

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

For Office Use Only

*CDP File Number: 418465 - 2

County ID Number: 0369C01010

Evaluated For: NEW

PERMIT VALID UNTIL: 04/15/2030

☐ Open Pump System Sheet

Applicant: Clayton Homes
Address: 1582 US HWY 1
City: Youngsville
State/Zip: NC 27596
Phone #: wrk: (919) 570-3366

Property Owner: Zenith Flooring
Address: 147 White St.
City: Wake Forest
State/Zip: NC, 27567
Phone #: wrk: (919) 819-4039

Property Location & Site Information

Address/Road #: Cherryville Ln Henderson, NC Subdivision: Crowder Farms Phase: NEW Lot: 95
27537
Directions:
Structure: SINGLE FAMILY See att
of Bedrooms: 3
of People: 4
*Water Supply: NEW WELL

System Specifications

Usuable Soil Depth: 31 Minimum Trench Depth: 14 Inches
Design Flow: 360 Maximum Trench Depth: 19 Inches
Soil Application Rate: 0.3000 Minimum Soil Cover: 6 Inches
*System Classification/Description: TYPE III E. PPBPS GRAVITY DOSED SYSTEM Maximum Soil Cover: 8 Inches
*Proposed System: HORIZONTAL PPBPS *Distribution Type: GRAVITY - PARALLEL (eq. d-box)
Nitrification Field: 600 Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: 4 Pump Required: ☐ Yes ☐ No ☒ May Be Required
Total Trench Length: 200 ft. ☐ Inches O.C. Pump Tank: 1,000 Gallons
Trench Spacing: 9 - ☒ Feet O.C. Grease Trap: Gallons
Trench Width: 3 - ☐ Inches
Aggregate Depth: inches ☒ Feet 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:**

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-338(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 (.0204(k)(1)). 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 and repair (per rule .0301(e)).

Authorized State Agent: Ballentine, Joshua

Josh Ballentine

Date of Issue: 04/15/2025

☒ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM)



IMPROVEMENT PERMIT

Vance County Health Dept
Environmental Health
115 Charles Rollins Road
Henderson, NC 27536
Phone: (252) 492-5263 Fax: (252) 492-2361

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*CDP File Number 418465 - 2
County ID Number: 0369C01010
Evaluated For: NEW

PERMIT VALID UNTIL: 04/15/2030

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

Applicant: Clayton Homes
Address: 1582 US HWY 1
City: Youngsville
State/Zip: NC 27596
Phone #: wrk: (919) 570-3366

Property Owner: Zenith Flooring
Address: 147 White St.
City: Wake Forest
State/Zip: NC, 27587
Phone #: wrk: (919) 819-4039

Property Location & Site Information

Address: Cherryville Ln Henderson, NC 27537
Subdivision: Crowder Farms Block/Phase: NEW Lot: 95
Directions
Road #: See att
Structure: SINGLE FAMILY
of Bedrooms: 3
of People: 4
*Water Supply: NEW WELL

System Specifications

Initial System

Usable Soil Depth: 31

Design Flow: 360

Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 19 Inches

*System Classification/Description:

TYPE III E. PPBPS GRAVITY DOSED SYSTEM

Septic Tank: 1000 Gallons

Pump Required ☐ Yes ☐ No ☒ May Be Required

*Proposed System:

HORIZONTAL PPBPS

Pump Tank: 1000 Gallons

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

Repair System

Usable Soil Depth: 31

Soil Application Rate: 0.300

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 19 Inches

*System Classification/Description:

TYPE III E. PPBPS GRAVITY DOSED SYSTEM

Pump Required: ☐ Yes ☐ No ☒ May Be Required

*Proposed System: HORIZONTAL PPBPS

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

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 (per rule .0301(f)).

Authorized State Agent:

Ballentine, Joshua

Date of Issue:

10/08/2024

☐ Hand Drawing☐ Import Drawing

Site Plan/Drawing attached.

Total Time: (HH:MM)



Well Construction 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 418465
PIN Number: 0369C01010
Tax Lot #: 95 Tax Block #: _____
Evaluated For: DRINKING WATER WELL \ WELL

PERMIT VALID UNTIL: 08/26/2030

Property Owner: Zenith Flooring
Address: 147 S White St
City: Wake Forest
State/Zip: NC / 27587
Phone #: C: (919) 819-4039

Applicant: Clayton Homes
Address: 1582 US HWY 1
City: Youngsville
State/Zip: NC / 27596
Phone #: _____

Property Location & Site Information

Address/Road #: _____ Subdivision: Crowder Farms Phase: _____ Lot: 95
Cherryville Ln *Proposed use of Well: DRINKING WATER WELL
Henderson NC, 27537 If Other: _____
Applicant Email: chris.wilkins@claytonhomes.com
Owner Email: _____

Directions: See att

Well Contractor Information

Drilling Contractor: _____ Driller Registration: _____

Permit Conditions

*Permit Conditions

50' minimum from any part of the septic system (initial & repair), 25' minimum from the house including overhangs, 10' minimum from property lines

Well location, construction and protection must meet all state and local regulations and must be inspected and approved by an authorized representative of the Local Health Department. The permit may be revoked at any time for failure to comply with existing regulations. The siting of approved well construction area(s) by the Health Department is to provide protection from the known possible sources of contamination. The approved well area(s) may not be changed without permission from an authorized representative of the Local Health Department. Issuance of this well permit does not guarantee water quality or adequate water production from the well once it is installed or repaired.

*Issued By: Ballentine, Joshua

Authorized State Agent: *Josh Ballentine*
Owner/Applicant: _____

*Date of Issue: 08/26/2025

☒ Hand Drawing ☐ Import Drawing

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

Granville-Vance Dist. Health Department
Environmental Health

File # 0369C01010

 Improvement Permit

Permit Number 418465

☒ Construction Authorization

**SITE SKETCH
ON-SITE / WELL**

Clayton Homes
Applicant's Name

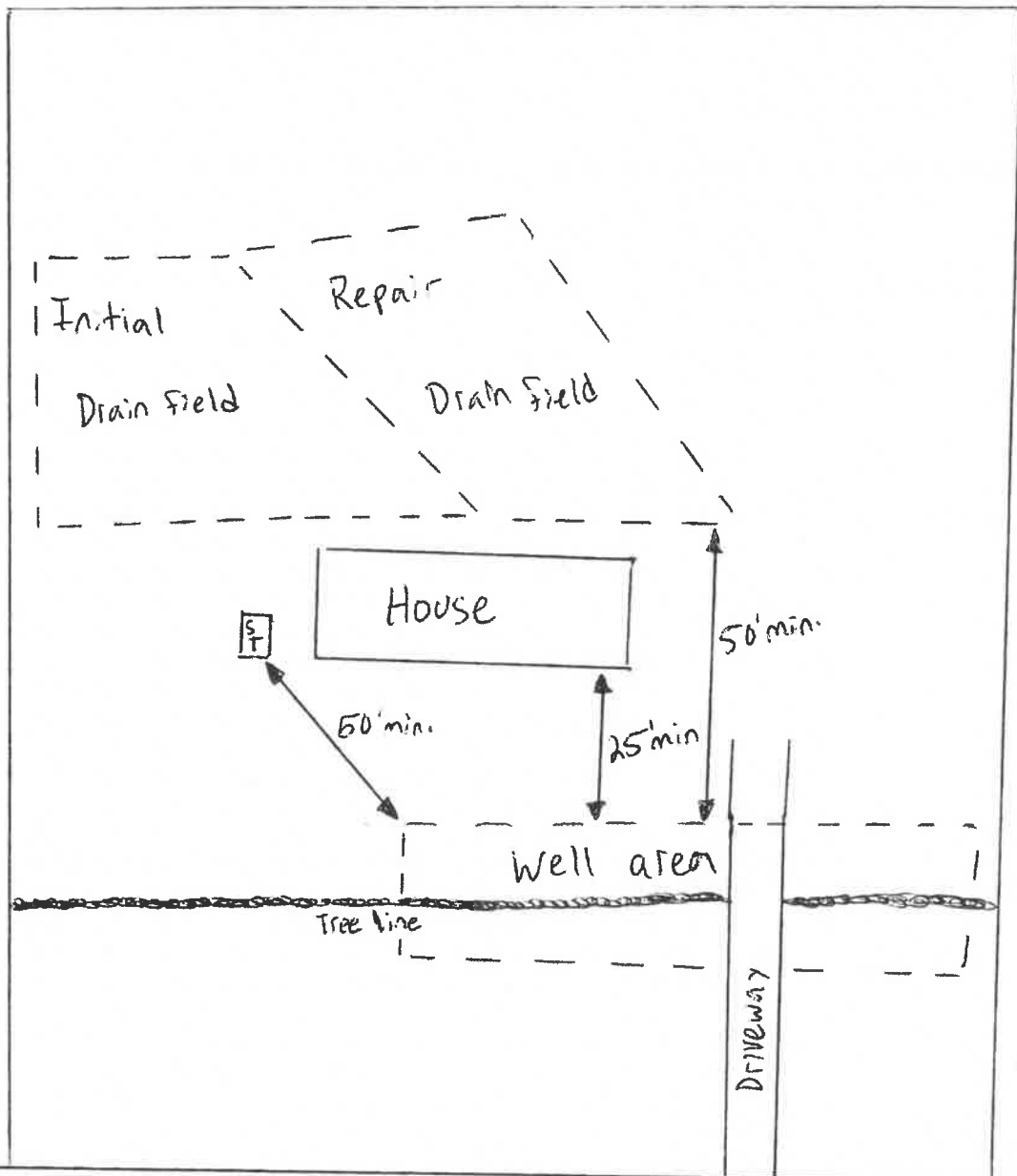
Cherryville Ln.
Address

Crowder Farms Lot-95
Subdivision - Section - Lot

Justin Ballant
Authorized State Agent

8/26/25
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.



Cherryville Ln.