



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 327736 - 1
County ID Number: 0410B02011
Evaluated For: REPAIR

Property Owner: Frederick Carsell

Address: 119 E Startford Dr

Road #:

City: Henderson

State/Zip: NC/ 27537

Phone #:

Township:

Subdivision: Startford Dr

Phase : NEW

Lot: 17

Structure: SINGLE FAMILY

of Bedrooms:

of People:

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: COL'ES BACKHOE SERVICE

Certification #: 19051

Specific System EZFLOW EZ 1203H-GEO

Installed:

STB: 789

PT:

Comments:

Septic Tank Date: 04/25/2020

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: 09/01/2020

Owner/Applicant: _____

Construction Authorization

Vance County Health Dept
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OFFICE

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*CDP File Number: 327736 - 1

County ID Number: 0410B02011

Evaluated For: REPAIR

PERMIT VALID UNTIL: 07/29/2025

☐ Open Pump System Sheet

Applicant: Lin Cole

Address:

City:

State/Zip: NC

Phone #: cell :431-4125

Property Owner: Frederick Carsell

Address: 119 E Startford Dr

City: Henderson

State/Zip: NC. 27537

Phone #:

Property Location & Site Information

Address/Road #: 119 E Startford Dr Henderson, NC 27537 Subdivision: Startford Dr Phase: NEW Lot: 17

Directions:

Take 158 toward Oxford, turn left onto S Startford Dr. take the first left onto E Startford Dr, will be the 3rd home on left.

Structure: SINGLE FAMILY

of Bedrooms:

of People:

*Water Supply: PUBLIC

System Specifications

*Site Classification: Provisionally Suitable

Design Flow: 360

Soil Application Rate: 0.3000

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System:

25% REDUCTION

Minimum Trench Depth: 18 Inches

Maximum Trench Depth: 24 Inches

Minimum Soil Cover: 6 Inches

Maximum Soil Cover: Inches

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

Nitrification Field: 900 Sq. ft.

No. Drain Lines: 2

Total Trench Length: 300 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:**

ADHERE TO ALL SETBACKS FROM BUILDINGS AND PROPERTY LINES.
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: 07/29/2020

☒ Hand Drawing

☐ Import Drawing

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

Total Time : (HH:MM)

SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

OWNER Fredrick Carsell PERMIT # 327736 DATE 8/26/2020
 CONTRACTOR Lin Cole WEATHER CONDITIONS Sunny
 SOIL WETNESS good

SEPTIC AND PUMP TANK INSPECTION

SEPTIC TANK

Manufacturer ELLIS
 Date of Manufacture 4/25/2020
 Stamp 789
 Capacity 1000
 Tee ☒
 Baffle ☒
 Sealant ☒

INITIAL

JA
 ↓
 ↓

DATE

8/26/2020
 ↓
 ↓

PUMP TANK

Manufacture _____
 Date of Manufacture _____
 Stamp _____
 Capacity _____
 Sealant _____
 Manhole _____
 Draw Down Test _____

MECHANICAL INSPECTION

PUMP

Manufacturer and Model # _____
 Control Panel _____
 Alarm _____
 Electrical Connection _____

NITRIFICATION/DISTRIBUTION AND DRAINFIELD INSPECTION

DISTRIBUTION BOX

Level ☒
 Equal Distribution ☒
 Other _____

JA
 ↓
 ↓

8/26/2020
 ↓
 ↓

DISTRIBUTION MANIFOLD

Pipe Size _____
 Gate Valves _____
 Other _____

OTHER DISTRIBUTION

Type _____

NITRIFICATION LINES

Trench Width
 Trench Length
 Trench Grade
 Stone Depth

LINE 1

3'
150'
☒
NA

LINE 2

3'
150'
☒
NA

LINE 3

LINE 4

LINE 5

LINE 6

COMMENTS:

R-G-EZ1203H - GEO

Granville – Vance District Health Department
Environmental Health

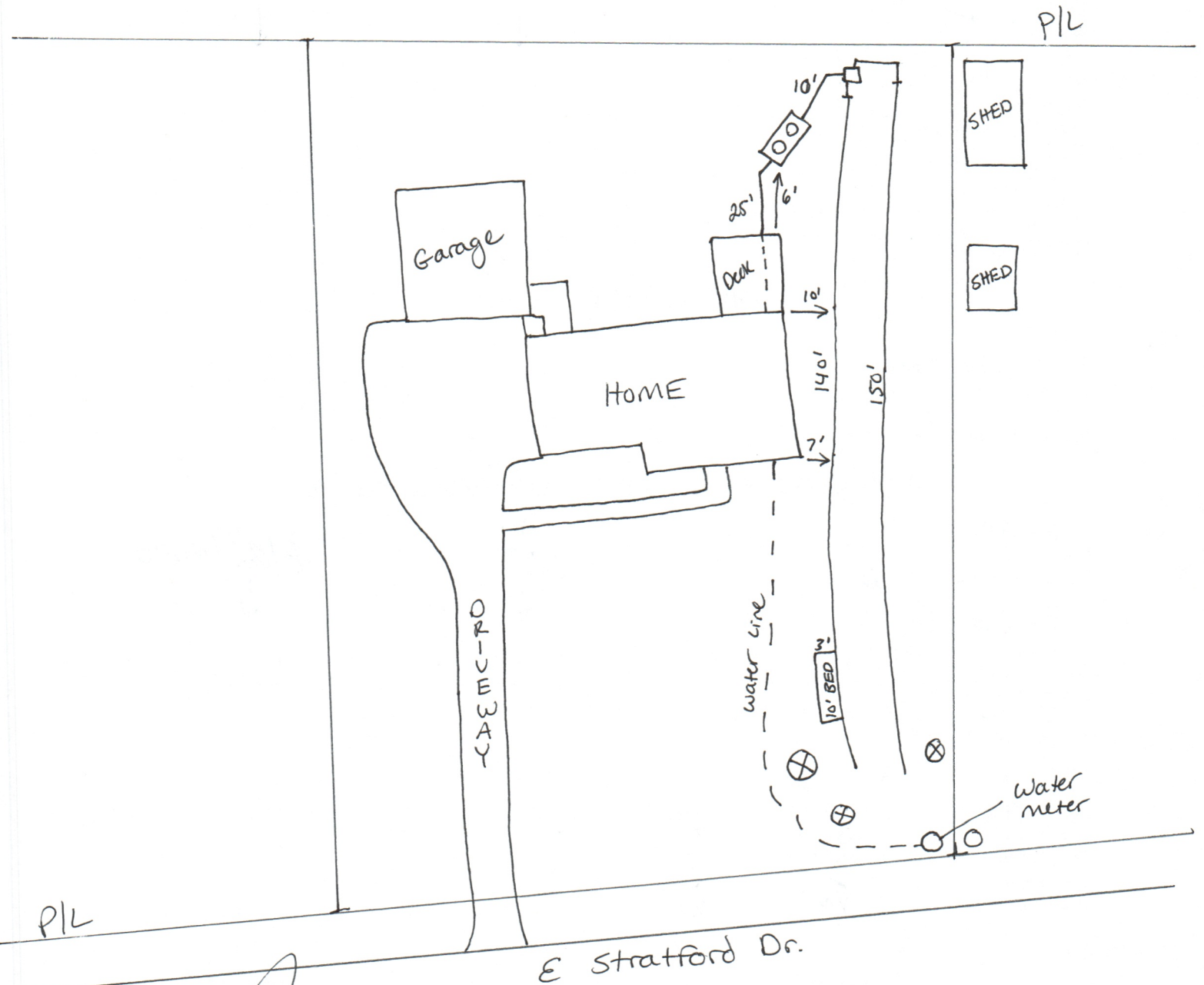
Final Sketch

Pin 0410802011

Stratford Dr. LOT 17
Subdivision – Section – Lot

Physical Address: 119 E Stratford Dr.

System design and details as installed.



John Adust
Authorized Signature

9/1/2020
Date