2:00pm

*25% Reduction Accepted System.

PERMIT NUMBER 07430

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Vance	TAX NO.	TYPE OF ESTABLISHMENTS		
	SR. NO.	RESIDENCE ✓ BUSINESS — OTHER —	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS: 4
OWNER: Antonio Guitierrez		WATER SUPPLY	WELL ✓ PUBLIC —	OTHER —
APPLICANT'S ADDRESS:		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION Type II Accepted	REPAIR Same
PROPERTY ADDRESS/LOCATION: Hoyle Ln. (off Vicksboro)		DESIGN FLOW:	360 g/day	
		LTAR:	.3	
SUBDIVISION:		ABSORPTION AREA:	900 ft²	
LOT NUMBER:		TRENCH WIDTH:	3'	
REFERENCE SKETCH (SEE PLAT FOR DETAILS) * See attached site plan. -Soil reevaluated some can install at 36" Carls 4/2/14		TRENCH DEPTH:	24"	
		TRENCH SPACING:	9' centers	
		TOTAL TRENCH LENGTH:	300'	
		NUMBER OF TRENCHES:	3	
		GRAVEL DEPTH:	NA	
		TANK SIZE:	1,000g	
		PUMP TANK SIZE:	NA	
		DISTRIBUTION DEVICE:	D-box	

*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:

FOR:

ISSUED BY: Mac Shrighton, REHS 9-7-12

****

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 07430

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: _____

Date: 9-7-12 Environmental Health Specialist: Mac Shrighton, REHS

Construction Authorization Addendum ☐ Yes ☑ No

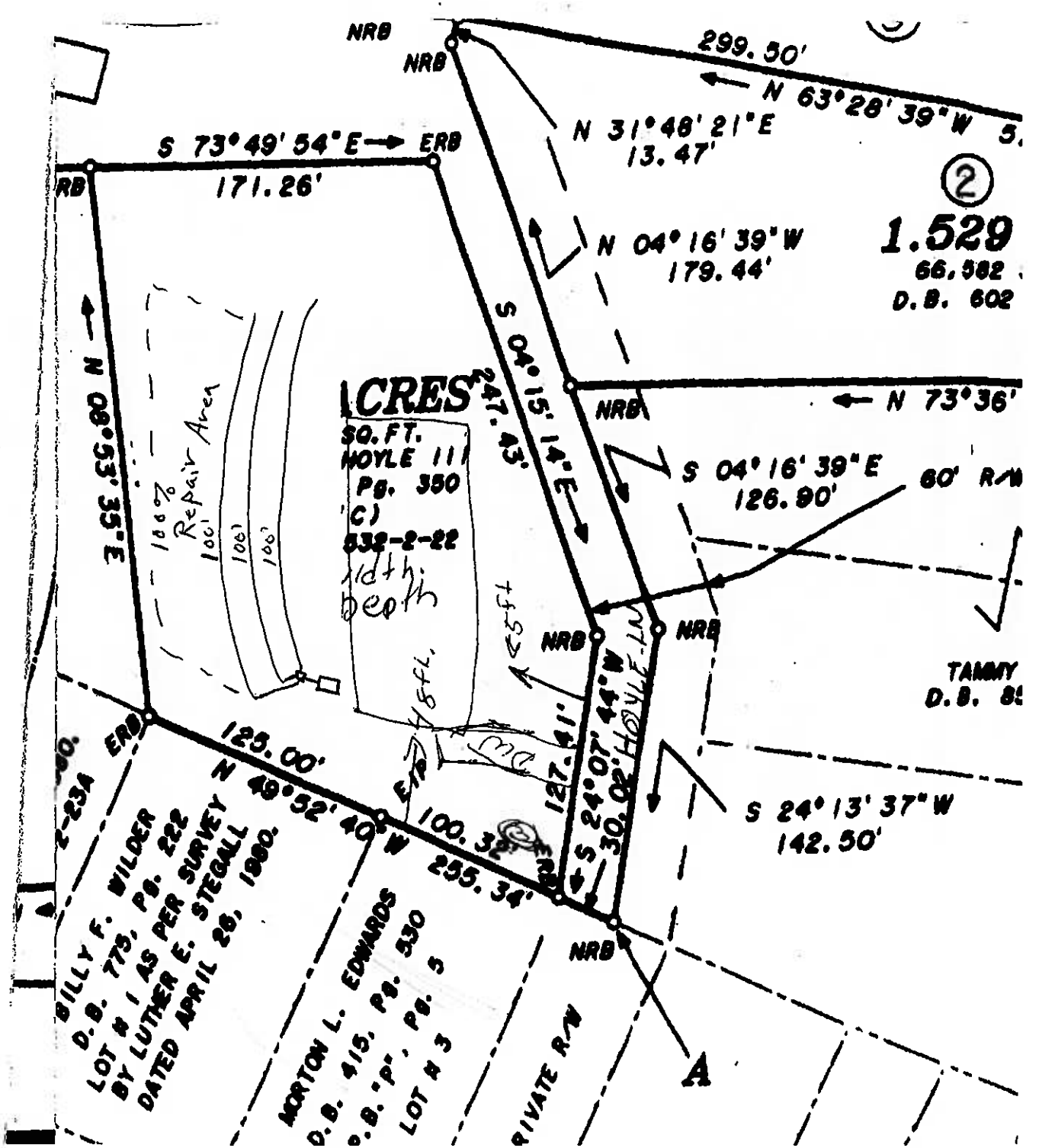
****

OPERATION PERMIT DATE: 4/3/14

SYSTEM INSTALLED BY: K T Moore

ISSUED BY: _____

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


NRB
NRB
299.50'
N 63°28'39"W
N 31°48'21"E
13.47'
S 73°49'54"E
ERB
171.26'
RB
N 04°16'39"W
179.44'
2
1.529
66,582
D.B. 602
S 04°15'14"E
247.43'
N 73°36'
NRB
S 04°16'39"E
126.90'
60' R/W
ACRES
SQ. FT.
HOYLE III
PG. 350
C)
532-2-22
width
depth
100' Repair Area
100'
100'
N 80°53'35"E
NRB
NRB
TAMMY
D.B. 8
S 24°07'44"W
30.02' HOYLE LN
127.41'
S 24°13'37"W
142.50'
125.00'
N 49°52'40"W
100.32'
255.34'
NRB
A
BILLY F. WILDER
D.B. 773, PG. 222
LOT # 1 AS PER SURVEY
BY LUTHER E. STEGALL
DATED APRIL 28, 1960.
MORTON L. EDWARDS
D.B. 415, PG. 330
D.B. 'P', PG. 5
LOT # 3
PRIVATE R/W

RESIDENTIAL WELL CONSTRUCTION RECORD

North Carolina Department of Environment and Natural Resources - Division of Water Quality

WELL CONTRACTOR CERTIFICATION # 2385

1. WELL CONTRACTOR:
William Glenn Davis
Well Contractor (Individual) Name
Davis Well Drilling
Well Contractor Company Name
STREET ADDRESS 702 West Green St
Franklinton NC 27525
City or Town State Zip Code
919 494-2440
Area code - Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable) 00756
STATE WELL PERMIT#(if applicable)
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☒
DATE DRILLED 03-25-2015
TIME COMPLETED 2:30 AM ☐ PM ☒

3. WELL LOCATION:
CITY: Henderson COUNTY Vance
67 Hoyle Lane
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☒ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 36° 19.051
LONGITUDE -78° 22.043
May be in degrees, minutes, seconds or in a decimal format
Latitude/longitude source: ☒ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

4. WELL OWNER
OWNER'S NAME Antonio Gutierrez
STREET ADDRESS 67 Hoyle Ln.
Henderson NC
City or Town State Zip Code
252 767-9886
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 245'
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒
c. WATER LEVEL Below Top of Casing: 22 FT
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118
e. YIELD (gpm): 25 METHOD OF TEST air

f. DISINFECTION: Type HTH Amount 100 ppm

g. WATER ZONES (depth)
From 160 To 162 From ____ To ____
From 221 To 223 From ____ To ____
From ____ To ____ From ____ To ____

6. CASING:

	Depth To	Diameter (inches)	Thickness (SDR)	Material
From 0	80 Ft	6"	SDR 21	PVC
From ____	____ Ft	____	____	____
From ____	____ Ft	____	____	____

7. GROUT:

	Depth To	Material	Method
From Top	20 Ft	Envirosolup bentonite	poured
From ____	____ Ft	____	____
From ____	____ Ft	____	____

8. SCREEN:

	Depth To	Diameter	Slot Size	Material
From ____	____ Ft	____ in	____ in	____
From ____	____ Ft	____ in	____ in	____
From ____	____ Ft	____ in	____ in	____

9. SAND/GRAVEL PACK:

Depth		Size	Material
From ____	To ____ Ft	____	____
From ____	To ____ Ft	____	____
From ____	To ____ Ft	____	____

10. DRILLING LOG

From	To	Formation Description
0	80	soil / sand
80	245	igneous granite

11. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C WELL CONSTRUCTION STANDARDS AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

SIGNATURE OF CERTIFIED WELL CONTRACTOR — DATE 3-25-15

Glenn Davis
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attach additional sheets if necessary.
1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568

Form GW-1b
Rev. 7/05