## Granville – Vance District Health Department Environmental Health

Pin 096000135076

Permit Number 6848

🖌 Improvement Permit

Construction Authorization

## **Final Sketch**

 Rickard Colembodie
 Crown Forest - 10+ 8A

 Applicants Name
 Subdivision - Section - Lot

 Physical Address:
 Blue Mm Rd

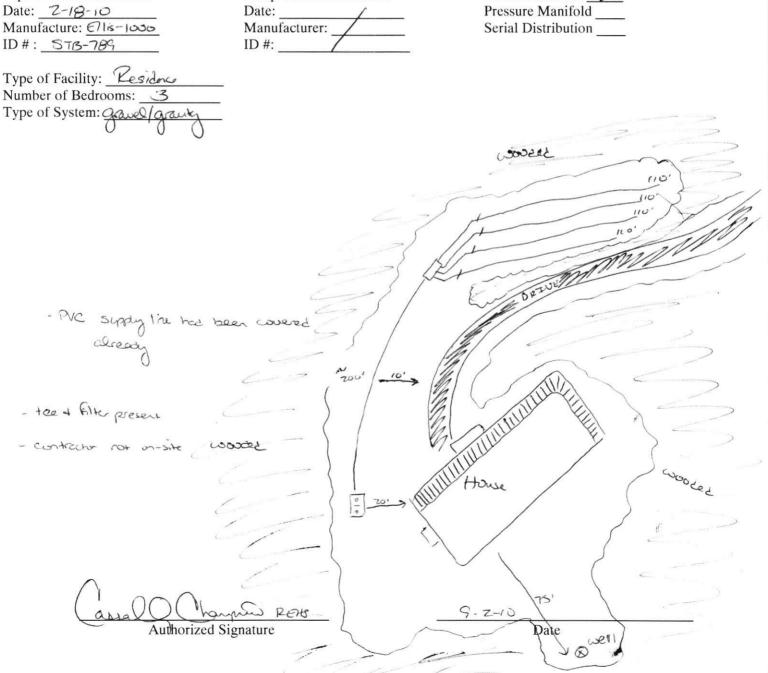
 Question
 G-1-10 / G-2-10

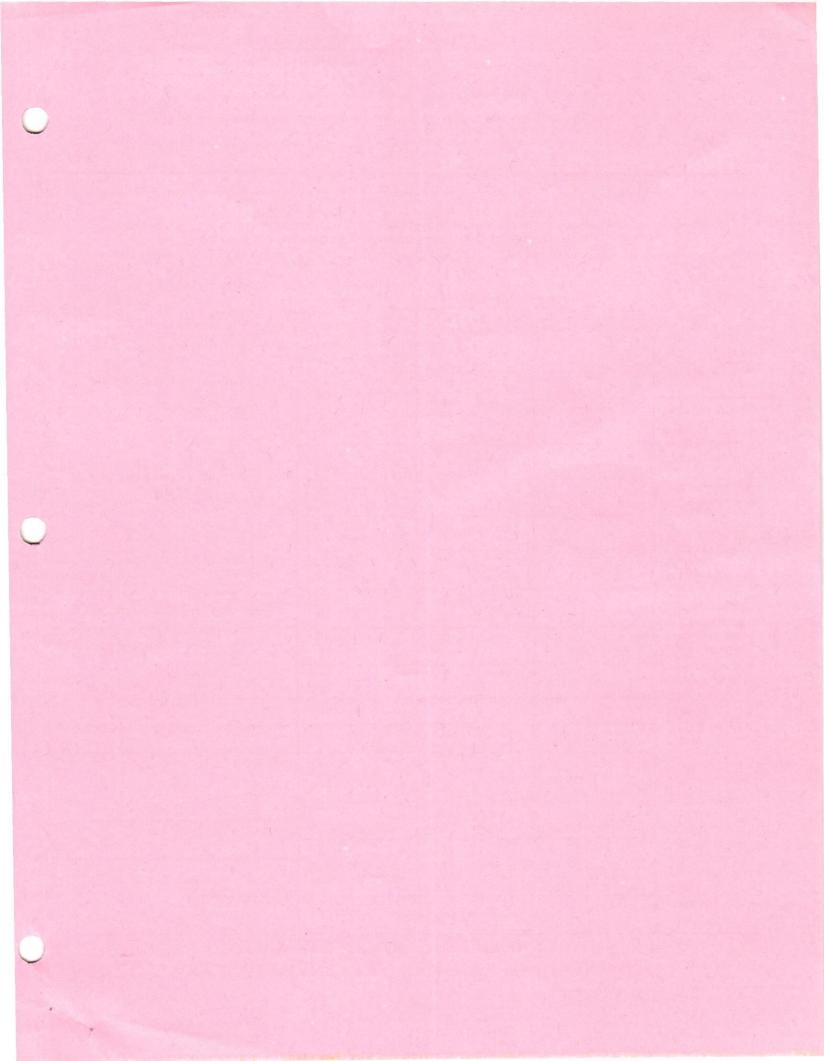
 System Installer
 Date

 System design and details as installed.
 Distribution Box

 Septic Tank Information:
 Pump Tank Information:
 Distribution Box

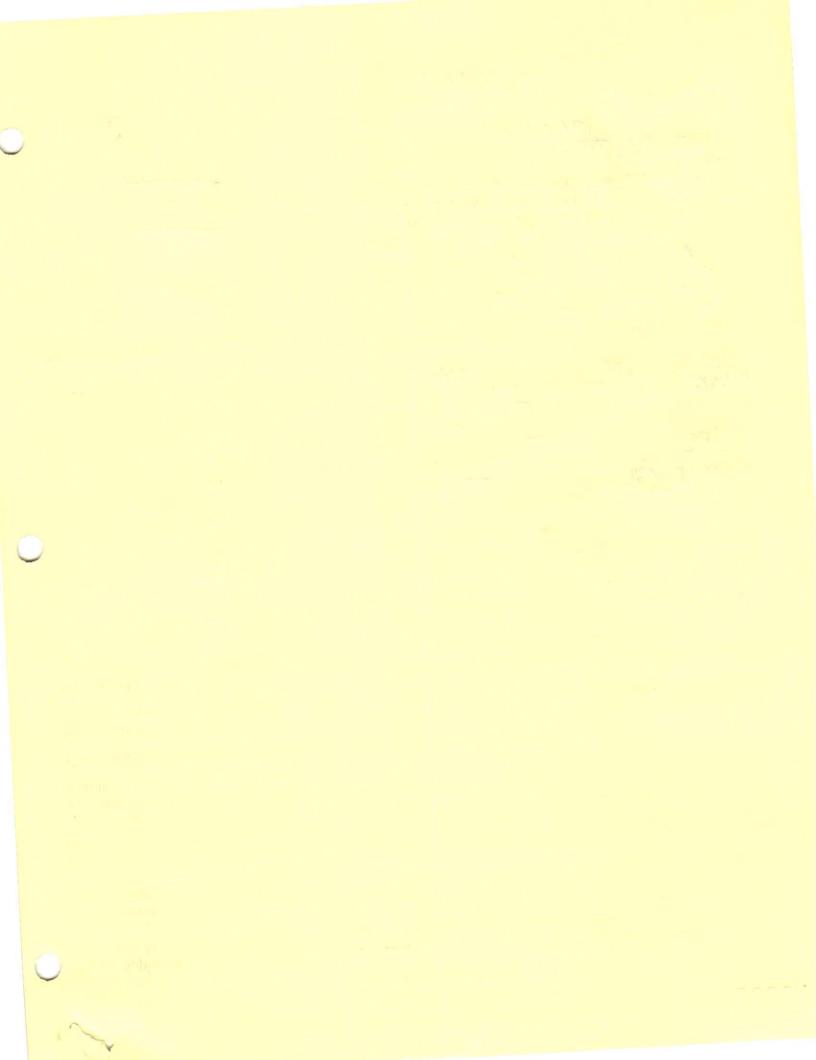
 Date:
 Z-18-10
 Pressure Manifold





## GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT IMPROVEMENT AND OPERATION PERMITS

|                                                                                 | COUNTY: TAX NO.<br>0960001550                                                                               |                        | TYPE OF ESTABLISHMENTS          |                                         |                                    | *THIS PERMIT                                                                                                                                                    |  |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------|-----------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                 | Stanville                                                                                                   | SR. NO.                | RESIDENCE<br>BUSINESS<br>OTHER  | NUMBER OF<br>BEDROOMS:                  | NUMBER OF<br>OCCUPANTS:<br>Maximum | SHALL BE<br>ACCOMPANIED<br>BY A LAYOUT<br>SHOWN ON A                                                                                                            |  |
| -                                                                               | APPLICANT'S ADDRESS:<br>122 Riversile Dr.<br>Washington UC 27889                                            |                        | WATER SUPPLY                    | WELL<br>PUBLIC                          | OTHER —                            | PLAT, INCLUDING<br>SYSTEM                                                                                                                                       |  |
|                                                                                 |                                                                                                             |                        | TYPE OF<br>WASTEWATER<br>SYSTEM | INITIAL<br>INSTALLATION<br>TYPE IT A    | REPAIR<br>Type II A                | *THIS<br>IMPROVEMENT<br>PERMIT IS<br>SUBJECT TO<br>REVOCATION IF<br>THE INTENDED<br>USES CHANGE<br>FROM THOSE<br>SHOWN ON THE<br>IMPROVEMENT<br>PERMIT. CHANGES |  |
|                                                                                 | PROPERTY ADDRESS/LOCATION:<br>SUBDIVISION:<br>LOT NUMBER: B-A<br>REFERENCE SKETCH (SEE PLAT FOR<br>DETAILS) |                        | DESIGN FLOW:                    | Blogid                                  | )'                                 |                                                                                                                                                                 |  |
| _                                                                               |                                                                                                             |                        | LTAR:                           | .2758 alk12                             |                                    |                                                                                                                                                                 |  |
|                                                                                 |                                                                                                             |                        | ABSORPTION<br>AREA:             | 1310 92                                 |                                    |                                                                                                                                                                 |  |
|                                                                                 |                                                                                                             |                        | TRENCH<br>WIDTH:                | 3'                                      |                                    |                                                                                                                                                                 |  |
|                                                                                 |                                                                                                             |                        | TRENCH<br>DEPTH:                | 24"                                     |                                    |                                                                                                                                                                 |  |
|                                                                                 |                                                                                                             |                        | TRENCH<br>SPACING:              | 9'o.c.                                  |                                    | SHALL REQUIRE<br>HEALTH                                                                                                                                         |  |
|                                                                                 | - Contours Slegged<br>by Health Dept,                                                                       |                        | TOTAL TRENCH<br>LENGTH:         | 4/4/0'                                  |                                    | DEPARTMENT<br>APPROVAL.                                                                                                                                         |  |
| In drainfield a rea                                                             |                                                                                                             | NUMBER OF<br>TRENCHES: | 4                               |                                         | 2                                  |                                                                                                                                                                 |  |
| - dig lines level<br>+ on Contour                                               |                                                                                                             |                        | GRAVEL<br>DEPTH:                | 12"                                     |                                    | PERMIT VALID<br>FOR: 5 YEARS                                                                                                                                    |  |
|                                                                                 | - if PVC pyc from                                                                                           |                        | TANK<br>SIZE:                   | 1000 gd                                 |                                    | YES NO                                                                                                                                                          |  |
| Tank to Box posses<br>Linder vehicular traffic                                  |                                                                                                             |                        | PUMP TANK<br>SIZE:              | NA                                      |                                    | NO EXPIRATION                                                                                                                                                   |  |
|                                                                                 | Scheld So pt 15 sequed                                                                                      |                        | DISTRIBUTION<br>DEVICE:         | Distribuch a<br>Box                     |                                    | YES NO                                                                                                                                                          |  |
| **************************************                                          |                                                                                                             |                        |                                 | DATE: 4-26-                             |                                    | *****                                                                                                                                                           |  |
|                                                                                 | FOR: Nichard Coldthwalle<br>ISSUED BY: Dauf Cumba                                                           |                        |                                 |                                         |                                    |                                                                                                                                                                 |  |
| **************************************                                          |                                                                                                             |                        |                                 |                                         |                                    |                                                                                                                                                                 |  |
|                                                                                 | Comments: Donot install in wet conditions service all Small + see + maple                                   |                        |                                 |                                         |                                    |                                                                                                                                                                 |  |
|                                                                                 | Date: <u>4-26-10</u> Environmental Health Specialist:                                                       |                        |                                 | Da l                                    | tion Authorization Adden           | dum Yes No                                                                                                                                                      |  |
|                                                                                 | *****                                                                                                       |                        |                                 | *************************************** |                                    |                                                                                                                                                                 |  |
|                                                                                 | SYSTEM INSTALLED                                                                                            | OPERATION PERMIT       |                                 | DATE: 9-2-10                            |                                    |                                                                                                                                                                 |  |
|                                                                                 | ISSUED BY:                                                                                                  | re Of Chain            | pie REHS                        |                                         | ODED LITECH                        |                                                                                                                                                                 |  |
| PERFORMANCE, MONITORING, MAINTENANCE AND OPERATION<br>AS REQUIRED BY RULE .1961 |                                                                                                             |                        |                                 |                                         |                                    |                                                                                                                                                                 |  |



| Granville - Vance District Health Department |                                                                                          |       |  |  |
|----------------------------------------------|------------------------------------------------------------------------------------------|-------|--|--|
| ~                                            | Environmental Health                                                                     | 00301 |  |  |
|                                              | Well Construction Permit                                                                 |       |  |  |
| Owner/Applicant:                             | Date: 4-28-10                                                                            |       |  |  |
| Subdivision & Lot #:                         | <u>B-A</u> Septic Permit #: <u>6848</u><br>Environmental Health Specialist: <u>David</u> | amba  |  |  |

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 ftSetback from septic tank and drain field, including repair area - 100 ftSetback from structural foundations - 25 ftSetback from ponds, lakes or other bodies of water - 50 ft

| Site Sket | ch: Blue Mountan Rd.                  | Conditions: Keep well + 100' From any                                                                                                                                                      |
|-----------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           |                                       | Call 693-2685 with any                                                                                                                                                                     |
| 1         | 1/11 BARNI Guer                       | Authorized Agent: Dail Cube                                                                                                                                                                |
|           | Area                                  | # 1 Well Grout: (Circle or write in)<br>Witnessed: Yes or No EHS Agent: Date: 8-27-10 Annular Space Open: Yes or No                                                                        |
| Sept      | hic et                                | Over reamed: Yes or NoDepth Grouted: 20'Method:PumpPouredWell Log received: Yes or No(EHS to Attach to Permit)                                                                             |
|           |                                       | Driller Name: Nonkin Willieman Cert. # 2309-4<br>Depth: 460' Casing Depth: 32' GPM: 25                                                                                                     |
| 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:                                                                                                                                                                                  |
|           |                                       | - ND Duner OF well                                                                                                                                                                         |
|           | 4                                     | -Berely errigh water for saypes                                                                                                                                                            |
|           | Jrs'                                  | # 3 Well Completion Permit: 11/11/14/14/19 EHS<br>Date Completed: 11-17-40                                                                                                                 |
|           |                                       | # 4 Water Samples Taken: Date: 11-17-10<br>EHS: Results:                                                                                                                                   |
|           | · · · · · · · · · · · · · · · · · · · | Retest: Results:                                                                                                                                                                           |