PERMIT NUMBER 1138

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville	TAX NO.	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
	LOT SIZE	RESIDENCE ✓ BUSINESS ___ OTHER ___	NUMBER OF BEDROOMS: 4	NUMBER OF OCCUPANTS: 8 MAX	
APPLICANT'S NAME & ADDRESS: AV Homes		WATER SUPPLY WELL ☐ PUBLIC ☐	INITIAL INSTALLATION	REPAIR	
		TYPE OF WASTEWATER SYSTEM	III bg		
PROPERTY ADDRESS/LOCATION: 3824 Watermark Ln		DESIGN FLOW:	480 gpd.		*THIS IMPROVEMENT PERMIT IS SUBJECT TO REVOCATION IF THE INTENDED USE CHANGES FROM THOSE SHOWN ON THE IMPROVEMENT PERMIT. CHANGES SHALL REQUIRE HEALTH DEPARTMENT APPROVAL.
		LTAR:	.3 gpd/ft²		
SUBDIVISION: Ironwood		ABSORPTION AREA:	1,200 ft²		
LOT NUMBER: 110		TRENCH WIDTH	36"		
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:	18"		
*NEMA 4X Control panel with alarm.		TRENCH SPACING:	9' o.c.		
* Top Chart on layout.		TOTAL TRENCH LENGTH:	420'		
* Do Not exceed trench depth		NUMBER OF TRENCHES:	4		
*		GRAVEL / ACCEPTED:	Accepted		PERMIT VALID FOR: 5 YEARS YES NO
		TANK SIZE:	1000 gal		
		PUMP TANK SIZE:	1000 gal		NO EXPIRATION YES NO
		DISTRIBUTION DEVICE:	pressure manifold		

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FOR: AV Homes IMPROVEMENT PERMIT DATE: 7-5-18

ISSUED BY: Adam Currin

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CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 1138

Unless otherwise indicated, the same conditions above apply regarding system type, layout, location and installation requirement.

(The wastewater system cannot be installed until authorization is signed)

Comments: _____

Date: 7-5-18 Environmental Health Specialist: Adam Currin

Construction Authorization Addendum ☐ Yes ☐ No

OPERATION PERMIT DATE: Tanks 2-27-19 (AWC) Lines (2-28-19) (WTB) Pump 3-11-19

SYSTEM INSTALLED BY: Adcock Excavating

ISSUED BY: Adam Currin

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

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: Samuel Collins Date: 5-7-19
Physical Address: 3824 Watermark Dr Contact Number: _____
Subdivision: Ironwood Lot # 110 Zoning Permit # 21130

Septic Permit #: 1138 Date Installed: 3-11-19

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: 8x8 Hot Tub

✓ 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: _____

Edward Cowin
Signature of REHS

5-7-19
Date

Granville - Vance District Health Department
Environmental Health
Well Construction Permit

2579

Owner/Applicant: AV Homes Date: 7-5-18
Address or Location of Property: 3824 Watermark Dr

Subdivision & Lot #: Ironwood / 110 Septic Permit #: 1138
Zoning Permit #: 20528 Environmental Health Specialist: AWC

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 attachment

Conditions:

Authorized Agent: Adam Crews
Date: 7-5-18

 # 1 Well Grout: (Circle or write in)
Witnessed: (Yes) or No EHS Agent: Adam Crews
Date: 12-7-18 Annular Space Open: (Yes) or No
Over reamed: (Yes) or No Depth Grouted: 20t
Method: ____ Pump ✓ Poured ____ Pressure
Well Log received: Yes or (No) (EHS to Attach to Permit)
Driller Name: Southern Cert. # ____
Depth: 300' Casing Depth: 120' GPM: 5

As Built Drawing:

 # 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: Adam Crews **EHS**
Date Completed: 3-11-19

 # 4 Water Samples Taken: Date: 5/8/19
EHS: WTS **Results:**
Retest: **Results:**

Granville-Vance District Health Department

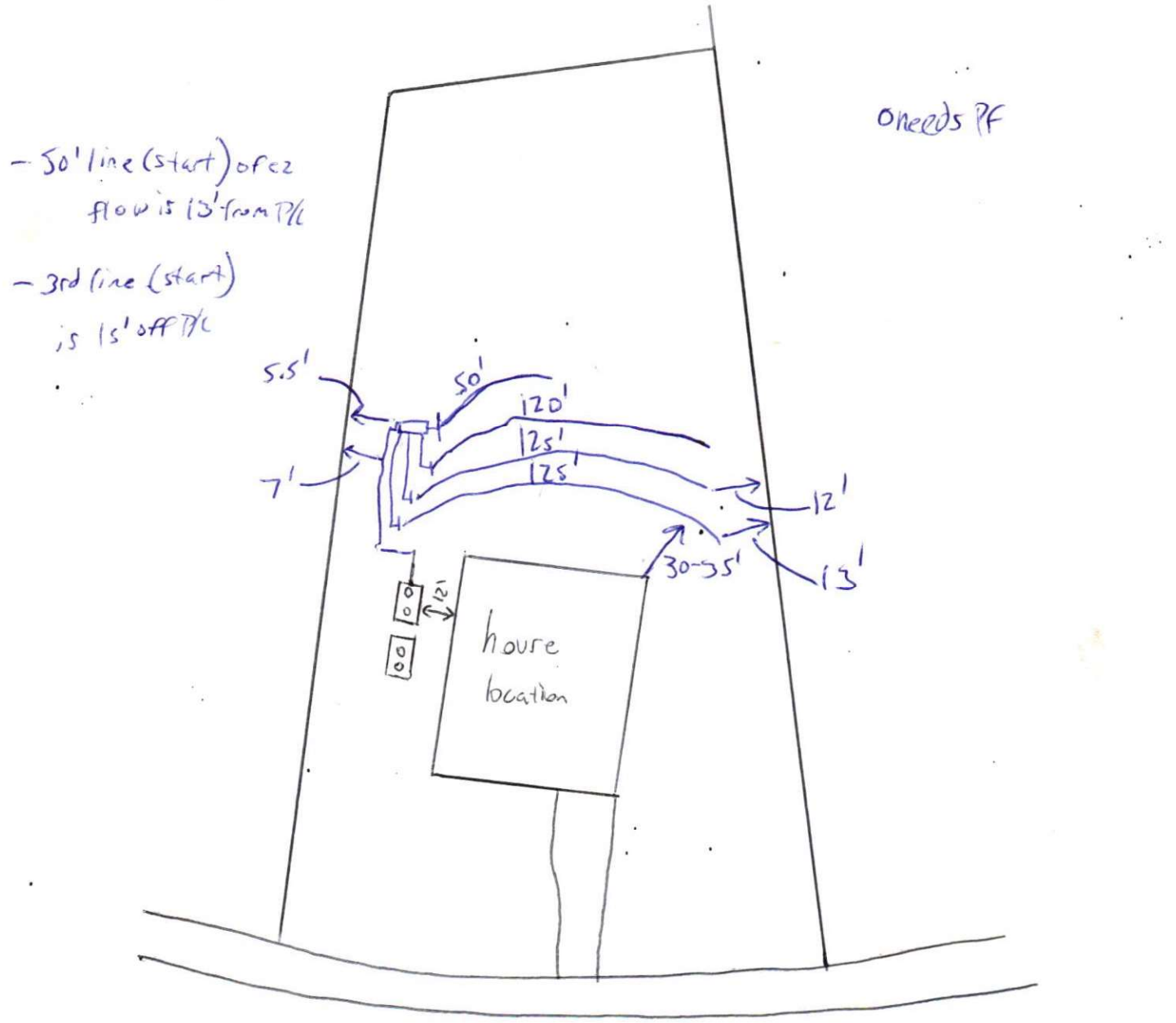
Environmental Health

PIN _____ **Final Sketch** Date 2-28-19

AV homes	1138	Ironwood 110
Applicant's Name	**Permit No.**	**Subdivision/Lot Number**

Physical Address: 3825 Watermark Cn.

Block excavating	(lines) AC (tanks)
System Installer	**Authorized Signature**



SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

SEPTIC AND PUMP TANK INSPECTION

		INITIAL	DATE
SEPTIC TANK			
Manufacturer	MCP	awc	2-27-19
Date of Manufacture	10-31-18		
Stamp	STB-814		
Capacity	1000		
Tee	✓		
Baffle	✓		
Sealant	✓		
AIR GAP ✓, FILTER ✓, RISER			
PUMP TANK			
Manufacture	MCP	awc	2-27-19
Date of Manufacture	12-1-18		
Stamp	PT-53		
Capacity	1000		
Sealant	✓		
Manhole	✓		
RISER, SEALANT			

MECHANICAL INSPECTION

PUMP			
Manufacturer and Model #	Zoeller N-153	awc	3-11-19
Control Panel	✓		
Alarm	✓		
Electrical Connection	✓		
SEALANT AROUND CONDUIT	✓		

NITRIFICATION/DISTRIBUTION AND DRAINFIELD INSPECTION

DISTRIBUTION BOX			
Level	~~3" sch 40~~		
Equal Distribution			
Other			
DISTRIBUTION MANIFOLD			
Pipe Size	3" sch 40.	awc.	3-11-19
Gate Valves	1/2" sch 80 + 3/4" sch 40.		
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	50'	120'	125'	125'		
Trench Grade	✓	✓	✓	✓		
Stone Depth	18"	18"	18"			
EZflow						

WELL INSPECTION

LOCATION OF WELL _____

COMMENTS: