GRANVILLE VANCE public health

Construction Authorization

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: 473709 - 1
County ID Number:
Evaluated For: EXISTING

PERMIT VALID UNTIL: 06/02/2031

☐ Open Pump System Sheet

Applicant:	NG WOODS INVESTMENTS INC
Address:	1062 PEBBLEBROOK DRIVE
City:	WAKE FOREST
State/Zip:	NC 27587
Phone #:	home: (919) 264-4112

Property Owner:	JOSEH HART
Address:	
City:	
State/Zip:	
Phone #:	

Property Location & Site Information

Address/Road #: 5586 SHELTON CREEK ROAD OXFORD, NC 27565
Subdivision: SHELTON HILLS
Phase: NEW
Lot: 10

Directions: GPS

Structure: SINGLE FAMILY

# of Bedrooms: 3 → 4 bedroom

# of People:

*Water Supply: EXISTING WELL

System Specifications

Usable Soil Depth: 40
Design Flow: 360 → 480 GPD
Soil Application Rate: 0.2750
*System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS
*Proposed System: 25% REDUCTION

Minimum Trench Depth: 24 Inches
Maximum Trench Depth: 26 Inches
Minimum Soil Cover: Inches
Maximum Soil Cover: Inches
*Distribution Type: GRAVITY - SERIAL

Nitrification Field: 328 Sq. ft.
No. Drain Lines: 1
Total Trench Length: 110 ft.
Trench Spacing: 9 - ( ) Inches O.C. (X) Feet O.C.
Trench Width: 3 - ( ) Inches (X) Feet
Aggregate Depth: inches

Septic Tank: Gallons
Pump Required: ( ) Yes (X) 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:**

Expansion. Adding (1) 110' line (accepted) downslope from existing system to go from 3 to 4 bedroom. New septic line to be serial to avoid encroachment on flood zone/dropoff. Min. 50' off wells. Recommend pumping out existing tank if needed.

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 (.0204(k)(1)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regaurding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301((a)).

Authorized State Agent: Bullock, Will RENS
Date of Issue: 06/02/2026

(-) Hand Drawing ( ) Import Drawing

****Site Plan/Drawing attached.****
Total Time : (HH:MM)

Granville-Vance Dist. Health Department
Environmental Health

Pin _____ EXPANSION Permit Number 473709

___ Improvement Permit 3 + 4 bedroom ✓ Construction Authorization

SITE SKETCH

NG Woods Investments Inc | 5586 Shelton Creek Rd | Shelton Hills lot # 10
Applicants Name | Address | Subdivision – Section – Lot

[signature] RHS | 6-2-26
Authorized State Agent | 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.