

Granville - Vance District Health Department

00239

Environmental Health
Well Construction Permit

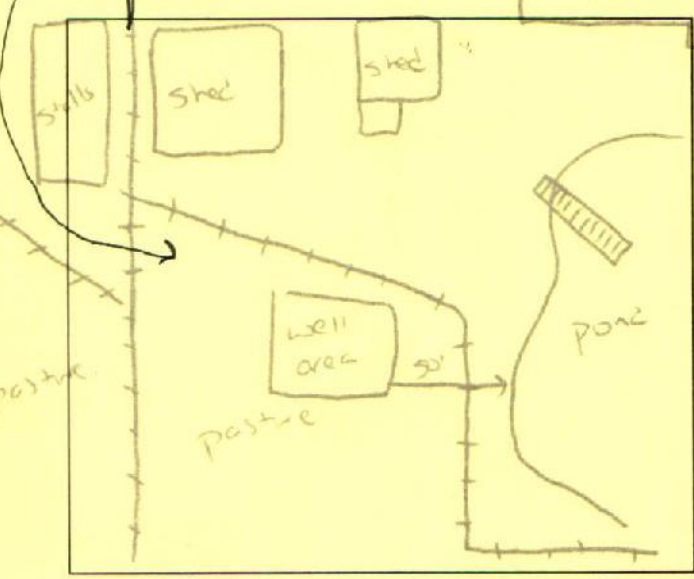
Owner/Applicant: Jimmy Moss Date: 4-5-10
Address or Location of Property: 9166 Tilly Rd
15 N -> (C) on Harry Daws -> (C) on Tilly Rd -> 1st drive on (C)
Subdivision & Lot #: NA Septic Permit #: 32
Zoning Permit #: NA Environmental Health Specialist: Champion

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:



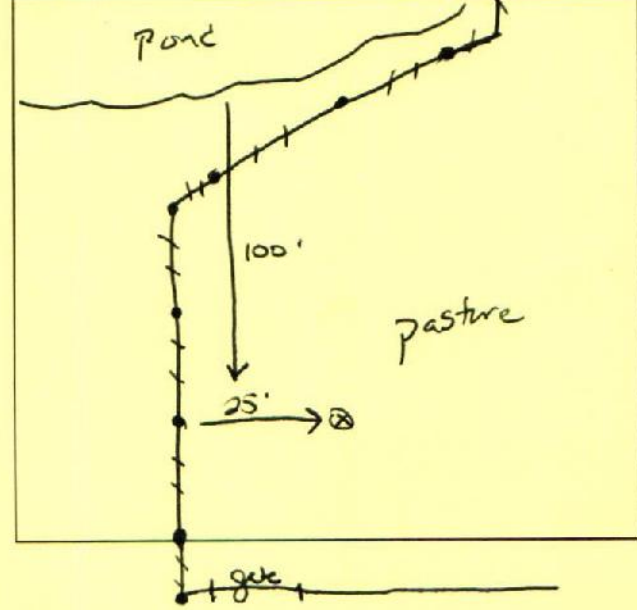
Conditions:
100ft from septic

Authorized Agent: Carroll Champion REHS
Date: 4-5-10

Well Grout: (Circle or write in)
Witnessed: Yes or No EHS Agent: Champion
Date: 4-22-10 Annular Space Open: Yes or No
Over reamed: Yes or No
Method: Pump Poured Pressure
Depth Grouted: 20 ft
Well Log received: Yes or No (EHS to Attach to Permit)

Well Final: (Place a check mark when finalized)
Seal Present and Intact: Fracked well
Hose Spigot: Air Vent:
Pump Installer Tag: Electrical Box:
All holes sealed: 12" above grade:
Comments:
need well log

As Built Drawing:



Well Completion Permit: SKnoth, EHS
Date Completed: 7/20/10

Water Samples Taken: Date: 7/20/10
EHS: SK Results:
Retest: Results:

**GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH FEES**

CLIENT'S NAME Jimmy Moss

SERVICE REQUESTED	FEE	NUMBER	TOTAL
Lot Evaluation, Layout, Permits, Inspections	\$100.00		
Recertification Of Existing Sewage System	\$25.00		25.00
Water Samples (Bacterial OR Chemical)	\$25.00		
Swimming Pool Permit and Inspections	\$100.00		

TOTAL DUE: 25.00

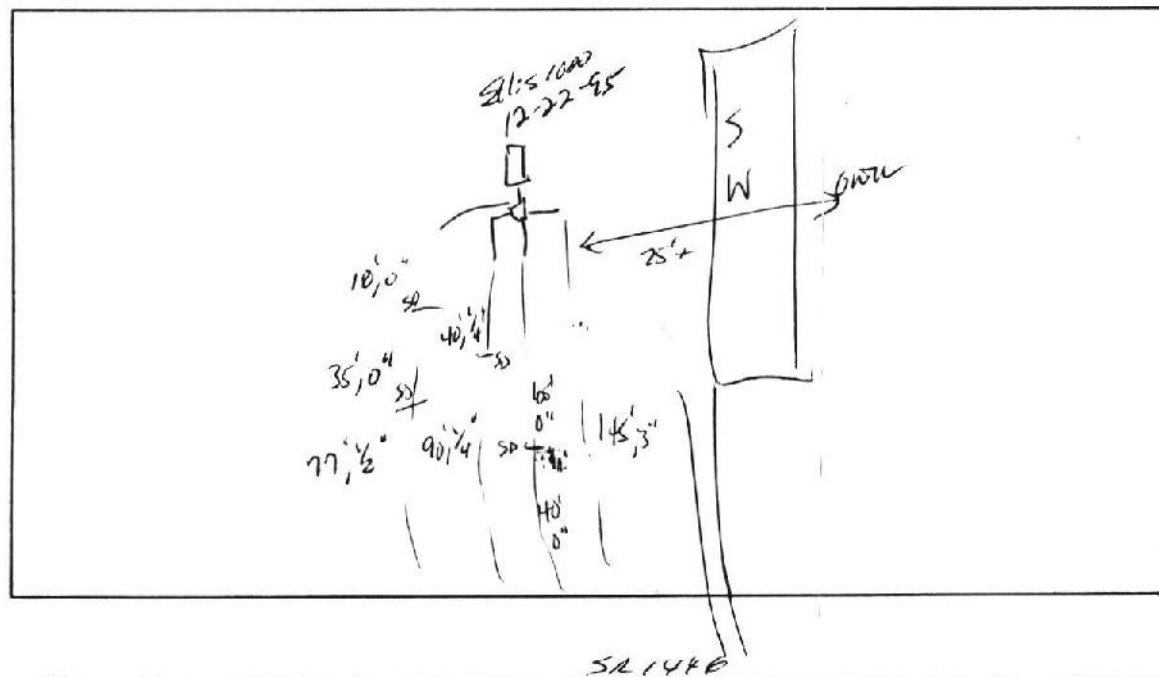
M.E. Young  
Signature of Environmental Health Specialist Or Secretary

4-7-97  
Date

Receipt Number: 23580  
 Amount Paid: 25.00 OK  
 Date: 4-7-97  
 Secretary's Initials: MEY

THIS IS NOT A RECEIPT OR A PERMIT

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



2006 3 Monday P.M. April 7

Dirt Road Recertification

# 032

### GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor Jimmy Mass Date 3-22-96 S.R. No. 1446  
 Location/Address Tinney Rd - Bullake, N.C 9166 Tilley Rd  
 Subdivision/Mobile Home Park Name \_\_\_\_\_ Lot Size 63Ac  
 Permit No. # 032 Lot No. \_\_\_\_\_

New System  Repair \_\_\_\_\_  
 House  Mobile Home \_\_\_\_\_ Business \_\_\_\_\_  
 No. Bedrooms 4 No. People 2 No. Toilets \_\_\_\_\_  
 Water Supply: Private  Approved \_\_\_\_\_  
 Semi-Public \_\_\_\_\_ Unapproved \_\_\_\_\_  
 Public \_\_\_\_\_ None \_\_\_\_\_

Nitrification System:  
 Tank Size 1000 gal.  
 Distribution Box  No. Lines 4  
 Nitrification Field 1600 Sq. Ft.  
 Lines: 1. 2. 3. 4. 5. 6.  
 Width 3 3 3 3 \_\_\_\_\_  
 Length \_\_\_\_\_  
 Grade see note \_\_\_\_\_  
 Stone Depth \_\_\_\_\_

Layout to be followed by installer:

Improvements Permit By Chris Hall per [signature] Installer David Crowe  
 Certificate of Completion By Chris Hall Date of Inspection 4-11-96

\* Construction must comply with all other applicable state and local regulations, but the permit is not a guarantee that the system will not malfunction and the Granville-Vance Health District will not be held responsible for a malfunctioning system.

Completed 4-7-97  
 M.E.S.

**SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW**

OWNER Jimmy Moss PERMIT NUMBER 032  
 DATE 4-11-96 CONTRACTOR JARED Crews  
 WEATHER CONDITIONS mild SOIL WETNESS CONDITIONS moderate

**SEPTIC AND PUMP TANK INSPECTION**

SEPTIC TANK		INITIAL	DATE
MANUFACTURER	<u>Ellis</u>	<u>cmk</u>	<u>4-11-96</u>
DATE OF MANUFACTURE	<u>12-22-95</u>		
STAMP	<u>STB 789</u>		
CAPACITY	<u>1000</u>		
TEE	<u>✓</u>		
BAFFLE	<u>✓</u>		
SEALANT	<u>✓</u>		

PUMP TANK			
MANUFACTURER	_____	_____	_____
DATE OF MANUFACTURE	_____	_____	_____
STAMP	_____	_____	_____
CAPACITY	_____	_____	_____
SEALANT	_____	_____	_____
MANHOLE	_____	_____	_____
DRAW DOWN TEST	_____	_____	_____

**MECHANICAL INSPECTION**

PUMP			
MANUFACTURER AND MODEL NUMBER	_____	_____	_____
CONTROL PANEL	_____	_____	_____
ALARM	_____	_____	_____
ELECTRICAL CONNECTION	_____	_____	_____

**NITRIFICATION DISTRIBUTION AND DRAINFIELD INSPECTION**

DISTRIBUTION BOX			
LEVEL	<u>✓</u>	<u>cmk</u>	<u>4-11-96</u>
EQUAL DISTRIBUTION	<u>✓</u>	<u>cmk</u>	<u>4-11-96</u>
OTHER	_____	_____	_____

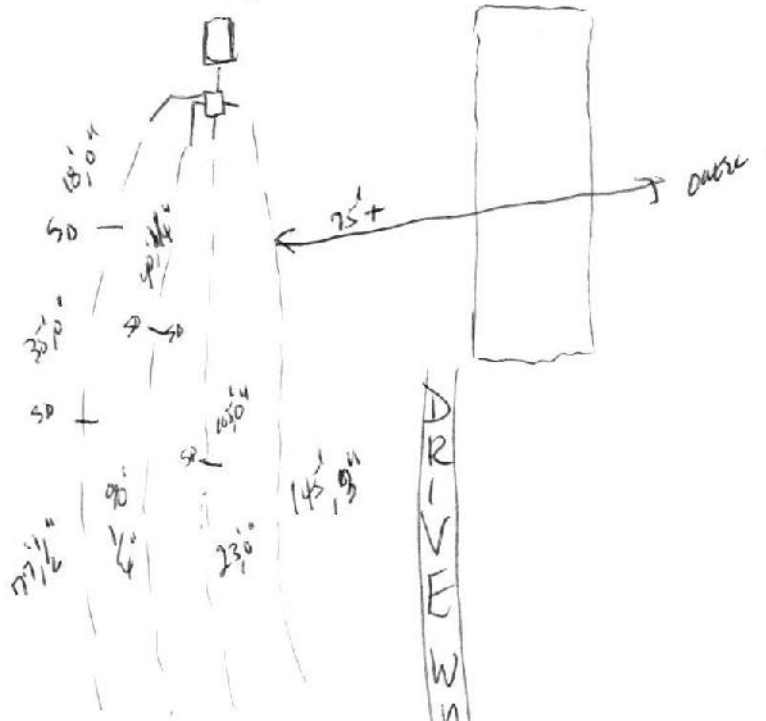
DISTRIBUTION MANIFOLD			
PIPE SIZE	_____	_____	_____
GATE VALVES	_____	_____	_____
OTHER	_____	_____	_____

OTHER DISTRIBUTION TYPE	_____	_____	_____
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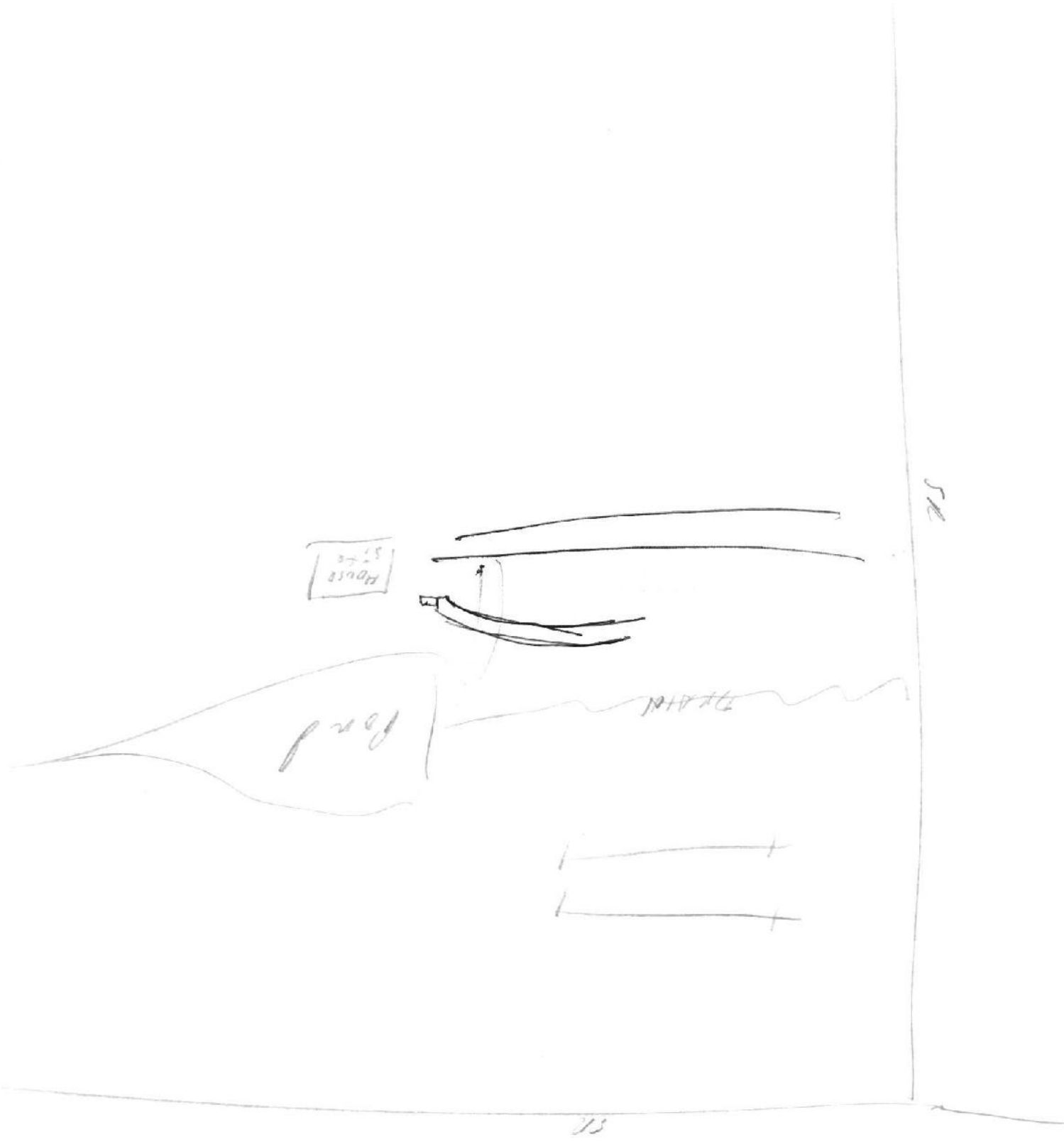
NITRIFICATION LINES	LINE 1	LINE 2	LINE 3	LINE 4	
TRENCH WIDTH	<u>3'</u>	<u>3'</u>	<u>3'</u>	<u>3'</u>	<u>cmk 4-11-96</u>
TRENCH LENGTH	<u>18'35" / 77'</u>	<u>40' / 90'</u>	<u>105' / 23'</u>	<u>145'</u>	
TRENCH GRADE	<u>0" / 0" / 1/2"</u>	<u>1/4" / 1/4"</u>	<u>0" / 0"</u>	<u>3"</u>	
STONE DEPTH	<u>12"</u>	<u>12"</u>	<u>12"</u>	<u>12"</u>	

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Ellis 1000  
STB 789



SR 1440



House

Pond

ROAD

SE

SW



GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH FEES

CLIENT NAME Jim Moss

	FEE	NUMBER	TOTAL
LOT EVALUATION, LAYOUT, PERMITS, INSPECTIONS	\$100.00	1	100-
RECERTIFICATION OF EXISTING SEWAGE SYSTEM FOR MOBILE HOME RELOCATION	\$ 25.00		
RECERTIFICATION OF EXISTING SEWAGE SYSTEM FOR LOAN PURPOSES	\$ 75.00		
WATER SAMPLES	\$ 25.00		
SWIMMING POOL PERMITS AND INSPECTIONS	\$100.00		
		TOTAL	100-

SIGNATURE Jean C. Parrott DATE 4-12-93  
ENVIRONMENTAL HEALTH SPECIALIST

RECEIPT NUMBER: 17853  
AMOUNT PAID : \$100.00  
DATE: 4-12-93  
INITIAL: JP  
SECRETARY

THIS IS NOT A RECEIPT OR A PERMIT

Date \_\_\_\_\_ Lot Eval. Receipt #: \_\_\_\_\_ Final Insp. Receipt #: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY ENVIROMENTAL HEALTH** Permit # \_\_\_\_\_

**APPLICATION FOR GROUND ABSORPTION SEWAGE DISPOSAL SYSTEM/  
VERIFICATION OF PERMITTED USE PER GRANVILLE COUNTY ZONING DISTRICT**

1. Name of owner: James Overton

2. Name of Applicant: Tim - Marian Moss

3. Mailing Address: 3705 Forsythe Court Chesapeake, Va 23321

4. Telephone Number: 1-804-484-7465

5. Property Location: State Road #: 1446 + 1443 Name: Intersection Kirby Davis + Tilley Rd

TWP SF Zoning District: AR-40  R-25  HB  NB

O/I  I-1  I-2  Watershed District  Cons-District

6. Subdivision Name: \_\_\_\_\_ Lot#: \_\_\_\_\_

7. System to Serve : Residence (Site built  ) (Single-wide Mobile Home  )  
(Double-wide Mobile Home  ) (Modular  ) Other \_\_\_\_\_

8. Estimated Nbr. of Bedrooms : 1  2  3  4   
Estimate Nbr. of Bathrooms : 1  2  3  + 2 1/2 Baths  
Nbr. of People in Household : 1  2  3  4  Other \_\_\_\_\_

9. Water Supply : Private Well  Community  Municipal/County

10. Lot Size: 68.9 Acres Find part site for residence

**NOTE: PLAT OF PROPERTY MUST BE ATTACHED TO APPLICATION  
FOR ENVIRONMENTAL HEALTH SECTION REVIEW**

Tim - Marian Moss  
Signature of Applicant

4-12-92  
Date

Approved Carolyn A. Cull /Planning  
/Environmental Health

Site Not Approved: \_\_\_\_\_ /Planning  
/Envir. Health

4/12/93  
Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8:30-9:00 / 1:00 - 1:30 / 4:30-5:00 /

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH APPLICATION FOR IMPROVEMENT PERMIT

Complete All Items Below

REQUESTED BY Jan Jim Moss PHONE NUMBER \_\_\_\_\_  
MAILING ADDRESS 3785 Forsyth Court, Chesapeake, Va 23321  
CURRENT PROPERTY OWNER Jan Jim Moss MAILING ADDRESS \_\_\_\_\_  
SUBDIVISION \_\_\_\_\_ MAP \_\_\_\_\_ LOT \_\_\_\_\_ SEC \_\_\_\_\_  
PROPERTY LOCATED: STATE ROAD 1446 & 1447 WATER SUPPLY: PUBLIC \_\_\_\_\_ PRIVATE   
DIRECTIONS TO PROPERTY: meet at intersection 4-15-93

APPLICATION FOR: RESIDENCE House COMMERCIAL \_\_\_\_\_ NUMBER OF BEDROOMS 4  
NUMBER OF PERSONS 2 NUMBER OF EMPLOYEES \_\_\_\_\_ BASEMENT \_\_\_\_\_  
DATE SUBDIVIDED \_\_\_\_\_

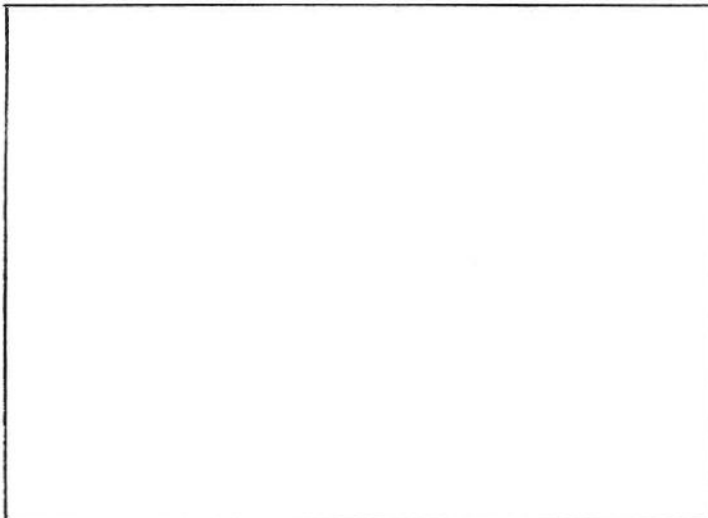
NOTE: Stake property corners and the corners of proposed structure and complete form to show (1) lot; (2) location of structure on property; (3) proposed driveways.

GIVE PROPERTY DIMENSIONS: F \_\_\_\_\_ L \_\_\_\_\_ B \_\_\_\_\_ R \_\_\_\_\_

INSTRUCTIONS TO APPLICANT:

As close to scale:

1. Draw in the lot or provide plat.
2. Draw in structure(s) showing distances to property lines, set back, etc. Dimensions of existing or proposed structures, decks walkways, etc.
3. Identify where driveway will be located.
4. Show any existing well around lot.
5. Excavate or dig four (4) 30-inch-deep holes in desired location of septic tank lines and 75 feet apart.
6. Call health department when lot is ready for evaluation at phone no. \_\_\_\_\_  
Office hours are 8:30-9:00 and 1:00-1:30.
7. Additional information \_\_\_\_\_



I hereby make application to the Granville-Vance District Health Department for a soil/site evaluation for an onsite wastewater disposal system for the property described above and authorize the Health Department representatives to go on such property for evaluation purposes. I understand that the permit shall be null and void if substantial changes are made to the approved sewage absorption area. The issuance of a permit does not relieve me from compliance with any and other relevant laws or regulations. As owner or his authorized agent, I covenant that the contents of this application are true and represent the maximum facilities to be placed on the property.

System shall be installed within 5 years of improvement permit issuance date. The permit is subject to revocation if site plans or the intended use changes.

4-12-93  
DATE

Jan Jim Moss  
OWNER/AUTHORIZED AGENT



NOTICE TO APPLICANT AND HEALTH/ENVIRONMENTAL SERVICES DEPARTMENT FROM THE PERMITS DIVISION OF THE FRANKLIN COUNTY ZONING DEPARTMENT  
 Any changes to the site plan or other information submitted to the Permits Division of the Franklin County Zoning Department shall be subject to the following:

JOY H. KERR RESERVOIR



**GRANVILLE - VANCE DISTRICT HEALTH DEPARTMENT  
AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION  
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE**

102001179823

DATE: 3-22-96 IMPROVEMENT PERMIT NUMBER: 032  
COUNTY:  GRANVILLE  VANCE TAX NUMBER: \_\_\_\_\_  
OWNER / CONTRACTOR: James J. Moore  
LOCATION / ADDRESS: Tilley Rd  
STATE ROAD NUMBER: 1446  
SUBDIVISION NAME: \_\_\_\_\_ LOT NUMBER: \_\_\_\_\_  
AUTHORIZATION ISSUED BY: Chris Scott DATE: 3-22-96

**AUTHORIZATION CONDITIONS**

1. 91600 Tilley Rd WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 032 AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.
2. THE WASTEWATER SYSTEM SHALL NOT BE COVERED OR PLACED INTO USE UNTIL INSPECTED BY THE GRANVILLE - VANCE DISTRICT HEALTH DEPARTMENT AND AN OPERATION PERMIT ISSUED.
3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.
4. OTHER CONDITIONS: Follow contour. 100' from wells + 10' from pipelines

**OWNER CERTIFICATION**

I CERTIFY THAT THERE HAVE BEEN NO ALTERATIONS IN SITE OR SOIL CONDITIONS OR MODIFICATIONS TO FACILITY, WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS FROM THOSE SPECIFIED IN THE ORIGINAL APPLICATION OR ASSOCIATED IMPROVEMENT PERMIT UNLESS AUTHORIZED IN WRITING BY THE GRANVILLE - VANCE DISTRICT HEALTH DEPARTMENT. I ALSO UNDERSTAND THAT ANY SUCH ALTERATIONS, MODIFICATIONS, OR FALSE INFORMATION ARE GROUNDS FOR REVOCATION OF PERMITS AND AUTHORIZATION TO CONSTRUCT.

James J. Moore 3-22-96  
SIGNATURE OF OWNER / OWNER'S REPRESENTATIVE DATE  
Chris Scott 4-11-96

GRANVILLE - VANCE DISTRICT HEALTH DEPARTMENT  
IMPROVEMENT AND OPERATION PERMITS

3.00

COUNTY: <i>Dorset</i>	TAX NO. <i>102001179823</i>	TYPE OF ESTABLISHMENT			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.
OWNER: <i>Jimmy J. Moss</i>	SR NO. <i>1446</i>	RESIDENCE <input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> OTHER <input type="checkbox"/>	NUMBER OF BEDROOMS: <i>4</i>	NUMBER OF OCCUPANTS: <i>2</i>	
APPLICANT: <i>same</i>		WATER SUPPLY			
APPLICANT'S ADDRESS: <i>7105 1/2 St. W., Memphis TN 38221</i>		PUBLIC <input type="checkbox"/>	WELL <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	
PROPERTY ADDRESS/LOCATION: <i>Tilley Rd.</i> <i>9166 Tilley Rd</i>		TYPE OF WASTEWATER SYSTEM			*THE IMPROVEMENTS PERMIT MUST BE ATTACHED TO A CONSTRUCTION AUTHORIZATION BEFORE OBTAINING BUILDING PERMIT OR OTHER CONSTRUCTION PERMITS AND BEFORE A WASTEWATER SYSTEM IS INSTALLED.
SUBDIVISION:		DESCRIPTION	INITIAL INSTALLATION	REPAIR	
LOT NUMBER: <i>63Ac</i>		DESIGN FLOW:	<i>460 Gpm</i>		
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		LTAR:	<i>3'</i>		
		ABSORPTION AREA:	<i>1600 ft<sup>2</sup></i>		
		TRENCH WIDTH:	<i>3'</i>		
		TRENCH SPACING:	<i>9' On Center</i>		
		TOTAL TRENCH LENGTH:	<i>533 feet</i>		
		NUMBER OF TRENCHES:	<i>4</i>		
		GRAVEL DEPTH:	<i>12"</i>		
		TANK SIZE:	<i>1200 gal + "8" pipe</i>		
CONDITIONS:		<i>see attachment to permit</i>			
IMPROVEMENT PERMIT				DATE:	*THIS IMPROVEMENT PERMIT IS SUBJECT TO REVOCATION IF THE INTENDED USE CHANGE FROM THOSE SHOWN ON THE IMPROVEMENT PERMIT. CHANGES SHALL REQUIRE HEALTH DEPARTMENT APPROVAL.
FOR:	<i>Jimmy J. Moss</i>				
ISSUED BY:	<i>Chris H. Hall</i>			<i>3-29-96</i>	
OPERATION PERMIT				DATE:	
SYSTEM INSTALLED BY:	<i>Jared Crews</i>				
ISSUED BY:	<i>Chris H. Hall</i>			<i>4-11-96</i>	