

OPERATION PERMIT

Granville County Health Dept
Environmental Health
101 Hunt Drive
Oxford, NC 27565

Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number 357896 - 1
County ID Number: 183700357943
Evaluated For: NEW

Property Owner: Missy Robins & Tom Alls

Address:

Road #:

City:

State/Zip: /

Phone #:

Township:

Subdivision: Caroline Lane

Phase: NEW

Lot: 2

Structure: SINGLE FAMILY

of Bedrooms: 4

of People: 2

Water Supply: NEW WELL

Saprolite System?: ☐ Yes ☒ No

Pump Required?: ☐ Yes ☒ No

Design Flow: 480

System Classification/Description: TYPE III G. OTHER
NON-CONV. TRENCH SYSTEMS

Installer: Blackley Bros.

Certification #: 1935

Specific System EZFLOW EZ 1203H-GEO

Installed:

Septic Tank Date: 05/02/2022

STB: 858

Pump Tank Date: _____

PT:

Comments: Installed 3 lines (EZ Flow). 400' total. Shall be no plumbing/additional bedrooms in Garage.

This system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.

PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with Rule .1961.

II. Monitoring: As required by Rule .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

Other:

Subsurface Operator Required: ☐ Yes ☒ No

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

Operation:

Other: Installed 3 lines (EZ Flow). 400' total. Shall be no plumbing/additional bedrooms in Garage.

Authorized State Agent: Bullock, Will *Will Bullock*

Date of Issue: 07/21/2022

Owner/Applicant:

Missy Robins & Tom Alls

*File #: 357896 - 2
PIN #: 183700357943
Tax Lot #: 2
Tax Block #:

WELL CONSTRUCTION RECORD

Owner: Missy Robins & Tom Alls

Directions

Drilling Contractor: Southern Well Drilling
Driller Registration: 3104
Date Drilled: 09/15/2022
Use of Well: SINGLE FAMILY

Total Depth: 400 Ft.
Static Water Level: 30 Ft.
Replacement Well: NO
Yield: 3 gpm
Water Zone: 1) Ft. 2) Ft.
3) Ft. 4) Ft.

Disinfection Type: GRANULAR Amount:

WELL HEAD CONSTRUCTION

Location:

Latitude:

Longitude:

Enclosure	☐ Yes	☐ No	☒ N/A
Enclosure Floor	☐ Yes	☐ No	☒ N/A
Access Port	☐ Yes	☐ No	☒ N/A
Vent:	☒ Yes	☐ No	☐ N/A
Sample Tap	☒ Yes	☐ No	☐ N/A
Back Flow	☐ Yes	☒ No	☐ N/A
Tee (jet)	☐ Yes	☐ No	☒ N/A
Suction Line	☐ Yes	☐ No	☐ N/A
Temporary	☐ Yes	☐ No	☒ N/A
Well ID Plate	☒ Yes	☐ No	☐ N/A
Pump ID Plate	☒ Yes	☐ No	☐ N/A

EHS: Bullock, Will *Will Bullock*

Issue Date: 10/25/2022

Casing: Depth: 130 Ft. Thickness: In. Comments:
Diameter: In. Top of Casing: 12 In.
Material: SDR 21

Grout:

	Depth	Material	Method
From 0 To 20 Ft.	BENTONITE	POUR	
From 0 To Ft.	N/A	N/A	

* Liner Date: From 0 To Ft.

Grout:

	Depth	Material	Method
From 0 To Ft.	N/A	N/A	

Issued by: Bullock, Will

Date of Issue: 07/02/2021

Well grout witnessed on 9/15/22 by CH. WF
done on 10/25/22. GW-1 Received.

This well was constructed, repaired or abandoned in compliance with the well permit and in accordance with 15 A NCAC 02C .0100, .0300.
The well owner shall not place potential sources of groundwater contamination closer to the well than the separation distances specified
in 15A NCAC 02C .0100, .0300.

Caroline Lane
Lot 2

WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

Van Elliott

Well Contractor Name

3104

NC Well Contractor Certification Number

Southern Well Drilling LLC

Company Name

2. Well Construction Permit #: 357896

List all applicable well construction permits (i.e. County, State, Variance, etc.)

3. Well Use (check well use):

Water Supply Well:

- ☐ Agricultural ☐ Municipal/Public
☐ Geothermal (Heating/Cooling Supply) ☒ Residential Water Supply (single)
☐ Industrial/Commercial ☐ Residential Water Supply (shared)
☐ Irrigation

Non-Water Supply Well:

- ☐ Monitoring ☐ Recovery

Injection Well:

- ☐ Aquifer Recharge ☐ Groundwater Remediation
☐ Aquifer Storage and Recovery ☐ Salinity Barrier
☐ Aquifer Test ☐ Stormwater Drainage
☐ Experimental Technology ☐ Subsidence Control
☐ Geothermal (Closed Loop) ☐ Tracer
☐ Geothermal (Heating/Cooling Return) ☐ Other (explain under #21 Remarks)

4. Date Well(s) Completed: 9-15-22 Well ID#

5a. Well Location:

Elite Const

Facility/Owner Name

Facility ID# (if applicable)

4079 Caroline Lane

Physical Address, City, and Zip

Granville

County

Parcel Identification No. (PIN)

5b. Latitude and Longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

N W

6. Is (are) the well(s) ☒ Permanent or ☐ Temporary

7. Is this a repair to an existing well: ☐ Yes or ☒ No

If this is a repair, fill out known well construction information and explain the nature of the repair under #21 remarks section or on the back of this form.

8. Number of wells constructed: 1
For multiple injection or non-water supply wells ONLY with the same construction, you can submit one form.

9. Total well depth below land surface: 400 (ft.)
For multiple wells list all depths if different (example: 3@200' and 7@100')

10. Static water level below top of casing: 30 (ft.)
If water level is above casing, use "-"

11. Borehole diameter: 6 (in.)

12. Well construction method: Air
(i.e. auger, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 3 Method of test: Air

13b. Disinfection type: HTH Amount:

For Internal Use ONLY:

14. WATER ZONES

FROM	TO	DESCRIPTION
340 ft.	ft.	
ft.	ft.	

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
+1 ft.	-130 ft.	6 in.		PVC

16. INNER CASING OR TUBING (geothermal closed-loop)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		
ft.	ft.	in.		

17. SCREEN

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	-20 ft.	Benite	Poured
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
ft.	ft.		
ft.	ft.		

20. DRILLING LOG (attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification

Signature of Certified Well Contractor

9-21-22
Date

By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with 15A NCAC 02C .0100 or 15A NCAC 02C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

23. Site diagram or additional well details:

You may use the back of this page to provide additional well site details or well construction details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

24b. For Injection Wells: In addition to sending the form to the address in 24a above, also submit a copy of this form within 30 days of completion of well construction to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

24c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where constructed.

Granville - Vance District Health Department
Environmental Health

Pin _____

Permit Number P-357896

Final Sketch

S-246142"
W-246143

Elite construction of NC

Applicants Name

lot 2

Subdivision - Section - Lot

Physical Address: 4079 caroline Ln

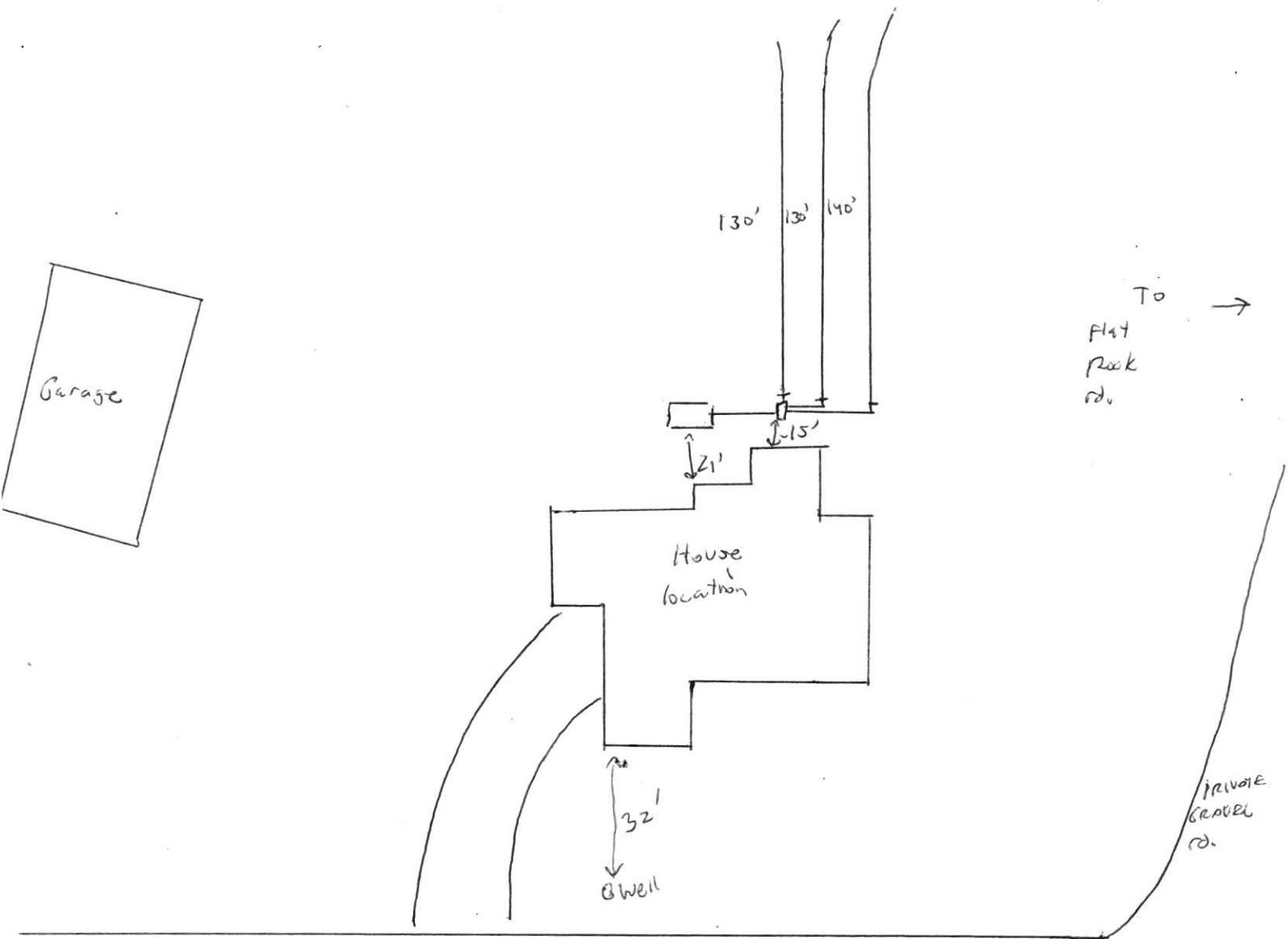
Number of Bedrooms 4

Blackley Bros

System Installer

7-21-22

Date



[Signature]
Authorized Signature

7-26-22
Date

SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

SEPTIC AND PUMP TANK INSPECTION

SEPTIC TANK

Manufacturer Mills
 Date of Manufacture 5-2-22
 Stamp ETB835
 Capacity 1000
 Tee
 Baffle
 Sealant
 AIR GAP , FILTER , RISER

INITIAL

WTB

DATE

7/21/22

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

WTB

7/21/22

DISTRIBUTION MANIFOLD

Pipe Size
 Gate Valves
 Other

OTHER DISTRIBUTION

Type

NITRIFICATION LINES

Trench Width
 Trench Length
 Trench Grade
 Stone Depth

LINE 1

3'
130'
26-28"

LINE 2

3'
130'

LINE 3

3'
140'

LINE 4

LINE 5

LINE 6

WELL INSPECTION

LOCATION OF WELL

No well yet

WTB 7/21/22

COMMENTS:

N-6-