

- ☐ Survey plat to scale* submitted
☐ Scaled* site plan submitted
☐ Unscaled site plan submitted
* scale of 1" = no more than 60'

Vance County Health Department
Application for

Improvement Permit and/or Authorization to Construct and/or Well

Improvement Permit _____ Authorization to Construct _____ Well _____ Receipt # _____ CDP # _____

IF THE INFORMATION IN THE APPLICATION FOR AN IMPROVEMENTS PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENTS PERMIT AND AUTHORIZATION TO CONSTRUCT MAY BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

APPLICANT INFORMATION

Clay Wilson 8520 Rily Hill Rd 919-793-7929
Applicant Address Home & Work Phone
Richard & Lisa Ray Jr 5665 Baptist Assembly Rd Julian NC 27283 336-264-3612
Owner Address Home & Work Phone

PROPERTY INFORMATION

date originally deeded & recorded 8-15-2023

Spring Ln Autumn Winds 0593E01010 - 42
Street Address Subdivision Name Section/Phase/Lot#

Directions to Site Take US 1 / 158 toward Middleburg, turn left onto Jacksontown Rd, turn left onto Cedar Cove Rd, turn left on Autumn Ln, then left onto Spring Ln, Lot at end, next to 417 Spring Ln.

Lot Size .81 Email Address ray5323@bellsouth.net

DEVELOPMENT INFORMATION

- ☒ New Single-Family Residence
☐ Expansion of Existing System
☐ Repair to Malfunctioning Sewage Disposal System
☐ Non-Residential Type of Structure
☐ Recertification
☐ Home ☒ Mobile Home

Residential Specifications

Maximum number of occupants/bedrooms: 613
If expansion: Current number of bedrooms:
Will there be a basement? ☐ yes ☒ no
Plumbing fixtures in Basement ☐ yes ☒ no
☐ Single Family ☐ Multi Family

Non-Residential Specifications:

Type of business: _____ Total Square footage of Building: _____
Maximum number of employees: _____ Maximum number of seats: _____

Water Supply: Are there any existing wells, springs, or existing waterlines on this property? ☐ yes ☒ no

X New well ☐ Existing Well ☐ Community Well ☐ Public Water ☐ Spring ☐ Abandonment

If applying for Authorization to Construct: Please Indicate Desired System Type(s):

☐ Accepted/Conventional ☐ Alternative ☐ Innovative ☐ Other _____ ☐ Any

The Applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

☐ Existing ☒ No ☐ Unknown ☐ Yes Does the site contain any jurisdictional wetlands?
☐ Existing ☒ No ☐ Unknown ☐ Yes Does the site contain any existing wastewater systems?
☐ Existing ☒ No ☐ Unknown ☐ Yes Is any wastewater going to be generated on the site other than domestic sewage?
☐ Existing ☒ No ☐ Unknown ☐ Yes Is the site subject to approval by any other public agency?
☐ Existing ☒ No ☐ Unknown ☐ Yes Are there any easements or right of ways on this property?
☐ Existing ☒ No ☐ Unknown ☐ Yes Has any grading, removal or addition of soil been done to this property?

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Richard Ray Jr.
Property owner's or owner's legal representative** signature (required)
**Must provide documentation to support claim as owner's legal representative.

10-10-2023
Date

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

Office

For Office Use Only

*CDP File Number: 394377 - 1
County ID Number: 0593E01010
Evaluated For: NEW

PERMIT VALID UNTIL: 06/14/2028

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

Applicant: Clay Wilson
Address: 8520 Riley Hill Rd
City: Zebulon
State/Zip: NC 27537
Phone #: home: (919) 793-7929

Property Owner: Clay Wilson
Address: 8520 Riley Hill Rd
City: Zebulon
State/Zip: NC. 27537
Phone #: home: (919) 793-7929

Property Location & Site Information
Address: Spring Ln Henderson, NC 27537 Subdivision: Autumn Winds Block/Phase: NEW Lot: 42
Directions
Road #: See attachment
Structure: MOBILE HOME
of Bedrooms: 3
of People: 6
*Water Supply: NEW WELL

Initial System

*Site Classification: Provisionally Suitable

Design Flow: 360

Soil Application Rate: 0.6000

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System:

25% REDUCTION

System Specifications

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 24 Inches

Septic Tank: 1000 Gallons

Pump Required: ☐ Yes ☒ No ☐ May Be Required

Pump Tank: _____ Gallons

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

Repair System

*Site Classification: Provisionally Suitable

Soil Application Rate: 0.400

*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

contractor to establish and follow contour.

RFKJ

7/22/2023

UK

7/22/2023

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: 394377 - 1

County ID Number: 0593E01010

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☐ Open Pump System Sheet

Applicant: Clay Wilson
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City: Zebulon
State/Zip: NC 27537
Phone #: home: (919) 793-7929

Property Owner: Clay Wilson
Address: 8520 Riley Hill Rd
City: Zebulon
State/Zip: NC. 27537
Phone #: home: (919) 793-7929

Property Location & Site InformationAddress/Road #: Spring Ln Henderson, NC 27537Subdivision: Autumn Winds Phase: NEW Lot: 42**Directions:**Structure: MOBILE HOME

See attachment

of Bedrooms: 3# of People: 6*Water Supply: N/A**System Specifications***Site Classification: Provisionally Suitable

Minimum Trench Depth: _____ Inches

Design Flow: 360Maximum Trench Depth: 24 InchesSoil Application Rate: 0.6000

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: GRAVITY - PARALLEL (eq. d-box)Nitrification Field: 450 Sq. ft.Septic Tank: 1,000 GallonsNo. Drain Lines: 2Pump Required: ☐ Yes ☒ No ☐ May Be RequiredTotal Trench Length: 150 ft.☐ Inches O.C.

Pump Tank: _____ Gallons

Trench Spacing: 9 - _____☒ Feet O.C.

Grease Trap: _____ Gallons

Trench Width: 3 - _____☒ Feet

Septic Tank Installer

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:**

contractor to establish and follow contour.

Contractor will need to be careful clearing trees & stumps to not cut Area.

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: Diamond, ChrisDate of Issue: 06/14/2023☐ Hand Drawing☐ Import Drawing****Site Plan/Drawing attached.****

Total Time : (HH:MM) _____

7/22/2023

7/22/2023

ance Dist. Health Department
Environmental Health

Fig. _____

____ Improvement Permit

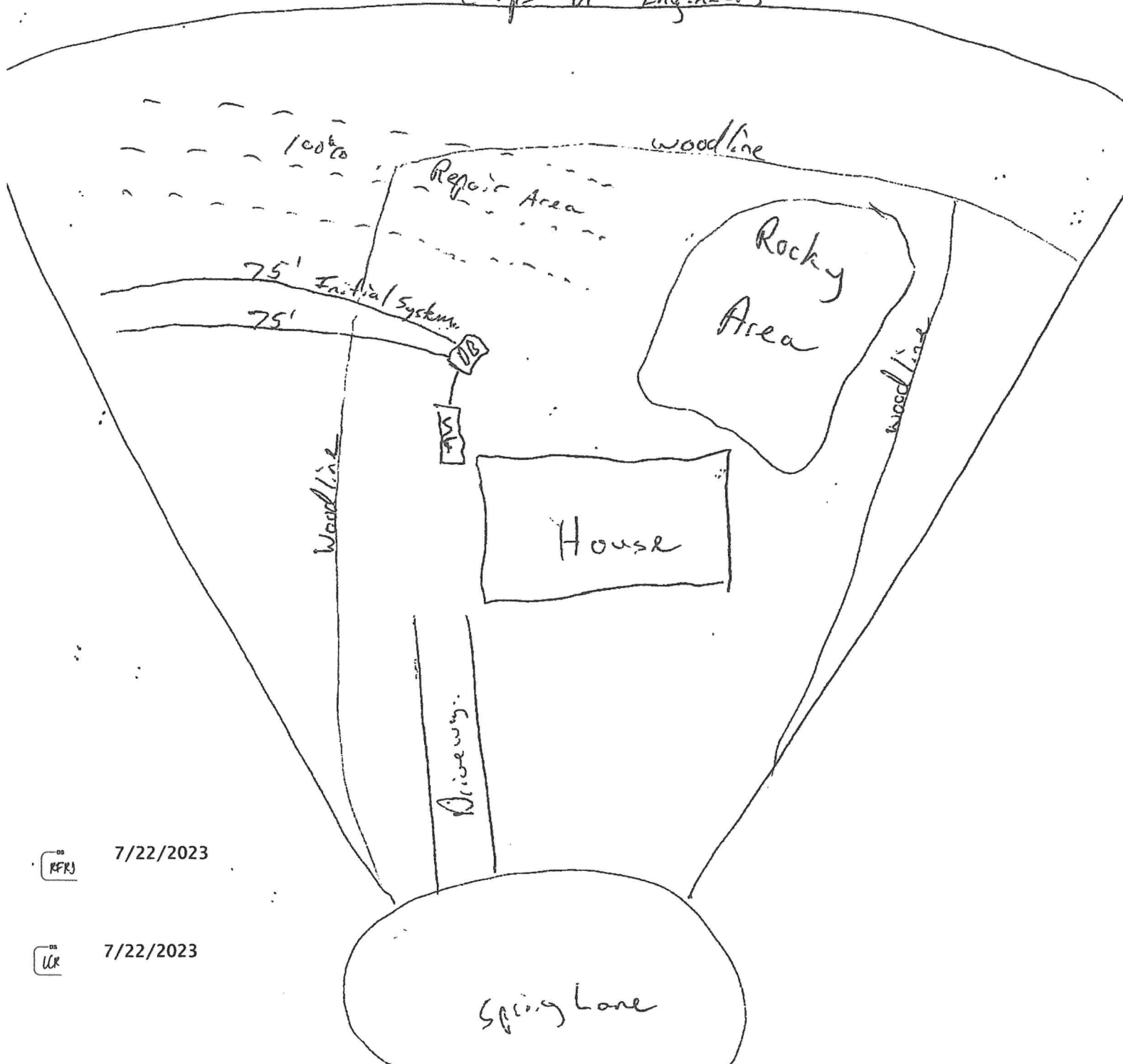
Permit Number _____

____ Construction Authorization

SITE SKETCH
ON-SITE / WELLCheryl Wilson
Applicants NameSpring Lane
AddressAntenn. Wids 42
Subdivision - Section - Lot[Signature]
Authorized State Agent6-14-23
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.

Coops of Engineers



RFR

7/22/2023

UR

7/22/2023