

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 382864 - 1
County ID Number: 0354B01050
Evaluated For: NEW

PERMIT VALID UNTIL: 11/28/2027

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

Applicant: Harry O Johnson
Address: 3185 Hwy 158 Business
City: Henderson
State/Zip: NC 27537
Phone #: home: (252) 598-2074

Property Owner: Harry O Johnson
Address: 3185 Hwy 158 Business
City: Henderson
State/Zip: NC 27537
Phone #: home: (252) 598-2074

Property Location & Site Information

Address/Road #: Pool Rock Plantation Ln
Henderson, NC 27537
Subdivision: Pool Rock
Directions: Plantation
Lakeside
Phase: NEW
Lot: 49-51
Structure: SINGLE FAMILY
of Bedrooms: 3
of People: 3
*Water Supply: NEW WELL

System Specifications**Initial System**

*Site Classification: Provisionally Suitable
Design Flow: 360
Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 24 Inches

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

Septic Tank: 1000 Gallons
Pump Required: ☐ Yes ☒ No ☐ May Be Required
Pump Tank: _____ Gallons

*Proposed System:
25% REDUCTION

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

Repair System

*Site Classification: Provisionally Suitable
Soil Application Rate: 0.300

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 24 Inches

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

Pump Required: ☐ Yes ☒ No ☐ May Be Required

*Proposed System:
25% REDUCTION

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. POSSIBLE PARTIAL PUMP REPAIR

The Department and Local Health Department may impose conditions on the issuance and may revoke the permits for failure of the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation if the site plan, plat, or intended use changes (NCGS 130A-335(f)). The person owning or controlling the system location, installing, operation, maintenance, monitoring, reporting, and repair (1938(b)).

Authorized State Agent:

Hedrick, Chris

Date of Issue:

11/28/2022

Total Time: (HH:MM)

☐ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Vance County Health Dept
Environmental Health
115 Charles Rollins Road
Henderson, NC 27536

Phone: (252) 492-5263 Fax: (252) 492-2361

*CDP File Number: 382864 - 1
County ID Number: 0354B01050
Evaluated For: NEW

PERMIT VALID UNTIL: 11/28/2027

☐ Open Pump System Sheet

Applicant: Harry O Johnson
Address: 3185 Hwy 158 Business
City: Henderson
State/Zip: NC 27537
Phone #: home: (252) 598-2074

Property Owner: Harry O Johnson
Address: 3185 Hwy 158 Business
City: Henderson
State/Zip: NC. 27537
Phone #: home: (252) 598-2074

Property Location & Site Information

Address/Road #: Pool Rock Plantation Ln Subdivision: Pool Rock Phase: NEW Lot: 49-51
Henderson, NC 27537 **Directions:** Plantation
Structure: SINGLE FAMILY Lakeside
of Bedrooms: 3
of People: 3
*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable 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: GRAVITY - PARALLEL (eq. d-box)
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. Pump Tank: _____ Gallons
Trench Spacing: 9 - _____ ☒ Feet O.C. Grease Trap: _____ Gallons
Trench Width: 3 - _____ ☐ Inches Septic Tank Installer
Aggregate Depth: _____ inches ☒ Feet 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. POSSIBLE PARTIAL PUMP REPAIR

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: Hedrick, Chris  Date of Issue: 11/28/2022

☐ Hand Drawing ☐ Import Drawing

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

Total Time : (HH:MM) _____

Granville-Vance Dist. Health Department
Environmental Health

Pip: _____

☒ Improvement Permit

Permit Number 302864

☒ Construction Authorization

**SITE SKETCH
ON-SITE / WELL**

Applicants Name Harry Johnson

Address _____

Pool Rock Plantation 49251
Subdivision - Section - Lot

Ch. H. Hill
Authorized State Agent

11/20/2002
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.

