



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 430301 - 1
County ID Number: 0578C01024
Evaluated For: EXPANSION

Property Owner: Phillip & Donna Townsend

Owner Address: 150 Sandpiper Ln

City: Manson

State/Zip: NC/ 27553

Phone #:

Address: 150 Sandpiper Ln
Manson, NC 27553

Road #:

Township:

Subdivision: Pine Store Estates

Phase: NEW Lot: 24

Structure: SINGLE FAMILY

of Bedrooms: 3

of People: 2

Water Supply: PUBLIC

Saprolite System?: ☐ Yes ☒ No

Pump Required?: ☒ Yes ☐ No

Design Flow: 360

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

Installer:

Certification #:

Specific System EZFLOW EZ 1203H-GEO

Installed:

Septic Tank Date: _____

STB:

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 .1301.

II. Monitoring: As required by Rule .1301.

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: Ballentine, Joshua

Date of Issue: 01/29/2025

Owner/Applicant:

Phillip & Donna Townsend

Granville – Vance District Health Department
Environmental Health

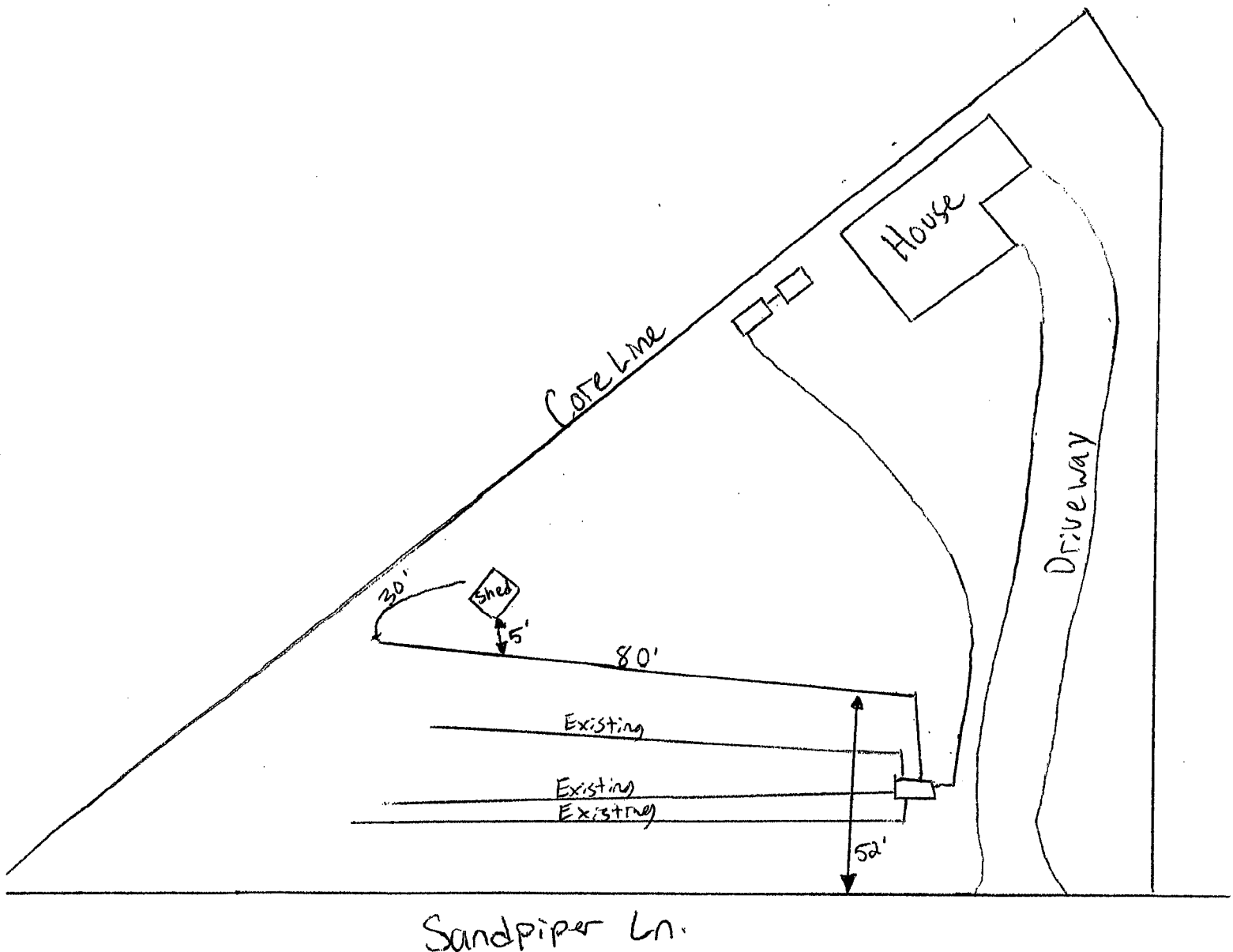
Final Sketch

Pin 0578C01024

Pine Shore Estate - 24
Subdivision – Section – Lot

Physical Address: 150 Sandpiper Ln.
Manson, NC 27553

System design and details as installed.



John Ballantyne
Authorized Signature

1/29/25
Date

Vance County Planning & Development
CERTIFICATE OF OCCUPANCY

Henderson

This certificate is issued pursuant to the requirements of the North Carolina State Building Codes certifying that at the time of issuance this structure was in compliance with the current state building codes and various ordinances regulating building construction for the following

PERMIT ID # RMODL-24-0174

Tenant/Site Address

150 Sandpipers Ln.
Manson NC 27553

Property Owner/Address

Townsend Phillip E. Townsend
Donna M
150 Sandpipers Ln
Manson NC 27553



Square Feet

1066

Approved By

VANCE COUNTY
PLANNING & DEVELOPMENT

Building Official

04/28/24
Date



COLE'S BACKHOE SERVICE, Inc.

Septic Inspection Report

Permit #: 05572

Copy of Permit Attached: ☒

Buyer or Loan Applicant: Philip Townsend

Property Address: Pine Shore Estates - Sandpiper's

County Location: Lot 24

Health Dept #: VANCE

Inspection Date: 2-8-2025 # of Bedrooms: 3

Approximate Age of Septic System: _____

Type of System

Gravity ☐
EZ Flow ☒
Drip ☐

Pump ☒
Chamber ☐
Spray ☐

Gravel ☐
LPP ☐

Other: NEW FIB BOX - ONE BALL FLOAT - 02 FLOAT'S IN TANK
3 CLAMPS IN TANK

Distribution Box: ☐ Manifold Box: ☒

Other: _____

Observations

Visual inspection indicates that the septic system and all components are located the proper distances from the:

- ☒ Dwelling's foundation
- ☒ Well
- ☒ Property Boundary Lines
- ☐ Other: _____

Tank Pumped

YES

☒ NO

If NO, Does system need pumping? NO

- ☒ Physically entered, completely inspected, free of structural defects, functioning properly
- ☐ Not physically entered, appears to be free of any structural defects, functioning properly

Tank & Drainfield inspection revealed the following structural defects: _____

Pump & Pump Alarm System

☒ Working

☐ Not Working

Electricity Available

☒ YES

☐ NO

Notes: _____

Determination

- ☐ Visual inspection indicates no evidence of system failure at this time.
- ☒ System is adequately sized
- ☐ System is not disapproved for current use.

☐ Visual inspection indicates the system is functioning, but failing.

Repairs are needed as follows: NO

☐ Visual inspection indicates that the system has failed and is disapproved for current use. (See county & health department)

Certification

The undersigned cannot guarantee the continued acceptability of the private sewage disposal system due to unpredictable factors, which could later determine the life or code compliance of the system.

Linnwood Cole

1905 I

Inspector's Signature

Inspector #

Date

Numbers: office

cell 252-431-4125

other 2-8-2025

FOSTER SEPTIC TANK CLEANING

PO Box 2386 Henderson, NC 27536

(919) 556-0616 (252) 438-5750

(919) 496-1258 FAX (252) 438-5750

INVOICE

Date: ~~5-2~~ 2-25-25

<u>Date</u>	<u>Charges and Credits</u>	<u>Amount</u>
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	SEPTIC TANK PUMPED	
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\$350.00

	SERVICE TRIP	
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	CLEANED FILTER	
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Total Due: \$350.00 pd *[signature]*

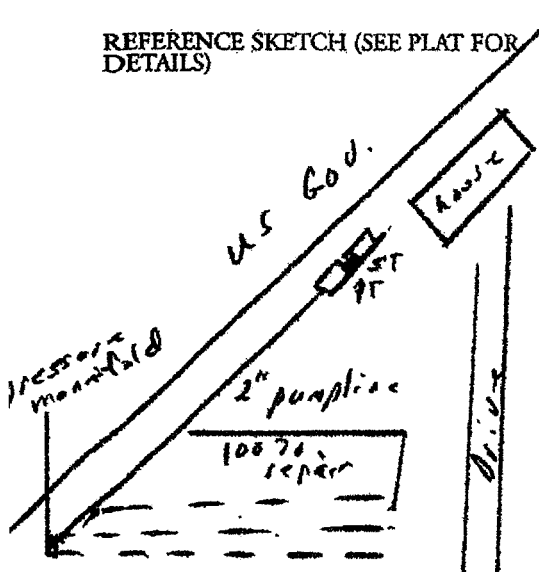
Thank You!

copy sent today 10/29/24

PERMIT NUMBER **05572**

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY:	TAX NO.	TYPE OF ESTABLISHMENTS			*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.	
Vance	0578601024	RESIDENCE ☒	NUMBER OF BEDROOMS: <u>5</u>	NUMBER OF OCCUPANTS:		
	SR. NO. <u>1363</u>	BUSINESS ☐	<u>2</u>			
OWNER: <u>Cornerstone Dev.</u>		OTHER ☐				
APPLICANT'S ADDRESS:		WATER SUPPLY	WELL ☐	OTHER ☐	*THIS IMPROVEMENT PERMIT IS SUBJECT TO REVOCATION IF THE INTENDED USES CHANGE FROM THOSE SHOWN ON THE IMPROVEMENT PERMIT. CHANGES SHALL REQUIRE HEALTH DEPARTMENT APPROVAL.	
			PUBLIC ☒			
PROPERTY ADDRESS/LOCATION:		TYPE OF WASTEWATER SYSTEM	INITIAL INSTALLATION <u>conv.</u>	REPAIR <u>in no.</u>		
SUBDIVISION: <u>Pine Shore Est.</u>		DESIGN FLOW:	<u>360276</u>		PERMIT VALID FOR: 5 YEARS ☒ YES ☐ NO	
		LTAR:	<u>1.3</u>			
LOT NUMBER: <u>24</u>		ABSORPTION AREA:	<u>800</u>			NO EXPIRATION YES ☒ NO ☐
		TRENCH WIDTH:	<u>3'</u>			
REFERENCE SKETCH (SEE PLAT FOR DETAILS)		TRENCH DEPTH:	<u>18"-24"</u>			
		TRENCH SPACING:	<u>9'</u>			
		TOTAL TRENCH LENGTH:	<u>266</u>			
		NUMBER OF TRENCHES:	<u>3</u>			
		GRAVEL DEPTH:	<u>12"</u>			
		TANK SIZE:	<u>1000</u>			
		PUMP TANK SIZE:	<u>1000</u>			
		DISTRIBUTION DEVICE:	<u>pressure manifold</u>			



IMPROVEMENT PERMIT DATE: 10-24-05

FOR: Cornerstone Dev.
ISSUED BY: W. Vaughan

CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 5572

Unless otherwise indicated, the same conditions above apply regarding system type, layout, location and installation requirements.
(The wastewater system cannot be installed until authorization is signed)

* Comments: well must be properly abandoned by well contractor and documental provided to Vance Health Dept before operation permit issued

Date: 10-24-05 Environmental Health Specialist: Walter Vaughan R.S.
Construction Authorization Addendum ☐ Yes ☐ No

OPERATION PERMIT DATE:

SYSTEM INSTALLED BY: _____
ISSUED BY: _____

PERFORMANCE, MONITORING, MAINTENANCE AND OPERATION

AS REQUIRED BY RULE 1961