GRANVILLE VANCE
public health

OPERATION 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	353787 - 1
County ID Number:	0464 02009
Evaluated For:	NEW

Property Owner: Pakt Constructions
Address: 14112 Bold Run HIll Rd
Road #:
City: Wakeforest
State/Zip: NC/ 27587
Phone #:
Township:
Subdivision: Madison Grove
Phase : NEW Lot: 21

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 6
Water Supply: NEW WELL
Saprolite System?: ☐ Yes ☒ No
Pump Required?: ☐ Yes ☒ No
Design Flow: 360
System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Installer: MILKO CLEARING AND GRADING
Certification #: 1910
Specific System Installed: EZFLOW EZ 1203H-GEO
Septic Tank Date: 08/02/2021
STB: 274
Pump Tank Date: _____
PT:
Comments:

This system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.

PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with Rule .1961.

II. Monitoring: As required by Rule .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

Other:

Subsurface Operator Required: ☐ Yes ☒ No

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

Operation:

Other:

Authorized State Agent: Adcock, Jordan

Date of Issue: 09/24/2021

Owner/Applicant: _____

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
County ID Number: 0464 02009
Evaluated For: NEW

PERMIT VALID UNTIL: 05/06/2026

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

Applicant:	Clayton Homes	Property Owner:	Pakt Constructions
Address:	1582 US 1 HWY 1	Address:	14112 Bold Run HIll Rd
City:	Youngsville	City:	Wakeforest
State/Zip:	NC 27596	State/Zip:	NC. 27587
Phone #:	wrk: (919) 570-3366	Phone #:	

Property Location & Site Information

Address/Road #: Madison Grove Ln Henderson, NC 27537
Subdivision: Madison Grove Phase: NEW Lot: 21
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 6
*Water Supply: NEW WELL

Directions

See Attachment

System Specifications

Initial System

*Site Classification: Provisionally Suitable
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: 20 Inches
Maximum Trench Depth 24 Inches

Septic Tank: 1000 Gallons
Pump Required ( ) Yes (X) No ( ) May Be Required
Pump Tank: _____ Gallons

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

Repair System

*Site Classification: Provisionally Suitable
Soil Application Rate: 0.300

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

*Proposed System:
25% REDUCTION

Minimum Trench Depth: 18 Inches
Maximum Trench Depth 22 Inches

Pump Required: ( ) Yes (X) 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 Departmen

***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**

SEPTIC LINES SHOULD START AS FAR UP ON HILL AS POSSIBLE WITH STILL GETTING GRAVITY. TANK SHOULD BE PLACED ON LEFT SIDE OF HOME TO ALLOW FOR REPAIR AREA UNDER INITIAL SYSTEM.

The Department and Local Health Department may impose conditions on the issurance 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 it 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: Adcock, Jordan
Date of Issue: 05/06/2021

( ) Hand Drawing ( ) Import Drawing **Site Plan/Drawing attached.**

Total Time: (HH:MM) ____ : ____

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: 353787 - 1
County ID Number: 0464 02009
Evaluated For: NEW

PERMIT VALID UNTIL: 05/06/2026

☐ Open Pump System Sheet

Applicant:	Clayton Homes	Property Owner:	Pakt Constructions
Address:	1582 US 1 HWY 1	Address:	14112 Bold Run Hill Rd
City:	Youngsville	City:	Wakeforest
State/Zip:	NC 27596	State/Zip:	NC. 27587
Phone #:	wrk: (919) 570-3366	Phone #:	

Property Location & Site Information

Address/Road #: Madison Grove Ln Henderson, NC 27537
Subdivision: Madison Grove Phase: NEW Lot: 21

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 6
*Water Supply: NEW WELL

Directions:

See Attachment

System Specifications

*Site Classification: Provisionally Suitable
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: 20 Inches
Maximum Trench Depth: 24 Inches
Minimum Soil Cover: 8 Inches
Maximum Soil Cover: _____ Inches
*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: 1200 Sq. ft.
No. Drain Lines: 5
Total Trench Length: 400 ft.
Trench Spacing: 9 - _____ ○ Inches ⓧ Feet O.C.
Trench Width: 3 - _____ ○ Inches ⓧ Feet
Aggregate Depth: _____ inches

Septic Tank: 1,000 Gallons
Pump Required: ○ Yes ⓧ No ○ May Be Required
Pump Tank: _____ 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:**

SEPTIC LINES SHOULD START AS FAR UP ON HILL AS POSSIBLE WITH STILL GETTING GRAVITY. TANK SHOULD BE PLACED ON LEFT SIDE OF HOME TO ALLOW FOR REPAIR AREA UNDER INITIAL SYSTEM.

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: Adcock, Jordan

Date of Issue: 05/06/2021

Site Plan/Drawing attached.

✓ Hand Drawing ○ Import Drawing

Total Time : (HH:MM) _____

GRANVILLE VANCE
public health

*File #: 353787 - 2
PIN #: 0464 02009
Tax Lot #: 21
Tax Block #:

WELL CONSTRUCTION RECORD

Owner: Pakt Construction
14112 Bold Run Hill Rd

Wake Forest, NC 27587

Directions
See Attachment

Drilling Contractor: Van Elliott
Driller Registration: 3104
Date Drilled: 09/29/2021
Use of Well: SINGLE FAMILY

Total Depth: 220 Ft.
Static Water Level: 20 Ft.
Replacement Well: NO
Yield: 10 gpm

Water Zone: 1) 170 Ft. 2) Ft.
3) Ft. 4) Ft.

Disinfection Type: GRANULAR Amount:

WELL HEAD CONSTRUCTION

Location:
Latitude:
Longitude:

	Yes	No	N/A
Enclosure			X
Enclosure Floor			X
Access Port			X
Vent:			X
Sample Tap			X
Back Flow		X	
Tee (jet)			X
Suction Line			
Temporary			X
Well ID Plate			X
Pump ID Plate			X

EHS: N/A

Issue Date:

Casing: Depth: 50 Ft. Thickness: In.
Diameter: 6 In. Top of Casing: 12 In.
Material: PVC SCH 40

Comments:
WELL HEAD AND WATER SAMPLES NEEDED!!!

Grout:

Depth	Material	Method
From 0 To 20 Ft.	BENTONITE	POUR
From 0 To Ft.	N/A	N/A

*** Liner Date:** From 0 To Ft.

Grout:

Depth	Material	Method
From 0 To Ft.	N/A	N/A

Issued by: N/A

Date of Issue:

Granville-Vance Dist. Health Department
Environmental Health

S-240450
W-251888

Pin 0464 02009

Permit Number 353787

____ Improvement Permit

✓ Construction Authorization

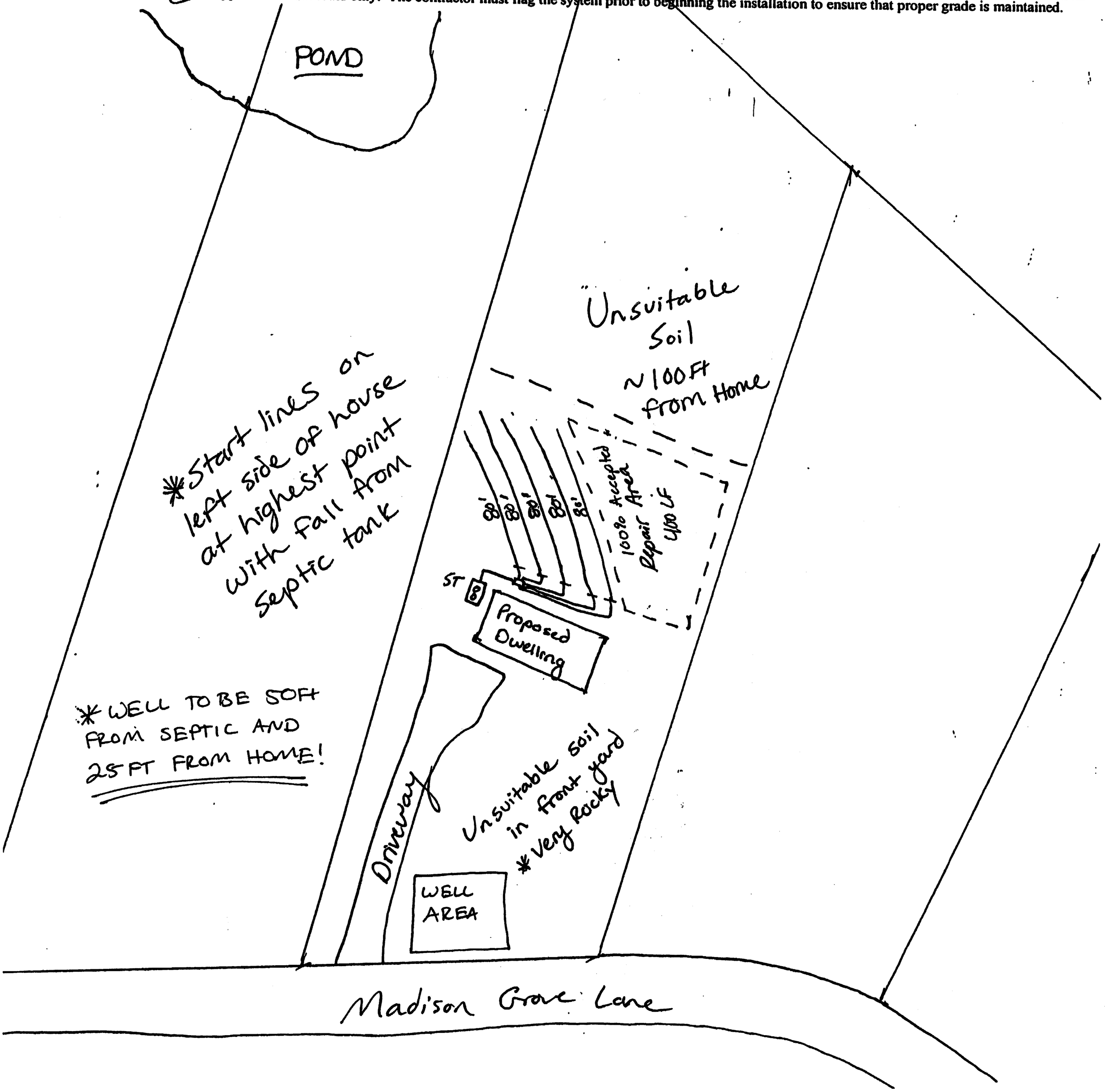
SITE SKETCH
ON-SITE WELL

Clayton Homes — Applicants Name

Madison Grove Ln — Address

Madison Grove Lot 21 — Subdivision – Section – Lot

Authorized State Agent

8/27/2021 — 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.