

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 394376 - 1
County ID Number: 0593E01005
Evaluated For: NEW

PERMIT VALID UNTIL: 06/20/2028

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

Applicant: Clay Wilson
Address: 8520 Riley Hill Rd
City: Zebulon
State/Zip: NC 27537
Phone #: home: (919) 793-7929

Property Owner: Clay Wilson
Address: 8520 Riley Hill Rd
City: Zebulon
State/Zip: NC. 27537
Phone #: home: (919) 793-7929

Property Location & Site Information

Address: Spring Ln Henderson, NC 27537 Subdivision: Autumn Winds Block/Phase: NEW Lot: 41

Directions

See attachment

Road #:
Structure: MOBILE HOME
of Bedrooms: 3
of People: 6
*Water Supply: NEW WELL

System Specifications**Initial System**

*Site Classification: Provisionally Suitable

Design Flow: 360

Soil Application Rate: 0.4000

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

*Proposed System:

25% REDUCTION

Pump Tank: _____ Gallons

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

*Site Classification: Provisionally Suitable

Soil Application Rate: 0.400

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. may need to clear more trees and stumps for septic area.

Construction Authorization

Vance County Health Dept
 Environmental Health
 115 Charles Rollins Road
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☐ Open Pump System Sheet

Applicant: Clay Wilson
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Property Owner: Clay Wilson
 Address: 8520 Riley Hill Rd
 City: Zebulon
 State/Zip: NC, 27537
 Phone #: home: (919) 793-7929

Property Location & Site Information

Address/Road #: Spring Ln Henderson, NC 27537 Subdivision: Autumn Winds Phase: NEW Lot: 41

Directions:

Structure: MOBILE HOME See attachment

of Bedrooms: 3

of People: 6

*Water Supply: N/A

System Specifications

*Site Classification: Provisionally Suitable

Design Flow: 360

Soil Application Rate: 0.4000

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 24 Inches

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Minimum Soil Cover: _____ Inches

Maximum Soil Cover: _____ Inches

*Proposed System:

25% REDUCTION

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

Nitrification Field: 675 Sq. ft.

No. Drain Lines: 3

Total Trench Length: 225 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:**

contractor to establish and follow contour. may need to clear more trees and stumps for septic area. Initial septic area to be approx 80-90ft from house location.

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: Diamond, Chris

Date of Issue: 06/20/2023

☐ Hand Drawing☐ Import Drawing****Site Plan/Drawing attached.****

Total Time : (HH:MM) _____

Granville-Vance Dist. Health Department
Environmental Health

Fig. _____

☒ Improvement Permit

Permit Number 394376

☒ Construction Authorization

**SITE SKETCH
ON-SITE / WELL**

Clay Wilson
Applicants Name

Spring Lane
Address

Autumn Woods #11
Subdivision - Section - Lot

Chad
Authorized State Agent

6-20-23
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

