



Construction Authorization

Vance County Health Dept
Environmental Health
115 Charles Rollins Road
Henderson, NC 27536
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number: 340941 - 1
County ID Number: 0579B01009
Evaluated For: NEW

PERMIT VALID UNTIL: 02/22/2026

☐ Open Pump System Sheet

Applicant: James L Williams
Address: 2600 Oxford Rd
City: Henderson
State/Zip: NC 27537
Phone #: cell : (252) 430-9703

Property Owner: James L Williams
Address: 2600 Oxford Rd
City: Henderson
State/Zip: NC. 27537
Phone #: cell : (252) 430-9703

Property Location & Site Information

Address/Road #: Magnolia Ct Manson, NC 27553
Subdivision: Magnolia Shores
Phase: NEW Lot: 9
Directions: Take Buchanan Store Rd to end, take left, lot on the end of ct.
Structure: SINGLE FAMILY
of Bedrooms: 4
of People: 8
*Water Supply: NEW WELL

System Specifications

*Site Classification: Suitable
Design Flow: 480
Soil Application Rate: 0.3500
*System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP
*Proposed System: 25% REDUCTION
*Distribution Type: PRESSURE MANIFOLD
Minimum Trench Depth: 24 Inches
Maximum Trench Depth: 36 Inches
Minimum Soil Cover: 12 Inches
Maximum Soil Cover: _____ Inches
Nitrification Field: 1035 Sq. ft.
No. Drain Lines: 6
Total Trench Length: 345 ft.
Trench Spacing: 9 - _____
Trench Width: 3 - _____
Aggregate Depth: _____ inches
Septic Tank: 1,000 Gallons
Pump Required: ☒ Yes ☐ No ☐ May Be Required
Pump Tank: 1,000 Gallons
Grease Trap: _____ Gallons
Septic Tank Installer
Grade Level Required: ☐ I ☒ II ☐ III ☐ IV
☐ Inches O.C.
☒ Feet O.C.
☐ Inches
☒ Feet

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

*Permit Conditions:

CONTRACTOR TO ESTABLISH AND FOLLOW GRADE.
SEPTIC LINES AND SUPPLY LINES SHOULD MEET ALL SETBACKS FROM STRUCTURES AND PROP. LINES.

The Authorization for Wastewater System Construction shall be valid for a period equal to the period of validity of the Improvement Permit and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the Construction Permit, the information submitted in the application for a permit or Construction Authorization shall become invalid, and may be suspended or revoked (.1937(g)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting

Authorized State Agent: Adcock, Jordan

Date of Issue: 02/22/2021

☒ Hand Drawing ☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM) _____

GRANVILLE VANCE

public health

IMPROVEMENT PERMIT

Vance County Health Dept
Environmental Health
115 Charles Rollins Road
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OFFICE

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*CDP File Number _____
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*NOTE TO INSPECTIONS DIVISION: Building Permits cannot be issued with this Improvement Permit.

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State/Zip: NC. 27537
Phone #: cell :(252) 430-9703

Property Location & Site Information

Address/Road #: Magnolia Ct Manson, NC 27553 Subdivision: Magnolia Phase: NEW Lot: 9
Directions Shores
Structure: SINGLE FAMILY
of Bedrooms: 4 Take Buchanan Store Rd to end, take left, lot on the end of ct.
of People: 8
*Water Supply: NEW WELL

System Specifications

Initial System
*Site Classification: Suitable Minimum Trench Depth: 24 Inches
Design Flow: 480 Maximum Trench Depth: 36 Inches
Soil Application Rate: 0.3500
*System Classification/Description: Septic Tank: 1000 Gallons
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP Pump Required: ☒ Yes ☐ No ☐ May Be Required
*Proposed System: Pump Tank: 1000 Gallons
25% REDUCTION

Repair System Required: ☒ Yes ☐ No ☐ No, but has Available SpaceRepair System

*Site Classification: Suitable Minimum Trench Depth: 24 Inches
Soil Application Rate: 0.350 Maximum Trench Depth: 36 Inches
*System Classification/Description: Pump Required: ☒ Yes ☐ No ☐ May Be Required
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP Pump Tank: _____ Gallons
*Proposed System:
50% REDUCTION

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department

*Site ModificationsTREES TO BE CLEARED OFF FOR HEALTH DEPARTMENT TO MEET ON SITE TO LAYOUT SEPTIC SYSTEM WITH
INSTALLED

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is responsible for checking with appropriate governing bodies in meeting their requirements.

*Permit Conditions

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SEPTIC LINES AND SUPPLY LINES SHOULD MEET ALL SETBACKS FROM STRUCTURES AND PROP. LINES.

The Department and Local Health Department may impose conditions on the issuance and may revoke the permits for failure of
the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation if the site plan, plat, or intended
use changes (NCGS 130A-335(f)). The person owning or controlling the system location, installing, operation, maintenance,
monitoring, reporting and repair (1938(h)).

Authorized State Agent:

Adcock, Jordan

Date of Issue: 02/22/2021

☒ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time: (HH-MM)

Granville-Vance Dist. Health Department
Environmental Health

1301009

✓ Improvement Permit

Permit Number 340941

✓ Construction Authorization

SITE SKETCH
ON-SITE / WELL

James Williams
Applicants Name

Magnolia Ct.
Address

Magnolia Shores Lot 9
Subdivision - Section - Lot

2/22/2021
Date

John Schub
Authorized State Agent

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that proper grade is maintained.

