

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 374306 - 1
County ID Number: 0332A02010
Evaluated For: EXPANSION

PERMIT VALID UNTIL: 06/06/2027

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

Applicant: Lin Cole
Address: _____
City: Henderson
State/Zip: NC 27537
Phone #: cell : (252) 431-4125

Property Owner: James Heskett
Address: 683 Pollyanna Rd
City: Henderson
State/Zip: NC. 27537
Phone #: _____

Property Location & Site Information

Address/Road #: 683 Pollyanna Rd Henderson, NC 27537
Subdivision: Plum Nutty Phase: NEW Lot: 21
Structure: SINGLE FAMILY
of Bedrooms: 3
of People: 6
*Water Supply: EXISTING WELL

Directions

See attachment

Initial System

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

System Specifications

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: _____ Inches
Septic Tank: _____ Gallons
Pump Required ☐ Yes ☒ No ☐ May Be Required
Pump Tank: _____ Gallons

*System Classification/Description:

*Proposed System:
OTHER

Repair System Required: ☐ Yes ☐ No ☐ No, but has Available Space * 15A NCAC 18A. 1945 * Repair Area Exempt

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

ADD 8'X75' GRAVEL BED TO EXPAND SYSTEM FOR 3 BEDROOM

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 (1.1938(h)).

Authorized State Agent:

Hedrick, Chris

Date of Issue:

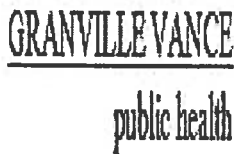
06/06/2022

☒ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time: (HH:MM)



Construction Authorization

Vance County Health Dept
Environmental Health
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☐ Open Pump System Sheet

Applicant: Lin Cole
Address: _____
City: Henderson
State/Zip: NC 27537
Phone #: cell :(252) 431-4125

Property Owner: James Heskett
Address: 683 Pollyanna Rd
City: Henderson
State/Zip: NC. 27537
Phone #: _____

Property Location & Site Information

Address/Road #: 683 Pollyanna Rd Henderson, NC 27537 Subdivision: Plum Nutty Phase: NEW Lot: 21
Directions:
Structure: SINGLE FAMILY See attachment
of Bedrooms: 3
of People: 6
*Water Supply: EXISTING WELL

System Specifications

*Site Classification: Provisionally Suitable Minimum Trench Depth: _____ Inches
Design Flow: 360 Maximum Trench Depth: _____ Inches
Soil Application Rate: 0.3000 Minimum Soil Cover: _____ Inches
*System Classification/Description: _____ Maximum Soil Cover: _____ Inches
*Proposed System: OTHER *Distribution Type: GRAVITY - PARALLEL (eq. d-box)
Nitrification Field: 600 Sq. ft. Septic Tank: _____ Gallons
No. Drain Lines: 1 Pump Required: ☐ Yes ☒ No ☐ May Be Required
Total Trench Length: 75 ft. ☐ Inches O.C. Pump Tank: _____ Gallons
Trench Spacing: _____ - _____ ☐ Feet O.C. Grease Trap: _____ Gallons
Trench Width: 8 - _____ ☒ Inches Septic Tank Installer
Aggregate Depth: 12 inches ☒ Feet Grade Level Required: ☐ I ☐ II ☐ III ☐ IV

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*Permit Conditions:

ADD 8'X75' GRAVEL BED TO EXPAND SYSTEM FOR 3 BEDROOM

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: 06/07/2022

☒ Hand Drawing ☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM) _____

Granville-Vance Dist. Health Department
Environmental Health

Pin. _____

Permit Number 374306

☒ Improvement Permit

☒ Construction Authorization

SITE SKETCH
ON-SITE / WELL

Exposure

Lin Cole / Jim Hestert
Applicants Name

683 Pollyanna
Address

Subdivision - Section - Lot

Ch. Hestert
Authorized State Agent

6/6/2022
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.

