

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

OFFICE

For Office Use Only

*CDP File Number: 334287 - 1

County ID Number: 0354 01021

Evaluated For: EXPANSION

PERMIT VALID UNTIL: 01/11/2026

☐ Open Pump System Sheet

Applicant: Paul Schaefer

Address: 87 Edgewater Ln

City: Henderson

State/Zip: NC 27537

Phone #: cell (757) 846-4123

Property Owner: Paul Schaefer

Address: 87 Edgewater Ln

City: Henderson

State/Zip: NC 27537

Phone #: cell (757) 846-4123

Property Location & Site Information

Address/Road #: 87 Edgewater Ln Henderson,
NC 27537

Subdivision:

Phase: NEW Lot: 1&2

Directions:

Structure: SINGLE FAMILY

of Bedrooms: 4

Take HWY 39 N, right onto Pool Rock Plantation Rd left onto
Edgewater Ln, 3rd home on the left.

of People: 3

*Water Supply: EXISTING WELL

Dockside dad@gmail.com

System Specifications

*Site Classification: Provisionally Suitable

Design Flow: 480

Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: _____ Inches

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Minimum Soil Cover: 18 Inches

Maximum Soil Cover: 24 Inches

*Proposed System:

25% REDUCTION

*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: 300 Sq. ft.

No. Drain Lines: 1

Total Trench Length: 100 ft.

Trench Spacing: 9 -

Trench Width: 3 -

Aggregate Depth: _____ inches

☐ Inches O.C.

☒ Feet O.C.

☐ Inches

☒ Feet

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:

THIS IS FOR AN EXPANSION OF 100FT ONLY. NOT A NEW SEPTIC PERMIT.

LINES CAN BE SPLIT FOR TWO 50FT LINES OR ONE 100FT LINE.

FOLLOW ALL SETBACKS FROM STRUCTURES AND WELLS.

IF ANY QUESTION'S, CALL HEALTH DEPARTMENT.

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: Adcock, Jordan

Date of Issue: 01/11/2021

☒ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM)

Granville - Vance District Health Department
Environmental Health

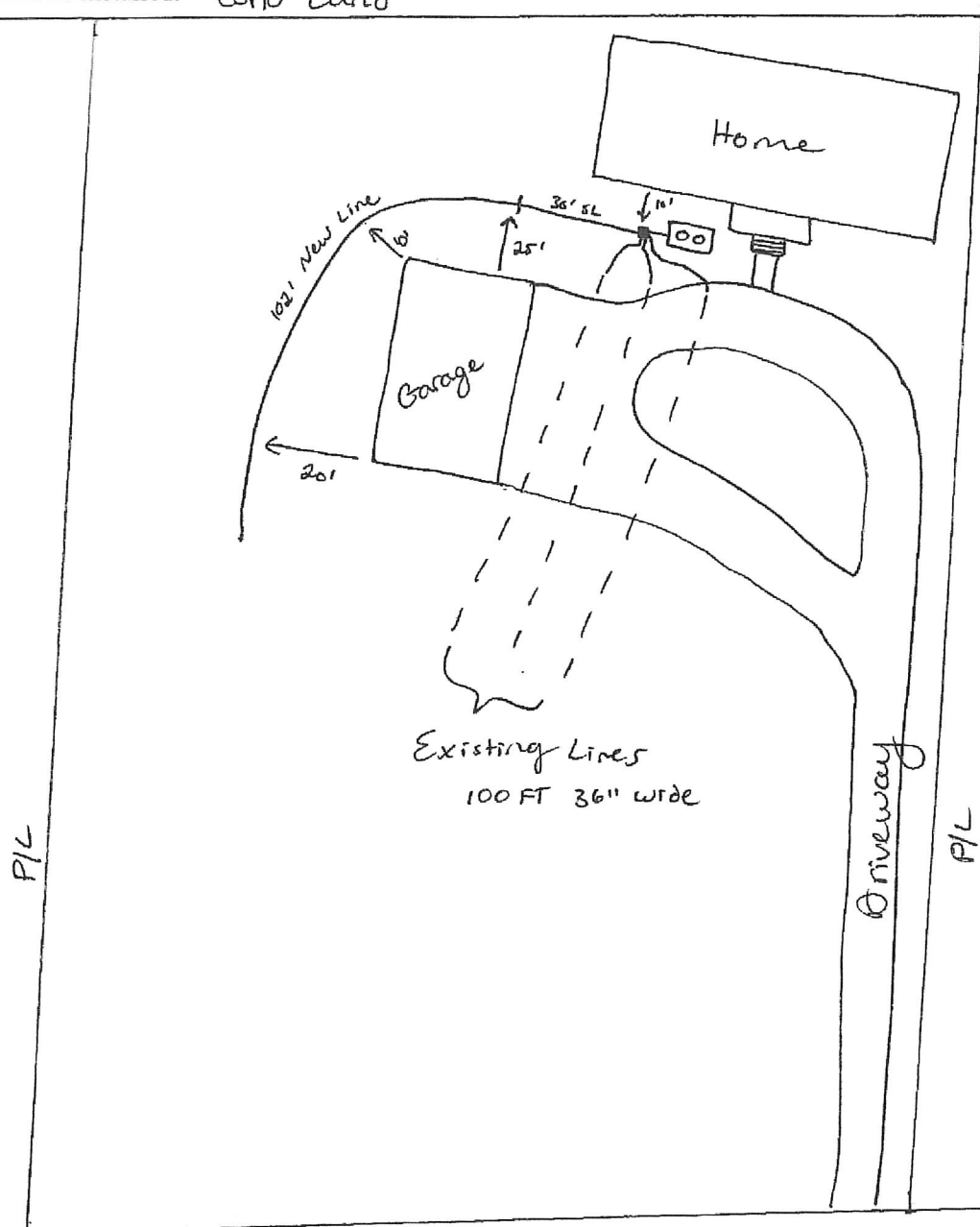
Final Sketch

Pin 0354 01021

Pool Rock Plantation
Subdivision - Section - Lot

Physical Address: 87 Edgewater Ln

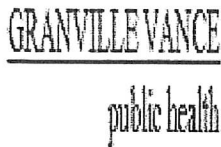
System design and details as installed. Comp Land



Edgewater Lane

[Signature]
Authorized Signature

6/14/2021
Date



OPERATION PERMIT

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Environmental Health
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Henderson, NC 27536

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Evaluated For: EXPANSION

Property Owner: Paul Schaefer

Address: 87 Edgewater Ln

Road #:

City: Henderson

State/Zip: NC/ 27537

Phone #: (757) 846-4123

Township:

Subdivision:

Phase : NEW

Lot: 1&2

Structure: SINGLE FAMILY

of Bedrooms: 4

of People: 3

Water Supply: EXISTING WELL

Saprolite System?: ☐ Yes ☒ No

Pump Required?: ☐ Yes ☒ No

Design Flow: 480

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

Installer: CURRIN FARMS

Certification #: 6400

Specific System: INFILTRATOR QUICK 4 STANDARD

Installed:

STB:

PT:

Comments:

Septic Tank Date: _____

Pump Tank Date: _____

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: 06/14/2021

Owner/Applicant: _____

NO

066

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION

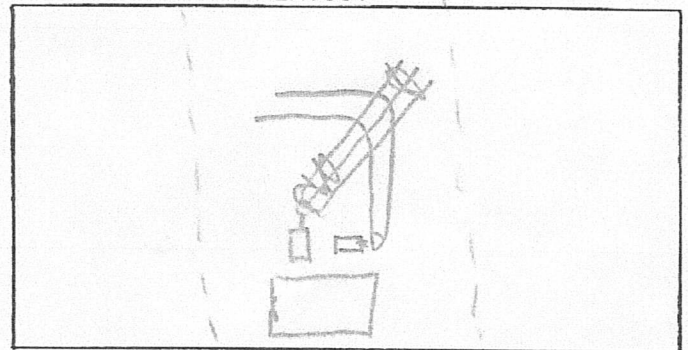
OWNER/AGENT Allen Zimpe! Pool Rock Plantation, Inc
LOCATION Pool Rock (beside Crawford lot) STATE ROAD NO. _____
SUBDIVISION NAME B7 Edgewater Ln 0354 01021 LOT NO. 192

SYSTEM DESIGNED FOR:

NEW SYSTEM ☒ REPAIR _____ RESIDENCE ☒ BUSINESS _____ OTHER _____
NO. BEDROOMS 3 NO. OCCUPANTS 2 WATER SUPPLY: INDIVIDUAL ☒ PUBLIC _____
LOT SIZE 0.7 ACRES F _____ L _____ B _____ R _____
SEPTIC TANK 1000 GALLONS PUMP TANK _____ GALLONS DISTRIBUTION Dist box
NITRIFICATION FIELD 900 SQUARE FEET NUMBER OF LINES 3
LENGTH OF LINES 100 WIDTH OF LINES 36" STONE DEPTH 12"

CONDITIONS _____

LAYOUT



US 960

NOTICE: The above are minimum specifications for a sewage disposal system on the above captioned property. This permit is subject to compliance with local zoning and building regulations and all the provisions of the Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal of the North Carolina Administrative Code. This permit may not be altered without written permission from a representative of the Granville-Vance District Health Department. System must be installed within _____ years of date of issuance. This permit is subject to revocation if site plans or the intended use changes.

I understand the requirements of this permit and the information I have provided is accurate to the best of my knowledge.

OWNER/AGENT _____ DATE _____
IMPROVEMENT PERMIT BY: Walter T. Taylor DATE 11-19-92
CERTIFICATE OF COMPLETION BY: Walter T. Taylor DATE 5-28-93
SYSTEM INSTALLED BY: John Aycock

NOTICE: This approval indicates that the installation complies with all applicable state and local regulations, but shall in no way be taken as a guarantee that the system will function satisfactorily for any given period of time and the Granville-Vance District Health Department will not be held responsible for a malfunctioning system.