

PERMIT NUMBER 06543

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS

COUNTY:	TAX NO.	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
	SR. NO.	RESIDENCE ☒	NUMBER OF BEDROOMS:	NUMBER OF OCCUPANTS:	
		BUSINESS ☐			
		OTHER ☐			
OWNER:		WATER SUPPLY	WELL ☒	OTHER ☐	*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.
APPLICANT'S ADDRESS:		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION	REPAIR	
PROPERTY ADDRESS/LOCATION:		DESIGN FLOW:			
		LTAR:			
SUBDIVISION:		ABSORPTION AREA:			
LOT NUMBER:		TRENCH WIDTH:			
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:			
		TRENCH SPACING:			
		TOTAL TRENCH LENGTH:			
		NUMBER OF TRENCHES:			
		GRAVEL DEPTH:			PERMIT VALID FOR: 5 YEARS
		TANK SIZE:			YES ☒ NO
		PUMP TANK SIZE:			NO EXPIRATION
		DISTRIBUTION DEVICE:			

IMPROVEMENT PERMIT

DATE:

FOR:

ISSUED BY:

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 06543

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:

Environmental Health Specialist:

Construction Authorization Addendum

☐ Yes ☒ No

OPERATION PERMIT

DATE:

SYSTEM INSTALLED BY:

ISSUED BY:

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

Granville - Vance District Health Department

00380

Environmental Health

Well Construction Permit

Owner/Applicant: CW Moss Seven Oaks

Date: 10-7-10

Address or Location of Property: Old 75 → Range Rd → Roberts Chapel Rd →

Saddle Ridge Sub → go 1/2 mile → 1st on R

Subdivision & Lot #: _____

Septic Permit #: 6543

Zoning Permit #: 16886

Environmental Health Specialist: Champion

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)

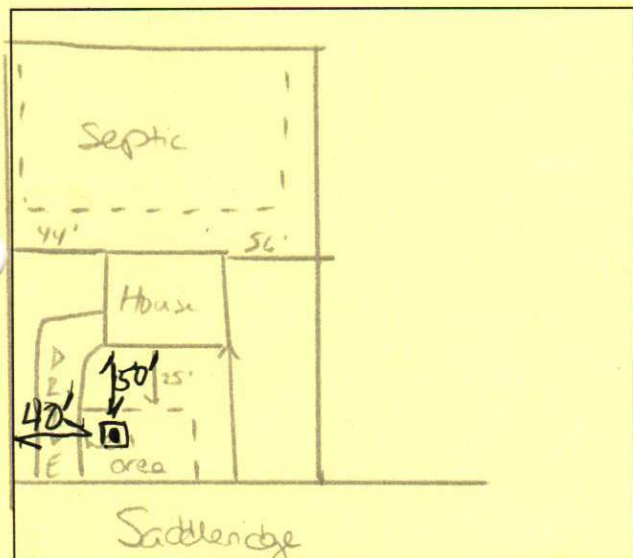
Setback from property lines – 10 ft

Setback from septic tank and drain field, including repair area – 100 ft

Setback from structural foundations – 25 ft

Setback from ponds, lakes or other bodies of water – 50 ft

Site Sketch:



Conditions:

Follow site sketch

Authorized Agent: Carol Champion EHS

Date: 10-7-10

1 Well Grout: (Circle or write in)

Witnessed: Yes or No EHS Agent: David Cumbee

Date: 2-9-11 Annular Space Open: Yes or No

Over reamed: Yes or No Depth Grouted: +20'

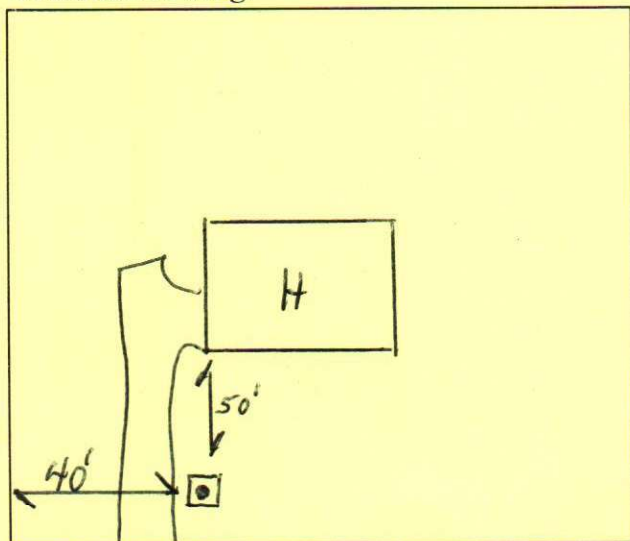
Method: _____ Pump ✓ Poured _____ Pressure

Well Log received: Yes or No (EHS to Attach to Permit)

Driller Name: Southern Well Drilling Cert. # _____

Depth: 200' Casing Depth: 35' GPM: 10'

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: Carol Champion EHS

Date Completed: 3-30-11

4 Water Samples Taken: Date: _____

EHS: _____ Results: _____

Retest: _____ Results: _____

Saddle Ridge → Roberts Chapel Rd

don't know

first

second

Granville - Vance District Health Department
Environmental Health

Pin 087900331520

Permit Number 6543

☒ Improvement Permit

☒ Construction Authorization

Final Sketch

CV Moss
Applicants Name

Saddle Creek Phase II - 34 lot #
Subdivision - Section - Lot

Physical Address: Saddle Creek

Blackley
System Installer

1-31-11
Date

System design and details as installed.

Septic Tank Information:

Date: 5-11-10
Manufacture: Ellis-1000
ID #: SB-789

Pump Tank Information:

Date:
Manufacturer:
ID #: 110

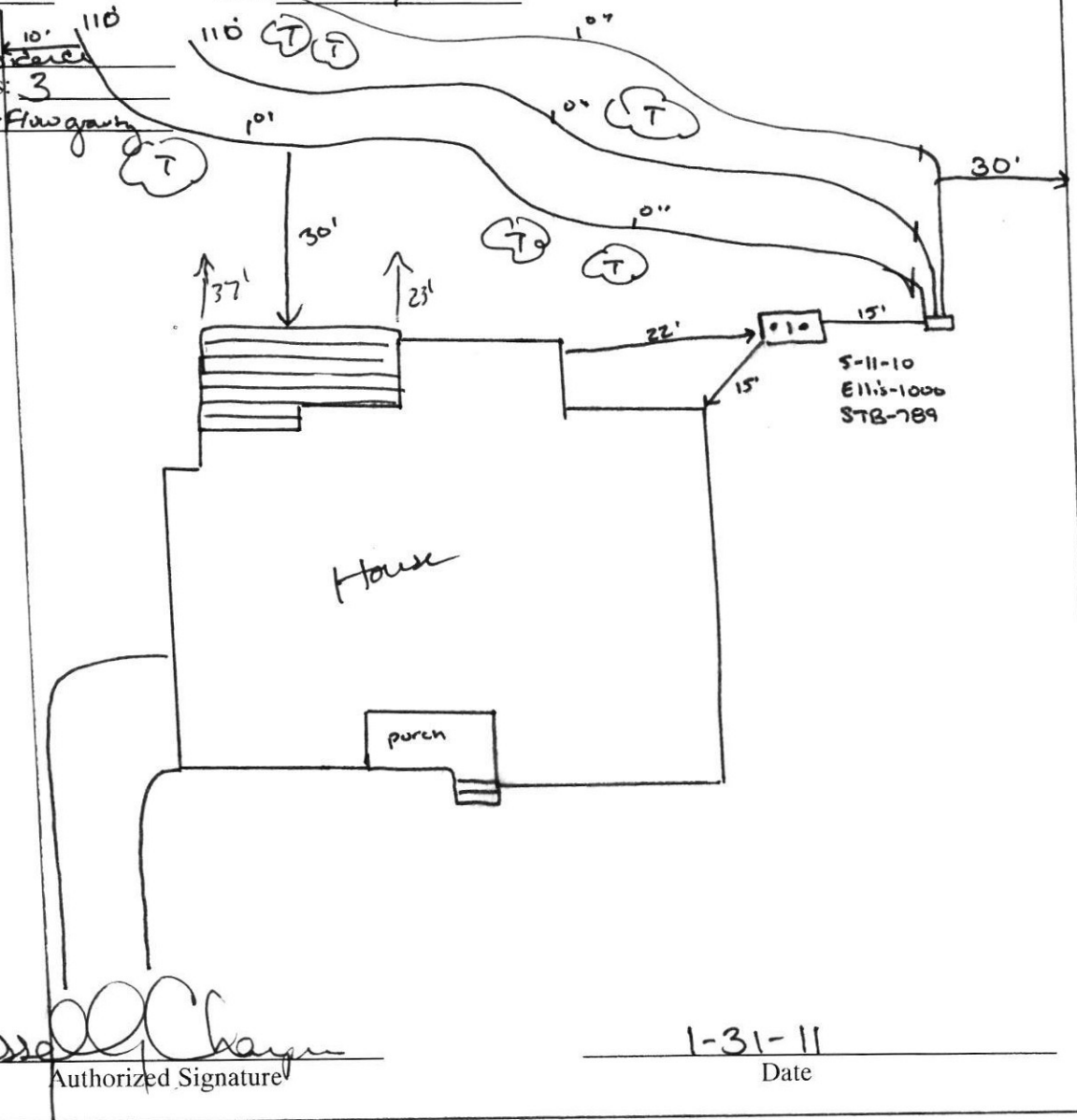
Distribution Box ☒

Pressure Manifold
Serial Distribution

Type of Facility: Pressure

Number of Bedrooms: 3

Type of System: Ez-Flow gravity



Cassidy Chaym
Authorized Signature

1-31-11
Date