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

For Office Use Only

*CDP File Number: 394373 - 1
County ID Number: 0593D01019
Evaluated For: NEW

PERMIT VALID UNTIL: 07/12/2028

☐ Open Pump System Sheet

Applicant:	Kenneth Pridgen
Address:	3600 Doyle Rd
City:	Zebalon
State/Zip:	NC
Phone #:	home: (919) 868-0840

Property Owner:	Kenneth Pridgen
Address:	3600 Doyle Rd
City:	Zebalon
State/Zip:	NC,
Phone #:	home: (919) 868-0840

Property Location & Site Information

Address/Road #: Spring Ln Henderson, NC 27537
Subdivision: Autumn Winds Phase: NEW Lot: 56-57

Directions:

See attachment

Structure: MOBILE HOME
# of Bedrooms: 3
# of People: 6
*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable
Design Flow: 360
Soil Application Rate: 0.3500
*System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS
*Proposed System: 25% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 19 Inches
Minimum Soil Cover: _____ Inches
Maximum Soil Cover: _____ Inches
*Distribution Type: PRESSURE MANIFOLD

Nitrification Field: 780 Sq. ft.
No. Drain Lines: 3
Total Trench Length: 260 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: (X) Yes ◯ No ◯ May Be Required
Pump Tank: 1,000 Gallons
Grease Trap: _____ Gallons
Septic Tank Installer Grade Level Required: ◯ I ◯ 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. septic must be 50ft from any well/spring, 10ft from property lines, and 5ft from the house.

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: Diamond, Chris Date of Issue: 07/12/2023

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

◯ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) _____

GRANVILLE VANCE public health

IMPROVEMENT PERMIT

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

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*CDP File Number	394373 - 1
County ID Number:	0593D01019
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PERMIT VALID UNTIL: 07/12/2028

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

Applicant:	Kenneth Pridgen
Address:	3600 Doyle Rd
City:	Zebalon
State/Zip:	NC
Phone #:	home: (919) 868-0840

Property Owner:	Kenneth Pridgen
Address:	3600 Doyle Rd
City:	Zebalon
State/Zip:	NC.
Phone #:	home: (919) 868-0840

Property Location & Site Information

Address: Spring Ln Henderson, NC 27537 Subdivision: Autumn Winds Block/Phase: NEW Lot: 56-57

Road #:

Structure: MOBILE HOME

# of Bedrooms: 3

# of People: 6

*Water Supply: N/A

Directions

See attachment

System Specifications

Initial System

*Site Classification: Provisionally Suitable

Design Flow: 360

Soil Application Rate: 0.3500

*System Classification/Description:
TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 19 Inches

Septic Tank: 1000 Gallons

Pump Required (X) Yes ( ) No ( ) May Be Required

Pump Tank: 1000 Gallons

Repair System Required: (X) Yes ( ) No ( ) No, but has Available Space

Repair System

*Site Classification: Provisionally Suitable

Soil Application Rate: 0.350

*System Classification/Description:
TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System: 25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench: Depth: 19 Inches

Pump Required: (X) Yes ( ) No ( ) May Be Required

Pump Tank: _____ Gallons

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

***Site Modifications**

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**

Granville-Vance Dist. Health Department
Environmental Health

Pin: _____

Permit Number 394-373

X Improvement Permit

X Construction Authorization

SITE SKETCH
ON-SITE / WELL

Kenneth — Applicants Name

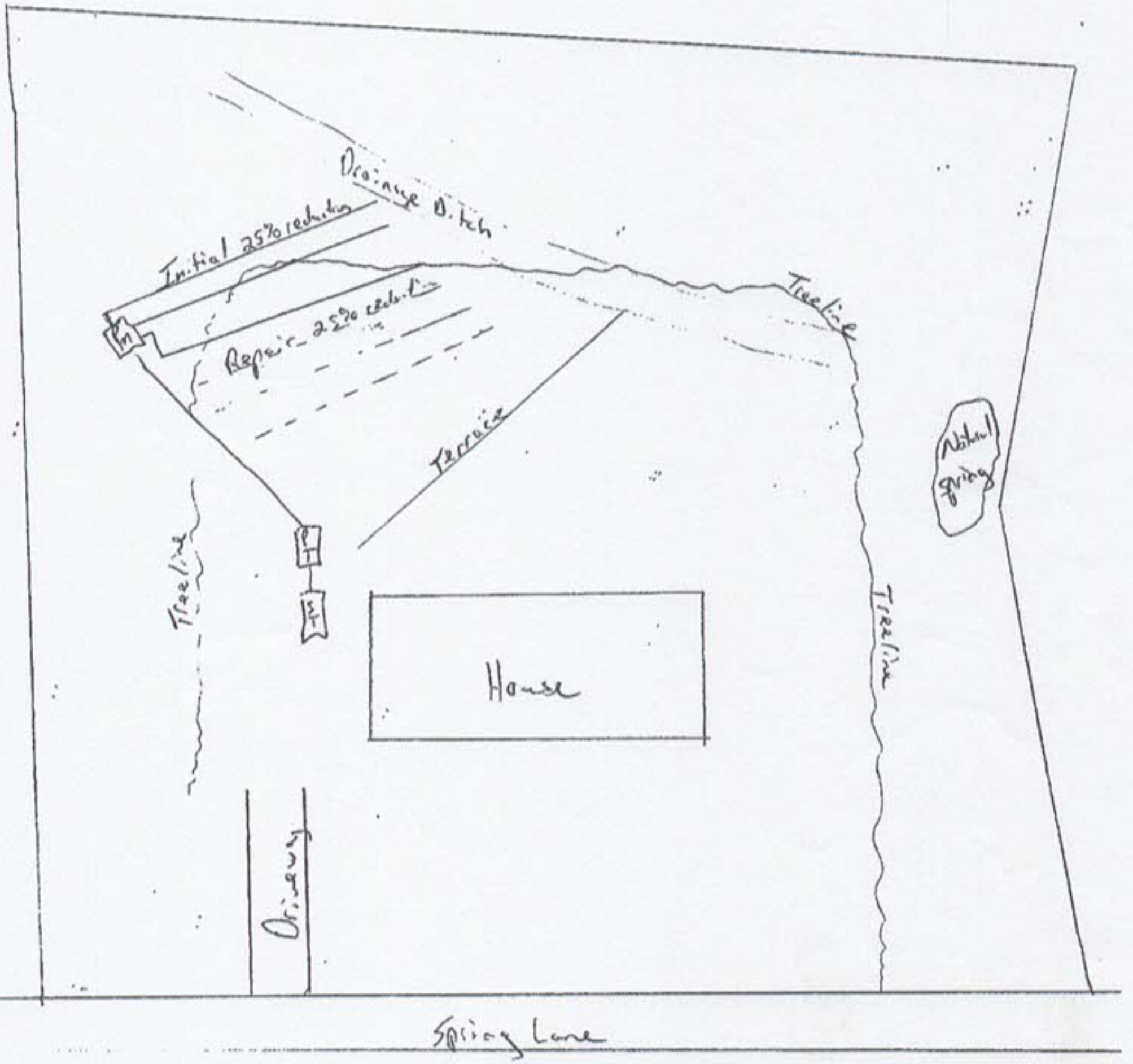
Spring Lane — Address

Autumn Winds Lot 57/56 — Subdivision – Section – Lot

Authorized State Agent

7-13-23 — Date

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



Lots 56 & 57 Stor