Granville-Vance District Health Department

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

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

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: Gregory Goins Date: 1-19-2021
Physical Address: 1015 Bluebell Lane Contact Number: _____
Subdivision: Chesleigh Lot # 105 Zoning Permit # _____

Septic Permit #: 7897 Date Installed: 11-6-15

Recertification Of: _____ **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: 12 x 16

Other Additions to Property: _____

✓ 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: Keep structure off any part of Septic system

Walter Vaughn
Signature of REHS

1-19-2021
Date

1307

Granville - Vance District Health Department
Environmental Health
Well Construction Permit

Owner/Applicant: Wynn Construction Date: 8/8/14
Address or Location of Property: 1015 Bluebell Lane

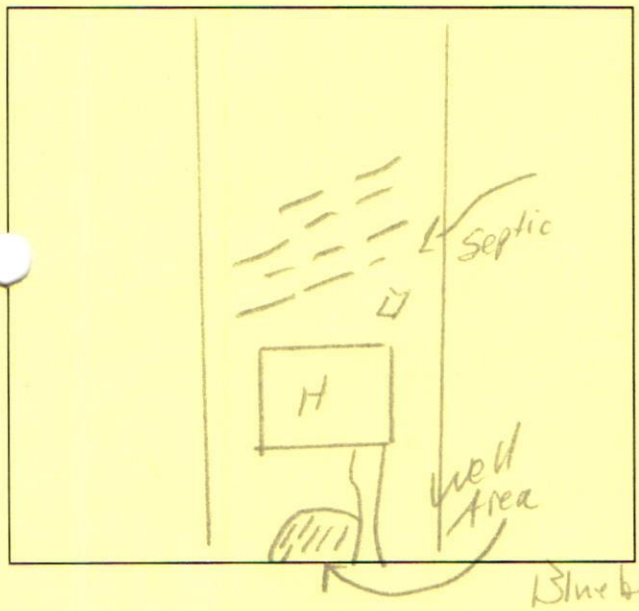
Subdivision & Lot #: Chastain #105 Septic Permit #: 7897
Zoning Permit #: 18217 Environmental Health Specialist: David Cole

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 structural foundations – 25 ft
Setback from septic tank and drain field, including repair area – 100 ft
Setback from ponds, lakes or other bodies of water – 50 ft

Site Sketch:



Conditions: Call 919-693-2658 w/ questions

Authorized Agent: David Cole
Date: 8-8-14

Well Grout: (Circle or write in)
Witnessed: Yes or No EHS Agent: W. Vaughan
Date: 11-13-15 Annular Space Open: Yes or No
Over reamed: Yes or No
Method: ____ Pump ✓ Poured ____ Pressure
Depth Grouted: 20+ ft
Well Log received: Yes or No (EHS to Attach to Permit)

340' 80' casing 2 gal/min

As Built Drawing:

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:

A.C.
Well Completion Permit: Walter T. Vaughan **EHS**
Date Completed: 12-3-15

Water Samples Taken: Date: ____
EHS: ____ **Results:** ____
Retest: ____ **Results:** ____

SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

SEPTIC AND PUMP TANK INSPECTION

SEPTIC TANK		INITIAL	DATE
Manufacturer	Ellis	WJV	11-6-15
Date of Manufacture	5-30-15		
Stamp	STB 589		
Capacity	1000		
Tee	✓		
Baffle	✓		
Sealant	✓		
AIR GAP	—		
FILTER	✓		
RISER			

PUMP TANK			
Manufacture			
Date of Manufacture			
Stamp			
Capacity			
Sealant			
Manhole			
RISER			
SEALANT			

MECHANICAL INSPECTION

PUMP			
Manufacturer and Model #			
Control Panel			
Alarm			
Electrical Connection			
SEALANT AROUND CONDUIT			

NITRIFICATION/DISTRIBUTION AND DRAINFIELD INSPECTION

DISTRIBUTION BOX			
Level	✓		
Equal Distribution			
Other			

DISTRIBUTION MANIFOLD			
Pipe Size			
Gate Valves			
Other			

OTHER DISTRIBUTION			
Type			

NITRIFICATION LINES	LINE 1	LINE 2	LINE 3	LINE 4	LINE 5	LINE 6
Trench Width	3	3	3	3		
Trench Length	100	100	100	100		
Trench Grade	✓	✓		✓		
Stone Depth	accept	poly styrene				

WELL INSPECTION

LOCATION OF WELL _____

COMMENTS:

_____

_____

_____

Granville – Vance District Health Department
Environmental Health

Final Sketch

Pin _____

____Improvement Permit ____Construction Authorization

Applicant's Name: Wayne Const.

Subdivision – Section – Lot: Chesleigh 105

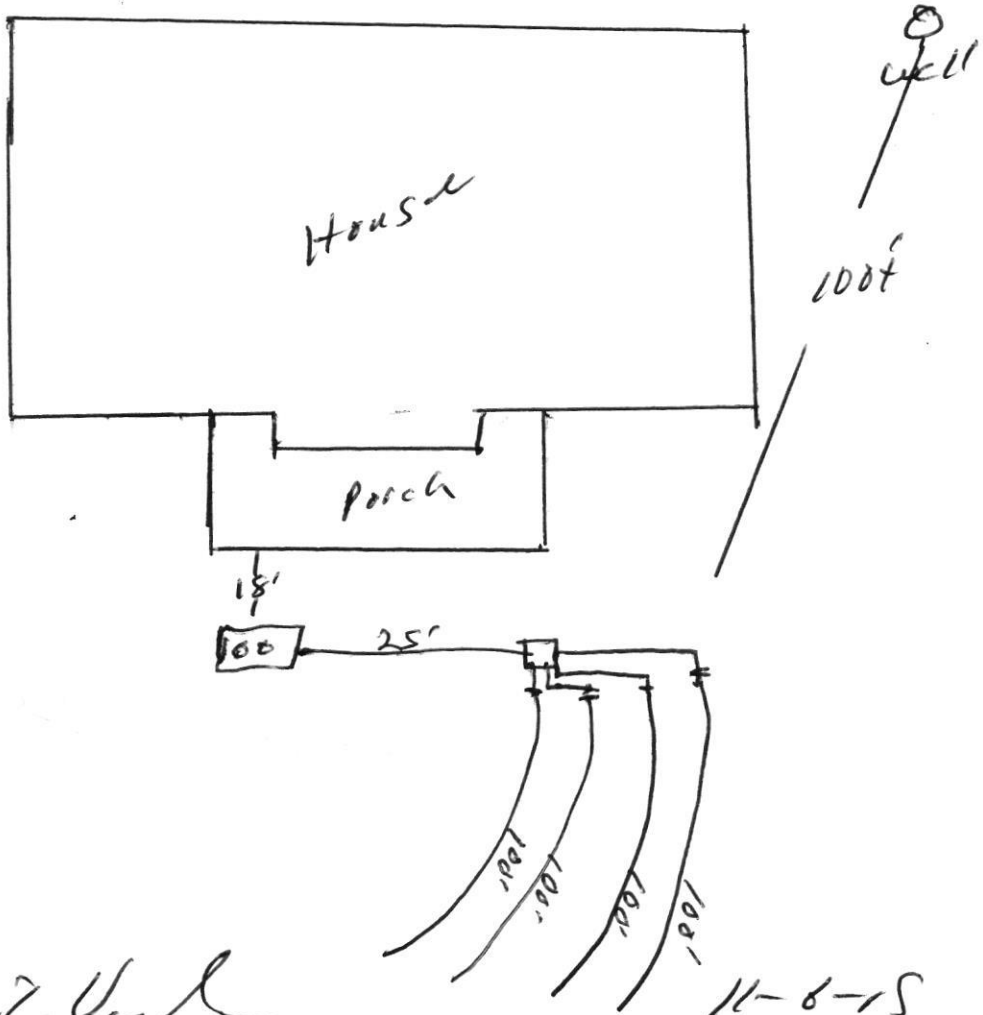
Physical Address: 1015 Bluebell Lane

System Installer: Blackley Bros

Date: 11-6-15

System design and details as installed.

Blue Bell Lane



Authorized Signature

Date: 11-6-15

PERMIT NUMBER 07897

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

Zoning # 18217

COUNTY: Granville	TAX NO. 182400121237	TYPE OF ESTABLISHMENTS		
	SR. NO.	RESIDENCE ✓ BUSINESS — OTHER —	NUMBER OF BEDROOMS: 4	NUMBER OF OCCUPANTS: 8 max
OWNER: Wynn Construction		WATER SUPPLY	WELL ✓ PUBLIC —	OTHER —
APPLICANT'S ADDRESS: Creedmoor 27522		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION Type III g	REPAIR Type III g
PROPERTY ADDRESS/LOCATION: 1015 Bluebell Lane		DESIGN FLOW:	480 gpd	
		LTAR:	.3 gpd/ft²	
SUBDIVISION: Chesleigh phase 5		ABSORPTION AREA:	1600 ft² → 1600 ft²	
LOT NUMBER: 105		TRENCH WIDTH:	3'	
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:	24"	
		TRENCH SPACING:	9' O.C.	
		TOTAL TRENCH LENGTH:	400'	
		NUMBER OF TRENCHES:	5	
		GRAVEL DEPTH:	Accepted Status	
		TANK SIZE:	1200 gal	
		PUMP TANK SIZE:		
		DISTRIBUTION DEVICE:	Distribution Box	

- Be careful maintaining set-backs to property lines
- Install in dry conditions
- Install on Contour

*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.

*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.

PERMIT VALID FOR: 5 YEARS
YES (✓) NO

NO EXPIRATION
YES NO (✓)

****

IMPROVEMENT PERMIT DATE: 8/8/14

FOR: Wynn Construction
ISSUED BY: David Cambee

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CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 7897

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: Contours on sketch estimated !!

Date: 8/8/14 Environmental Health Specialist: David Cambee

Construction Authorization Addendum ☐ Yes ☐ No

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OPERATION PERMIT DATE: 11-6-15

SYSTEM INSTALLED BY: Blackley Bros
ISSUED BY: Walter Vaughan A.C. WB.

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