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

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

Road #:

Structure: SINGLE FAMILY

# of Bedrooms: 3

# of People: 4

*Water Supply: PUBLIC

Directions Woods

I-85 to exit 223, left onto Drewry, right onto Jacksontown Rd, left onto Wilson Brothers Store Rd, left onto Bent Tree Ln.

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

Pump Tank: 1000 Gallons

Repair System Required: (X) 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: (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 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

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*CDP File Number: 326629 - 2
County ID Number: 0581 02062
Evaluated For: NEW

PERMIT VALID UNTIL: 03/03/2030

☐ Open Pump System Sheet

Applicant:	Marissa Hinojosa/Kimberly Dail
Address:	619 Woodcliffe Drive
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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/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

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

Nitrification Field: 900 Sq. ft.
No. Drain Lines: 4
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: (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:**

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 regaurding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301((a)).

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

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

◯ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) _____

Granville-Vance Dist. Health Department
Environmental Health

Pin 0581 02062 Permit Number 326629

✓ Improvement Permit ✓ Construction Authorization

SITE SKETCH
ON-SITE / WELL

Marissa Hinojosa
Kimberly Dail
Applicants Name

Bent Tree Ln
Address

Bent Tree Woods Lot 2F
Subdivision – Section – Lot

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.