GRANVILLE VANCE public health

IMPROVEMENT PERMIT

Granville Vance Public Health
Environmental Health
PO Box 367
Oxford, NC 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number: 475233 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 06/24/2031

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

Applicant:	SARAH CRAFT/ LADY BUG PEST MANGEMENT
Address:	2116 FRONT STREET
City:	DURHAM
State/Zip:	NC 27705
Phone #:	home: (919) 599-4154

Property Owner:	SARAH CRAFT/ LADY BUG PEST MANGEME
Address:	2116 FRONT STREET
City:	DURHAM
State/Zip:	NC. 27705
Phone #:	home: (919) 599-4154

Property Location & Site Information

Address: 5590 SHELTON CREEK , NC Subdivision: Block/Phase: NEW Lot:

Directions

GPS

Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People:
*Water Supply: N/A

System Specifications

Initial System

Usable Soil Depth: 32
Design Flow: 480
Soil Application Rate: 0.3000

Minimum Trench Depth: 18 Inches
Maximum Trench Depth: 20 Inches

*System Classification/Description:
Type IIIg - Other Non-Conventional Systems

Septic Tank: 1000 Gallons
Pump Required: ◯ Yes ◯ No (X) May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: _____ Gallons

Repair System Required: (X) Yes ◯ No ◯ No, but has Available Space

Repair System

Usable Soil Depth: 32
Soil Application Rate: 0.300

Minimum Trench Depth: 18 Inches
Maximum Trench: Depth: 20 Inches

*System Classification/Description:
Type IIIe - PPBPS Gravity System

Pump Required: ◯ Yes ◯ No (X) May Be Required

*Proposed System:

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**

CA to be done once house location is marked in field and shown on zoning permit. Property to be surveyed. Min. 50' off wells. Property lines were marked by owner at date of visit.

CDP File Number: 475233 County ID Number:

The Department and Local Health Department may impose conditions on the issurance 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((a).

Authorized State Agent: Bullock, Will Date of Issue: 06/24/2026

Total Time: (HH:MM)

⊘ Hand Drawing ○ Import Drawing ****Site Plan/Drawing attached.****

Granville-Vance Dist. Health Department
Environmental Health

Pin _____ Permit Number 475233

✓ Improvement Permit 4 bdrm. ___ Construction Authorization

SITE SKETCH

Sarah Craft — Applicants Name

5590 Shelton creek dr. — Address

Shelton Hills 9 — Subdivision – Section – Lot

REWS — Authorized State Agent

6/22/26 — 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.

*IP to be issued once lot is surveyed & house location established/marked in field & shown on zoning permit & site plan