GRANVILLE VANCE public health

OPERATION PERMIT

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: 380185 - 1
County ID Number: 0529 02008
Evaluated For: REPAIR

Property Owner: Ryan Balok
Address: 4522 Holloman Rd
Road #:
City: Durham
State/Zip: NC/ 27703
Phone #: (919) 748-2192
Township:
Subdivision:
Phase : NEW Lot:

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 6
Water Supply: EXISTING WELL
Saprolite System?: [ ] Yes [X] No
Pump Required?: [ ] Yes [X] No
Design Flow: 360
System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Installer: KT MOORE SEPTIC SERVICE
Certification #: 12611
Specific System Installed: EZFLOW EZ 1203H-GEO
Septic Tank Date: 06/22/2022
STB: 789
Pump Tank Date:
PT:
Comments:

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 [X] No

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

Operation:

Other:

Authorized State Agent: Hedrick, Chris

Date of Issue: 10/06/2022

Owner/Applicant: _____

GRANVILLE VANCE public health

Construction Authorization

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

offline

For Office Use Only

*CDP File Number: 380185 - 1
County ID Number: 0529 02008
Evaluated For: REPAIR

PERMIT VALID UNTIL: 10/03/2027

☐ Open Pump System Sheet

Applicant:	Ryan Balok	Property Owner:	Ryan Balok
Address:	4522 Holloman Rd	Address:	4522 Holloman Rd
City:	Durham	City:	Durham
State/Zip:	NC 27703	State/Zip:	NC. 27703
Phone #:	cell :(919) 748-2192	Phone #:	cell :(919) 748-2192

Property Location & Site Information

Address/Road #: 55 Daniel Harris Rd, Henderson, NC 27537
Subdivision:
Phase: NEW
Lot:

Directions:
See attachment

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 6
*Water Supply: EXISTING WELL

System Specifications

*Site Classification:
Design Flow: 360
Soil Application Rate:
*System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS
*Proposed System: 25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 24 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: 900 Sq. ft.
No. Drain Lines: 2
Total Trench Length: 300 ft.
Trench Spacing: 9 - ____
Trench Width: 3 - ____
Aggregate Depth: ____ inches

○ Inches O.C.
(X) Feet O.C.
○ Inches
(X) Feet

Septic Tank: 1,000 Gallons
Pump Required: ○ Yes (X) No ○ May Be Required
Pump Tank: ____ Gallons
Grease Trap: ____ Gallons

Septic Tank Installer Grade Level Required: ○ I (X) II ○ III ○ IV

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 CONTOUR. REPLACE TANK AND RAISE PLUMBING

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)). Ther person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regaurding system location, installation, operation, maintenance, monitoring, reporting

Authorized State Agent: Hedrick, Chris
Date of Issue: 10/03/2022

****Site Plan/Drawing attached.****

○ Hand Drawing ○ Import Drawing

Total Time : (HH:MM) ____

Granville – Vance District Health Department
Environmental Health

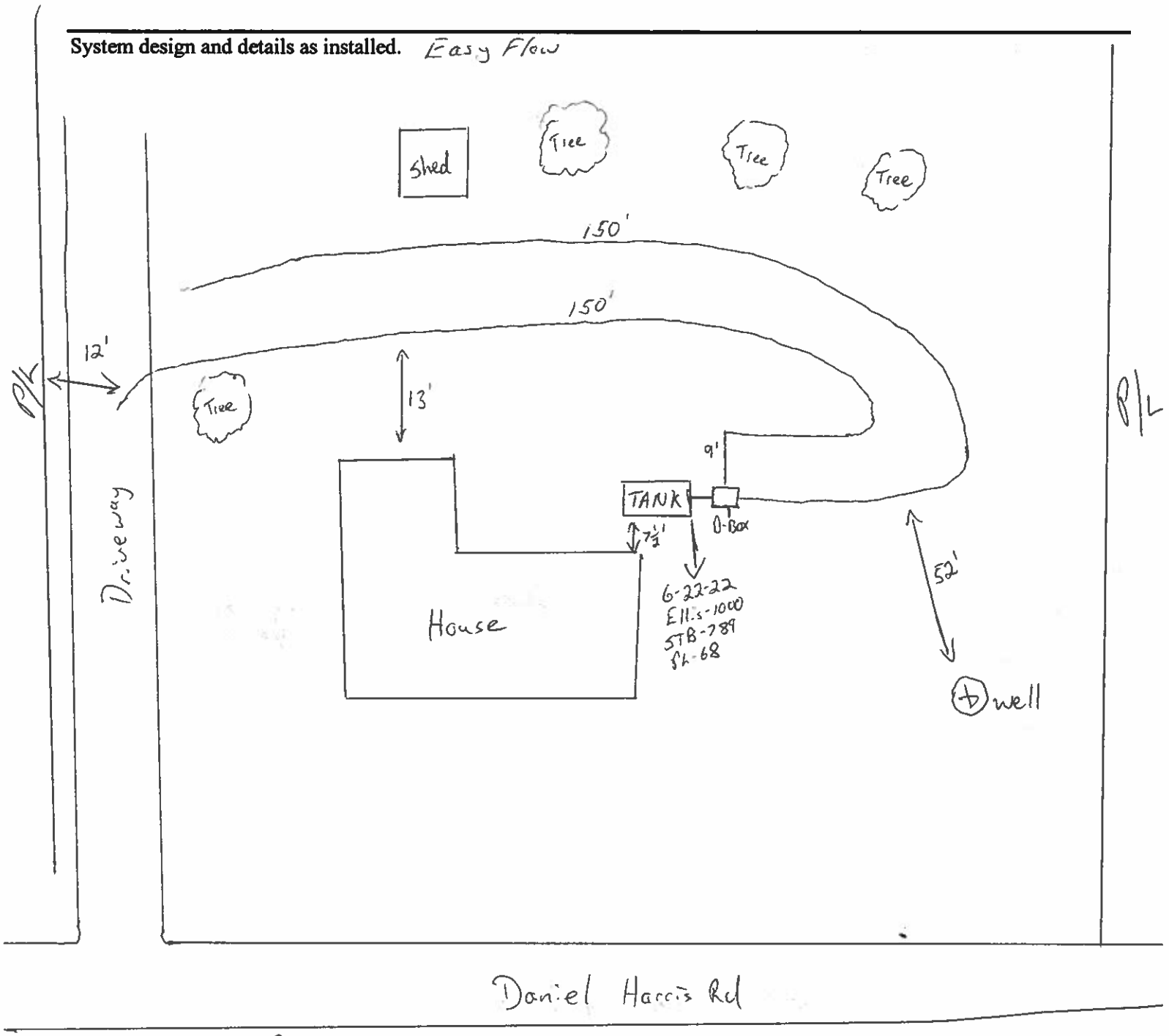
Final Sketch

Pin 3801185

Subdivision – Section – Lot

Physical Address: 55 Daniel Harris Rd

System design and details as installed. Easy Flow



Authorized Signature

10-6-22
Date