

Granville-Vance Dist. Health Department
Environmental Health

Pin _____

____ Improvement Permit

Permit Number 468291

____ Construction Authorization

SITE SKETCH

Christina Goodwin
Applicants Name

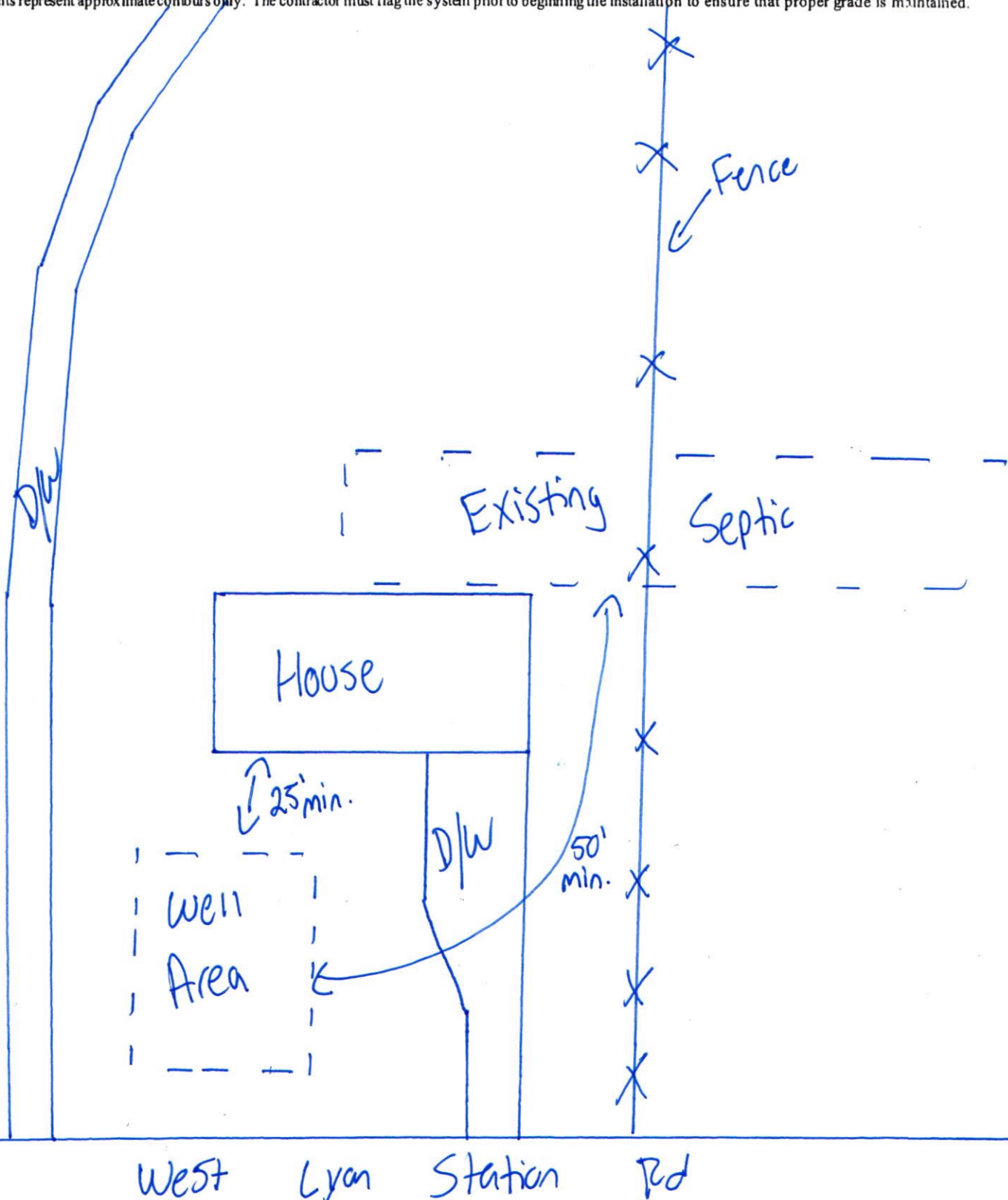
2635 W. Lyon Station Rd.
Address

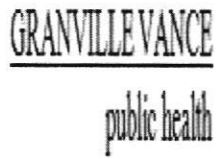
Subdivision - Section - Lot

Aziz M. RENS
Authorized State Agent

3/9/26
Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that proper grade is maintained.





Well Construction Permit

Granville Vance Public Health
Environmental Health
PO Box 367
Oxford NC, 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

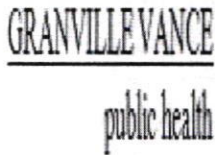
*CDP File Number 468291

PIN Number: _____

Tax Lot #: _____ Tax Block #: _____

Evaluated For: _____

PERMIT VALID UNTIL: 03/09/2031



Well Construction Permit

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Oxford NC, 27565
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PIN Number: _____

Tax Lot #: _____ Tax Block #: _____

Evaluated For: _____

PERMIT VALID UNTIL: 03/09/2031

Property Owner: CHRISTINA GODWIN AND CLINTON PEED
Address: PO BOX 640
City: CREEDMOOR
State/Zip: NC / 27522
Phone #: H: (919) 630-4050

Applicant: CHRISTINA GODWIN AND CLINTON PEED
Address: PO BOX 640
City: CREEDMOOR
State/Zip: NC / 27522
Phone #: H: (919) 630-4050

Property Location & Site Information

Address/Road #: 2635 WEST LYON STATION ROAD
CREEDMOOR NC, 27522
Subdivision: _____ Phase: _____ Lot: _____
*Proposed use of Well: _____
If Other: _____
Applicant Email: _____
Owner Email: _____
Directions: GPS

Well Contractor Information

Drilling Contractor: _____ Driller Registration: _____

Permit Conditions

*Permit Conditions

Keep proposed well 25ft min. from any part of the house and 50ft min. from any part of the septic. Owner picked well location.

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. Issuance of this well permit does not guarantee water quality or adequate water production from the well once it is installed or repaired.

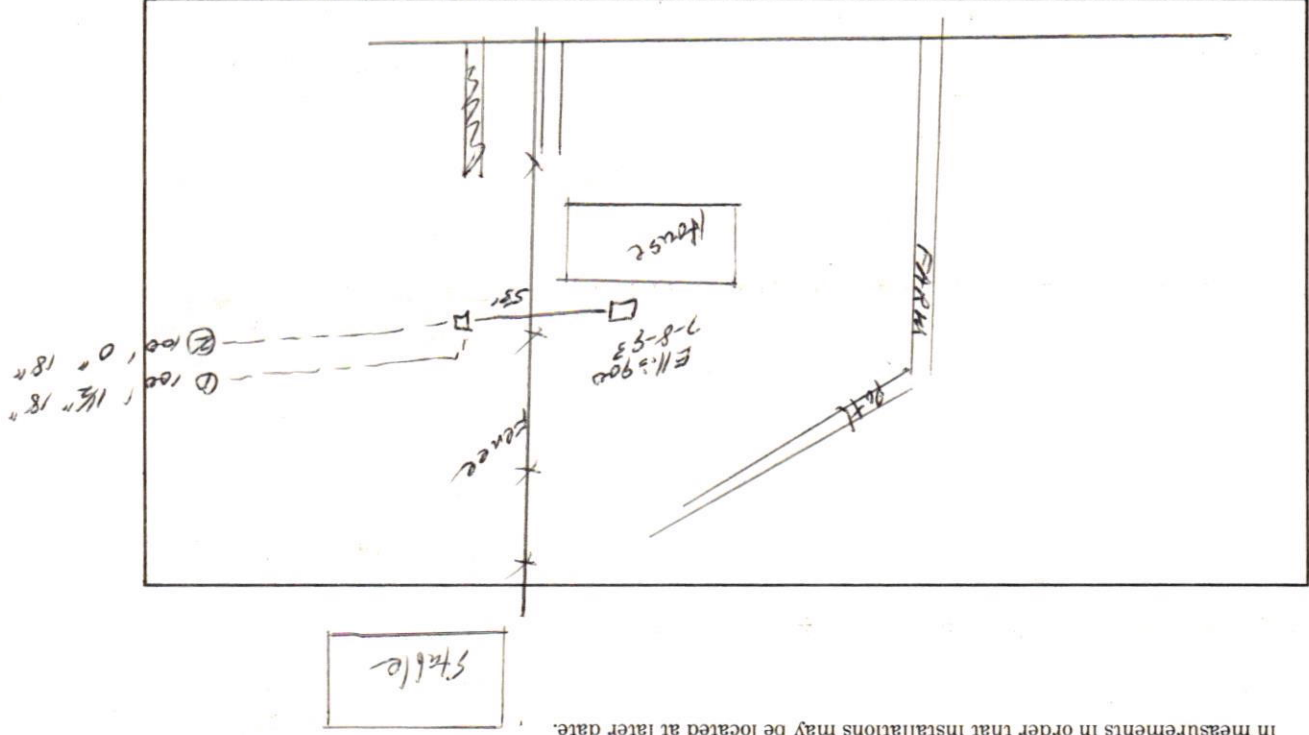
*Issued By: Wilkerson, Austin
Authorized State Agent: Alex Ni REHS
Owner/Applicant: Christina Godwin

*Date of Issue: 03/09/2026

☒ Hand Drawing ☐ Import Drawing

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

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



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GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor Larry Bennett Date 8-11-93 S.R. No. 1215Location/Address Lyon Station Rd - Creedmoor, N.C.Subdivision/Mobile Home Park Name _____ Lot Size 4.5

Permit No. # _____ Lot No. _____

New System _____ Repair ☒House ☒ Mobile Home _____ Business _____No. Bedrooms 3 No. People ? No. Toilets _____Water Supply: Private ☒ Approved _____

Semi-Public _____ Unapproved _____

Public _____ None _____

Nitrification System:

Tank Size 243 gal.Distribution Box 40 No. Lines 2Nitrification Field 300' - 900' Sq. Ft.

Lines: 1 2 3 4 5 6

Width 3' 3' _____Length 100' 100' _____Grade 1 1/2" 0" _____Stone Depth 18" 18" _____

Layout to be followed by installer:

Improvements Permit By Charles R. Noblin Installer Robert & Phillip BlackleyCertificate of Completion By Charles R. Noblin Date of Inspection 8-12-93

* 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.