

Granville-Vance Dist. Health Department
Environmental Health

Pip _____

X Improvement Permit

Permit Number 450065

X Construction Authorization

**SITE SKETCH
ON-SITE / WELL**

Kevin McKinney
Applicants Name

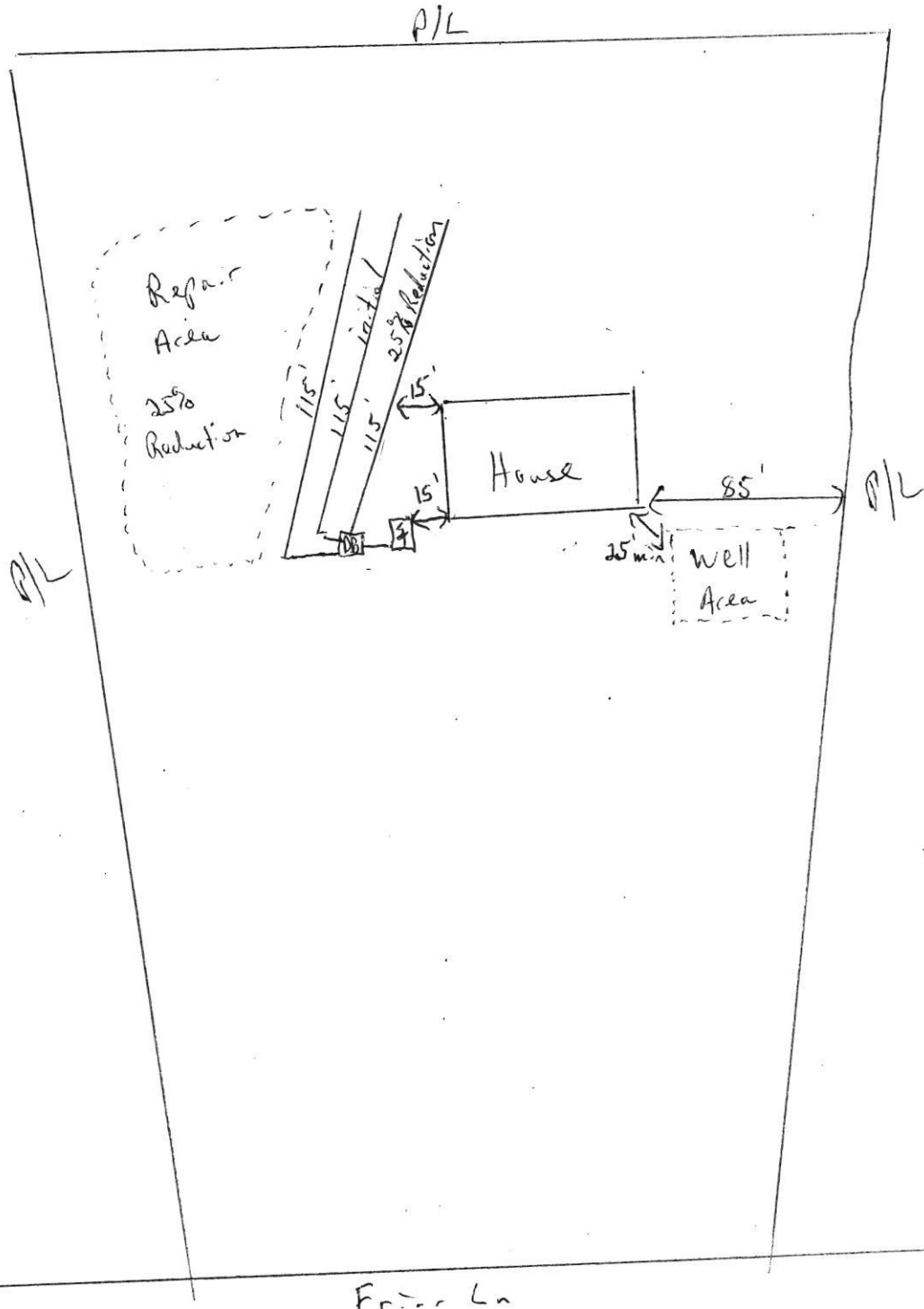
Erin Ln
Address

The Meadows Lot 2
Subdivision - Section - Lot

Chris Dand
Authorized State Agent

3-21-25
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.





Well Construction 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 450065

PIN Number: 0471 01001

Tax Lot #: 1 Tax Block #: _____

Evaluated For: SINGLE FAMILY \ WELL

PERMIT VALID UNTIL: 03/21/2030

Property Owner: Kevin McKinney
Address: Friar Lane
City: Henderson
State/Zip: NC / 27537
Phone #: H: (252) 432-6883 C: (919) 494-3408

Applicant: Kevin McKinney
Address: 33 Stoneridge Drive
City: Henderson
State/Zip: NC / 27537
Phone #: H: (252) 432-6883 C: (919) 494-3408

Property Location & Site Information

Address/Road #: _____ Subdivision: The Meadows Phase: _____ Lot: 1
Friar Lane
Henderson NC, 27537
*Proposed use of Well: SINGLE FAMILY
If Other: _____
Applicant Email: kmcy1220@gmail.com
Owner Email: kmcy1220@gmail.com

Directions: Inside Canterbury Forest on Bobbitt Road

Well Contractor Information

Drilling Contractor: _____

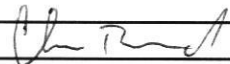
Driller Registration: _____

Permit Conditions

*Permit Conditions

well shall be 50ft from any septic, 25ft from any building including overhangs, and 10ft from property lines.

Well location, construction and protection must meet all state and local regulations and must be inspected and approved by an authorized representative of the Local Health Department. The permit may be revoked at any time for failure to comply with existing regulations. The siting of approved well construction area(s) by the Health Department is to provide protection from the known possible sources of contamination. The approved well area(s) may not be changed without permission from an authorized representative of the Local Health Department. Issuance of this well permit does not guarantee water quality or adequate water production from the well once it is installed or repaired.

*Issued By: Diamond, Chris
Authorized State Agent: 
Owner/Applicant: _____

*Date of Issue: 03/21/2025

☐ Hand Drawing ☐ Import Drawing

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



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: 450065 - 2

County ID Number: 0471 01001

Evaluated For: NEW

PERMIT VALID UNTIL: 03/21/2030

☐ Open Pump System Sheet

Applicant: Kevin McKinney
Address: Friar Lane
City: Henderson
State/Zip: NC 27537
Phone #: home: (252) 432-6883 cell : (919) 494-3408

Property Owner: Kevin McKinney
Address: Friar Lane
City: Henderson
State/Zip: NC 27537
Phone #: home: (252) 432-6883 cell : (919) 494-3408

Property Location & Site Information

Address/Road #: Friar Lane Henderson, NC 27537 Subdivision: The Meadows Phase: NEW Lot: 1
Directions:
Structure: SINGLE FAMILY Inside Canterbury Forest on Bobbitt Road
of Bedrooms: 4
of People: 2
*Water Supply: NEW WELL

System Specifications

Usable Soil Depth: 33 Minimum Trench Depth: _____ Inches
Design Flow: 480 Maximum Trench Depth: 20 Inches
Soil Application Rate: 0.3500 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: 1035 Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: 3 Pump Required: ☐ Yes ☒ No ☐ May Be Required
Total Trench Length: 345 ft. ☐ Inches O.C. Pump Tank: _____ Gallons
Trench Spacing: 9 - ☒ Feet O.C. Grease Trap: _____ Gallons
Trench Width: 3 - ☒ Inches 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:

septic system shall be 15ft from the house/basement

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: 03/21/2025

☐ Hand Drawing

☐ Import Drawing

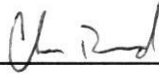
****Site Plan/Drawing attached.****

Total Time : (HH:MM) _____

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 (per rule .0301(fa)).

Authorized State Agent:

Diamond, Chris



Date of Issue:

03/21/2025

Total Time: (HH:MM)



Hand Drawing



Import Drawing

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

____ : ____



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: 450065 - 2
County ID Number: 0471 01001
Evaluated For: NEW

PERMIT VALID UNTIL: 03/21/2030

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

Applicant: Kevin McKinney
Address: Friar Lane
City: Henderson
State/Zip: NC 27537
Phone #: home: (252) 432-6883 cell : (919) 494-3408

Property Owner: Kevin McKinney
Address: Friar Lane
City: Henderson
State/Zip: NC. 27537
Phone #: home: (252) 432-6883 cell : (919) 494-3408

Property Location & Site Information

Address: Friar Lane Henderson, NC 27537
Subdivision: The Meadows Block/Phase: NEW Lot: 1

Directions

Road #: Inside Canterbury Forest on Bobbitt Road

Structure: SINGLE FAMILY

of Bedrooms: 4

of People: 2

*Water Supply: NEW WELL

System Specifications

Initial System

Usable Soil Depth: 33

Design Flow: 480

Soil Application Rate: 0.3500

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 20 Inches

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Septic Tank: 1000 Gallons

Pump Required ☐ Yes ☒ No ☐ May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: _____ Gallons

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

Repair System

Usable Soil Depth:

Soil Application Rate: 0.350

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System: 25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench: Depth: 20 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

septic system shall be 15ft from the house/basement