINE 6

/  
/  
/  
/

EZ flow

## WELL INSPECTION

### LOCATION OF WELL

100' + to manifold

WTB

8/5/21

### COMMENTS:

N-P-EZ1203H Geo