



IMPROVEMENT 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 326629 - 2
County ID Number: 0581 02062
Evaluated For: NEW

PERMIT VALID UNTIL: 03/03/2030

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

Applicant: Marissa Hinojosa/Kimberly Dail
Address: 619 Woodcliffe Drive
City: Colonial Heights
State/Zip: VA 23834
Phone #: home: (757) 932-0155 cell : (757) 287-9327

Property Owner: Marissa Hinojosa/Kimberly Dail
Address: 619 Woodcliffe Drive
City: Colonial Heights
State/Zip: VA. 23834
Phone #: home: (757) 932-0155 cell : (757) 287-9327

Property Location & Site Information

Address: Bent Tree Ln Manson, NC 27553 Subdivision: Bent Tree Block/Phase: NEW Lot: 2F
Directions Woods
Road #: I-85 to exit 223, left onto Drewry, right onto Jacksontown Rd, left onto Wilson Brothers Store Rd, left onto Bent Tree Ln.
Structure: SINGLE FAMILY
of Bedrooms: 3
of People: 4
*Water Supply: PUBLIC

System Specifications

Initial System

Usable Soil Depth: 36

Design Flow: 360

Soil Application Rate: 0.3000

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System:

25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 24 Inches

Septic Tank: 1000 Gallons

Pump Required ☒ Yes ☐ No ☐ May Be Required

Pump Tank: 1000 Gallons

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

Repair System

Usable Soil Depth:

Soil Application Rate: 0.300

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System: 25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench: Depth: 24 Inches

Pump Required: ☒ 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

Construction Authorization

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☐ Open Pump System Sheet

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Phone #: home: (757) 932-0155 cell :(757) 287-9327

Property Location & Site Information

Address/Road #: Bent Tree Ln Manson, NC 27553 Subdivision: Bent Tree Woods Phase: NEW Lot: 2F
Directions: I-85 to exit 223, left onto Drewry, right onto Jacksontown Rd, left onto Wilson Brothers Store Rd, left onto Bent Tree Ln.
Structure: SINGLE FAMILY
of Bedrooms: 3
of People: 4
*Water Supply: NEW WELL

System Specifications

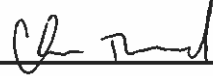
Usuable Soil Depth: 36 Minimum Trench Depth: _____ Inches
Design Flow: 360 Maximum Trench Depth: 24 Inches
Soil Application Rate: 0.3000 Minimum Soil Cover: _____ Inches
*System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS Maximum Soil Cover: _____ Inches
*Proposed System: 25% REDUCTION *Distribution Type: PRESSURE MANIFOLD
Nitrification Field: 900 Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: 4 Pump Required: ☒ Yes ☐ No ☐ May Be Required
Total Trench Length: 300 ft. ☐ Inches O.C. ☒ Feet O.C. Pump Tank: 1,000 Gallons
Trench Spacing: 9 - _____ ☐ Inches ☒ Feet Grease Trap: _____ Gallons
Trench Width: 3 - _____ ☒ Feet Septic Tank Installer: ☐ I ☐ II ☐ III ☐ IV
Aggregate Depth: _____ inches 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:

Avoid low drainage area. meet with health department before installation.

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 (.0204(k)(1)). 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 and repair (per rule .0301((a)).

Authorized State Agent: Diamond, Chris  Date of Issue: 03/03/2025

☐ Hand Drawing ☐ Import Drawing

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

Total Time : (HH:MM) _____

Graville-Vance Dist. Health Department
Environmental Health

Pin 058/ 02062

Permit Number 326629

☒ Improvement Permit

☒ Construction Authorization

Marissa Hinojosa

SITE SKETCH
ON-SITE / WELL

Kimberly Dail
Applicants Name

Bent Tree Ln
Address

Bent Tree Woods Lot 2F

Subdivision - Section - Lot

Chris Diamond
Authorized State Agent

3-3-25
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.

