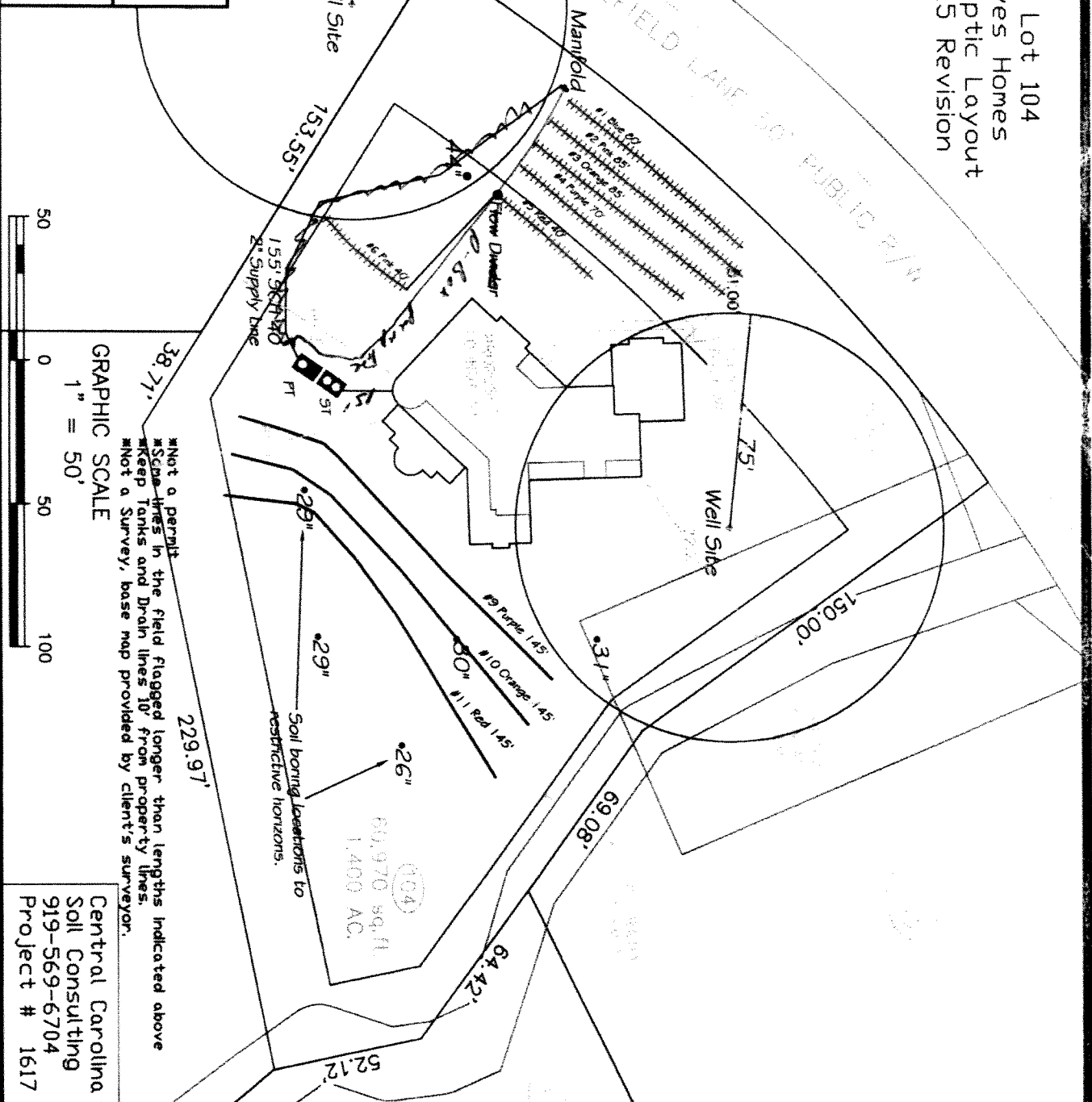


Retest: _____ Results: _____

Silverleaf Lot 104
 Steven Hayes Homes
 4-Bedroom Septic Layout
 January 2015 Revision

System: ++++++
 Repair: ————

System: Pressure Manifold
 Lines: 1-5, (400')
 0.3' Soil LTAR
 30' Trench Bottom
 Accepted Status System
 Repair: Gravity to D-Box
 Lines: 9-11, (435')
 0.275' Soil LTAR
 12' Trench Bottom
 Accepted Status System



GRAPHIC SCALE
 1" = 50'

Not a permit
 Scale lines in the field flagged longer than lengths indicated above
 Keep Tanks and Drain lines 10' from property lines.
 Not a Survey, base map provided by client's surveyor.

Central Carolina
 Soil Consulting
 919-569-6704
 Project # 1617

Final Sketch

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

PERMIT NUMBER 8121

Zoning # 18526

COUNTY:	TAX NO.	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
OWNER:	SR. NO.	RESIDENCE ☒	NUMBER OF BEDROOMS:	NUMBER OF OCCUPANTS:	
		BUSINESS ☐	4	8 max	
		OTHER ☐			
APPLICANT'S ADDRESS:		WATER SUPPLY	WELL ☒	OTHER ☐	*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.
		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	REPAIR	
PROPERTY ADDRESS/LOCATION:		DESIGN FLOW:	480 gpd	Type III b/g	
		LTAR:	3 gpd/ft ²		
SUBDIVISION:		ABSORPTION AREA:	1600 ft ² → 200 ft ²		
LOT NUMBER:		TRENCH WIDTH:	3'		
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:	28'-30"		
		TRENCH SPACING:	9' O.C.		
		TOTAL TRENCH LENGTH:	400'		
		NUMBER OF TRENCHES:	6 - 100' w/ flow divider		
		GRAVEL DEPTH:	Accepted		PERMIT VALID FOR: 5 YEARS
		TANK SIZE:	1200 gal		YES ☒ NO ☐
		PUMP TANK SIZE:	1200 gal		NO EXPIRATION
		DISTRIBUTION DEVICE:	Pressure Manifold		

Follow Consultants lay-out -
- Stay +75' from any well
- Call 919-693-2658 w/ any questions

***** IMPROVEMENT PERMIT DATE: 1-9-15 *****
FOR: Steven Hayes
ISSUED BY: David Cole

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 8121

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: Stay +25' from house foundation drain

Date: 1-9-15 Environmental Health Specialist: David Cole Construction Authorization Addendum ☐ Yes ☒ No

OPERATION PERMIT

DATE: 10-14-15 Tank + line WTD

SYSTEM INSTALLED BY: Brantley 8-13-17 PUMP WTD
ISSUED BY: Will Bae

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



Granville County Health Dept.
101 Hunt Drive
Oxford, NC 27565
Phone: (919) 693-2688
Fax: 919-690-0106

Granville-Vance District Health Department

Lisa M. Harrison, MPH, Health Director
Post Office Box 367
Oxford, North Carolina 27565



Vance County Health Dept.
115 Charles Rollins Road
Henderson, NC 27536
Phone: (252) 492-7915
Fax: (252) 492-4219

Recertification of an Existing On-Site System and Well

Owner Name / Applicant Name: Stacy Hayes Date: 11-1-16
Physical Address: Drayton Lane Contact Number: _____
Subdivision: Silverleaf Lot # 104 Zoning Permit # NOC

Septic Permit #: 2121 Date Installed: 1-9-15

Recertification Of: 4 Bedrooms Allowed

Existing House Replacement: Size: _____

Pool: _____ - Size: _____
Septic Redesign/Upgrade: _____
Permit # _____

Addition to House: _____ - Size: _____
Bedroom Addition _____ Septic Upgrade: _____
Permit # _____ New Well: _____

Outbuilding Addition: _____ - Size: _____

Other Additions to Property: Finish Bonus Room
NO Bedroom

☒ Setbacks have been met accordingly at this time.

☒ Onsite Wastewater System is functioning properly at this time.

_____ Onsite Wastewater System is functioning properly at this time, but system upgrade is required.

Permit #: _____

*** System Upgrade must be completed prior to Certification of Occupancy.

_____ Onsite Wastewater System is **NOT** functioning properly at this time.

Repair Permit #: _____

*** System repair must be completed prior to Certification of Occupancy.

_____ Recertification denied, due to: _____

_____ Cannot determine due to: _____

Special Instructions: _____

Adam Curran

Signature of REHS

11-1-16

Date

Monitor Report

Date/Time: 08/21/2017 12:38 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	0784	inspsctions	08/21/2017 12:38PM	0'23"	2/ 2	SG3		Done

Pump 1:30

PERMIT NUMBER **8121**

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT

IMPROVEMENT AND OPERATION PERMITS

2011.14526

COUNTY: Granville	TAX NO. 182400927743	TYPE OF ESTABLISHMENTS			THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
SR. NO.	RESIDENCE ☒ BUSINESS ☐ OTHER ☐	NUMBER OF BEDROOMS: 4	NUMBER OF OCCUPANTS: 8 max		
OWNER: Steven Hayes	WATER SUPPLY	WELL ☐ PUBLIC ☐	OTHER ☐		
APPLICANT'S ADDRESS: 28 Hayes Court Franklin, 27225	TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION 1/2" x 1/2" x 1/2"	REPAIR 1/2" x 1/2" x 1/2"		
PROPERTY ADDRESS/LOCATION: Bluefield Lane	DESIGN FLOW:	LTAR: 3 gpm	TYPICAL 1/2" x 1/2" x 1/2"		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: phaser Silverleaf	ABSORPTION AREA:	1200' x 200' = 240,000'			
LOT NUMBER: 104	TRENCH WIDTH:	3'			
REFERENCE SKETCH (SEE PLAT FOR DETAILS)	TRENCH DEPTH:	28'-30"			
Follow Consultants lay-out - Stay +75' from any well	TRENCH SPACING:	9' o.c.			PERMIT VALID FOR 5 YEARS YES ☒ NO ☐
Call 919-693-2658 w/ any questions	TOTAL TRENCH LENGTH:	400'			
	NUMBER OF TRENCHES:	6 - lowest w/flow			
	GRAVEL DEPTH:	Keep depth divider			
	TANK SIZE:	1200 gal			NO EXPIRATION YES ☐ NO ☒
	PUMP TANK SIZE:	1200 gal			
	DISTRIBUTION DEVICE:	Pressure Manifold			
IMPROVEMENT PERMIT		DATE: 1-9-15			
FOR: Steven Hayes					
ISSUED BY: David C. ...					
CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT # 8121					
Unless otherwise indicated, the same conditions above apply regarding system type, layout, location and installation requirements. (This wastewater system cannot be installed until engineering is signed)					
Comments: Stay +75' from house foundation drain					
Date: 1-9-15 Environmental Health Specialist: David C. ...					
Construction Authorization Addendum ☐ Yes ☒ No					
OPERATION PERMIT		DATE: 10-14-15 Task 1/15/15			
SYSTEM INSTALLED BY: Brantley		8-18-17 PUMP LTR			
ISSUED BY: David C. ...					
PERFORMANCE, MONITORING, MAINTENANCE AND OPERATION AS REQUIRED BY RULE .1961					

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Page:1(Last Page)