Granville-Vance District Health Department

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115 Charles Rollins Road
Henderson, NC 27536
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Recertification of an Existing On-Site System and Well

Owner Name / Applicant Name: Gary & Barbara Ware Date: 12-9-13
Physical Address: 8095 Crawford Cuna Rd Contact Number: _____
Subdivision: Saddleback Crossing Lot # 2 Zoning Permit # 18080

Septic Permit #: 6429 Date Installed: ~~7-9~~ 1-23-09

Recertification Of:

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

Outbuilding Addition: ✓ - Size: 20x26

Existing House Replacement: Size: _____

Addition to House: 1 - Size: _____
Bedroom Addition _____ Septic Upgrade: _____
Permit # _____ New Well: _____

Other Additions to Property: _____

✓ All 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: Stay 25' from well and 50' from septic.

Carol G Hedgpeth 12-9-13

00771

Granville - Vance District Health Department
Environmental Health
Well Construction Permit

Owner/Applicant: Tankard Woodcraft Inc Date: 5-22-12
Address or Location of Property: 5095 Sanford Grissom

Subdivision & Lot #: Saddlebrook Crossing Lot #7 Septic Permit #: 6429
Zoning Permit #: 17472 Environmental Health Specialist: Jerry B Clayton

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.

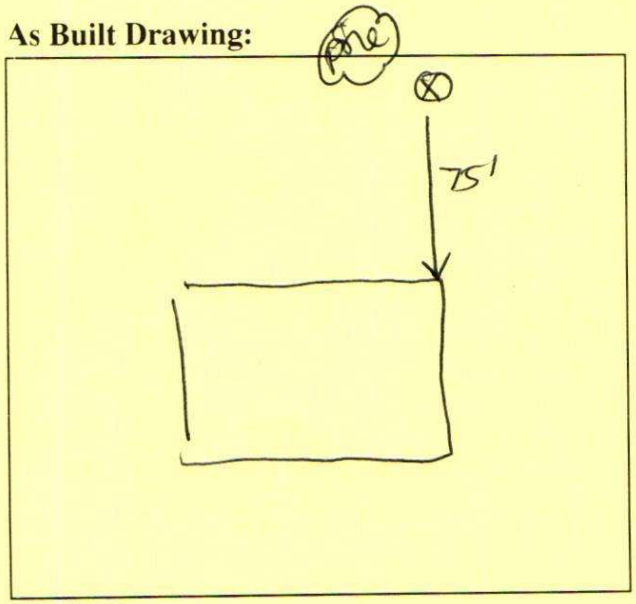
Minimum Setbacks: (these are the main setbacks, but not all required setbacks)

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:

see attached site Sketch

As Built Drawing:



Conditions: see attached Drawing

Authorized Agent: Jerry B Clayton EHS
Date: 5-22-12

 # 1 Well Grout: (Circle or write in)
Witnessed: Yes or No EHS Agent: Champion
Date: 7-20-12 Annular Space Open: Yes or No
Over reamed: Yes or No Depth Grouted: 20+
Method: ____ Pump ✓ Poured ____ Pressure
Well Log received: Yes or No (EHS to Attach to Permit)
Driller Name: Jerry Ball Cert. # ____
Depth: 200 Casing Depth: 39' GPM: 50

 # 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: [signature] **EHS**
Date Completed: 11-19-12

 # 4 Water Samples Taken: Date: 11-19-12
EHS: CC **Results:** ____
Retest: ____ **Results:** ____

Granville – Vance District Health Department
Environmental Health

Pin 1918 00647837 Permit Number 6429

✓ Improvement Permit ✓ Construction Authorization

Final Sketch

Gary & Barbara Ware — Applicants Name
Saddleback Crossing - lot #2 — Subdivision – Section – Lot
Physical Address: Crawford - Creek Rd
Norman Clifford — System Installer
1-23-09 — Date

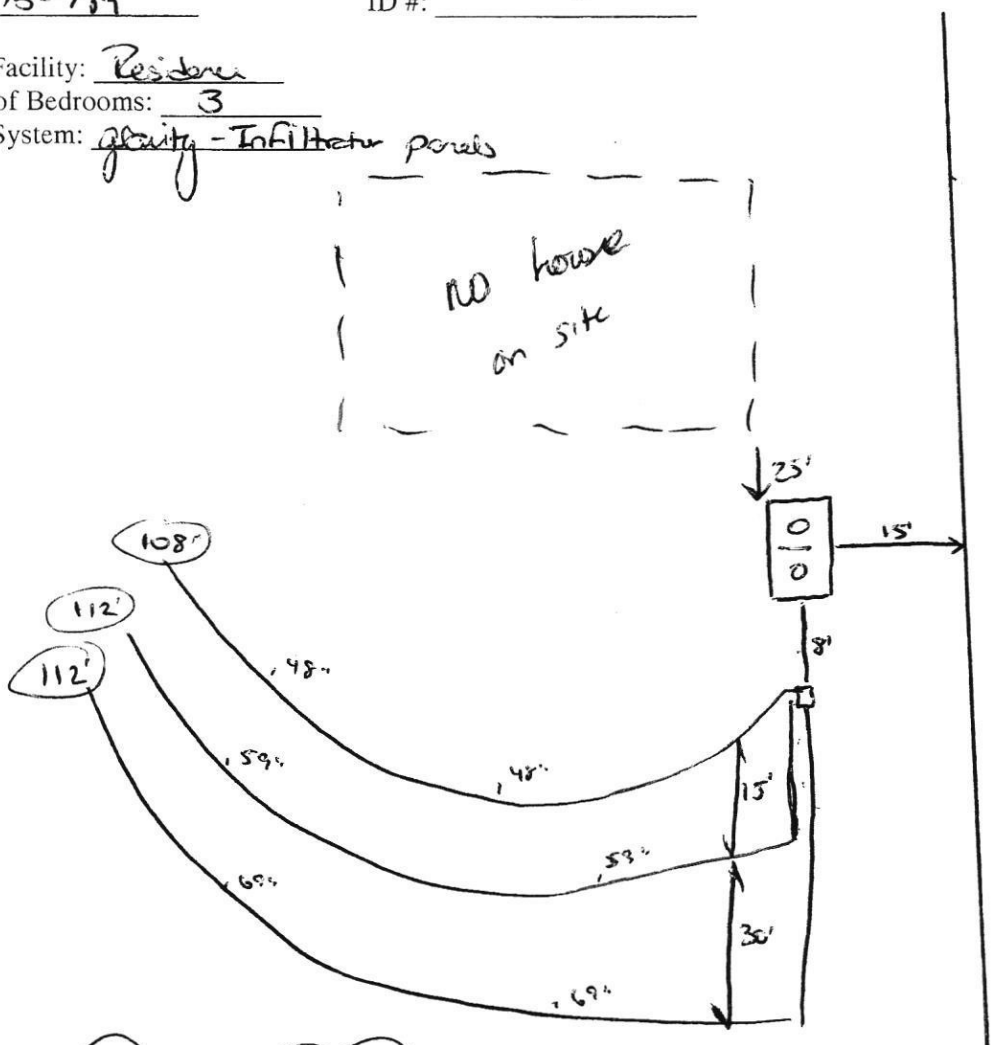
System design and details as installed.

Septic Tank Information:
Date: 6-9-08
Manufacture: Ellis-1000
ID # : 573-789

Pump Tank Information:
Date: /
Manufacturer: /
ID #:

Distribution Box ✓
Pressure Manifold ____
Serial Distribution ____

Type of Facility: Residence
Number of Bedrooms: 3
Type of System: gravity - Infiltrator panels



Carol Champion RS
Authorized Signature

1-23-09
Date

ZP# 15302

3:30 Clifford 1-23-09

PERMIT NUMBER 06429

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville	TAX NO. 191800647870	TYPE OF ESTABLISHMENTS: 37			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
	SR. NO. 1432	RESIDENCE ✓ BUSINESS — OTHER —	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS: max 6	
OWNER: Gary & Barbara Ware		WATER SUPPLY: Private	WELL ✓ PUBLIC —	OTHER —	
APPLICANT'S ADDRESS: 22014 Bunns Rd Honeworth, OH 44634		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION: IIa	REPAIR: IIa or IIIg	
PROPERTY ADDRESS/LOCATION: Crawford Ann Rd		DESIGN FLOW:	360	360	*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: Saddleback Crossing		LTAR:	.275		
LOT NUMBER: 2		ABSORPTION AREA:	1309		
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH WIDTH:	36"		
- Maintain contour and install as layout. - Maintain all setbacks - Up to discretion (builder) inspector to determine pipe from garage toilet to septic tank.		TRENCH DEPTH:	24"		
		TRENCH SPACING:	9' on center		
		TOTAL TRENCH LENGTH:	~~440~~ 330'		
		NUMBER OF TRENCHES:	4 - 110 Ft		
		GRAVEL DEPTH:	~~12~~ 8" accepted		PERMIT VALID FOR: 5 YEARS (YES) NO
		TANK SIZE:	1000		
		PUMP TANK SIZE:	—		NO EXPIRATION YES (NO)
		DISTRIBUTION DEVICE:	Distribution Box		

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IMPROVEMENT PERMIT DATE: 7-9-07

FOR: Gary & Barbara Ware

ISSUED BY: Cassell Chauvin - Casey

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CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 06429

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: Pre-construction Meeting - Rake sidewalls of trenches.

Date: 7-9-07 Environmental Health Specialist: Cassell Chauvin, RS

Construction Authorization Addendum ☐ Yes ☐ No

****

OPERATION PERMIT DATE: 1-23-09

SYSTEM INSTALLED BY: Norman Clifford

ISSUED BY: Cassell Chauvin RS

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