



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

Property Owner: JOSEH HART

Owner Address:

City:

State/Zip: /

Phone #:

Address: 5586 SHELTON CREEK ROAD
OXFORD, NC 27565

Road #:

Township:

Subdivision: SHELTON HILLS

Phase: NEW Lot: 10

Structure: SINGLE FAMILY

of Bedrooms:

of People:

Water Supply: EXISTING WELL

Saprolite System?: ☐ Yes ☒ No

Pump Required?: ☐ Yes ☒ No

Design Flow: 480

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

Installer:

Certification #:

Specific System POLYSTYRENE AGGREGATE

Installed:

Septic Tank Date: _____

STB:

Pump Tank Date: _____

PT:

Comments: Installed 110ft of poly. 3br--> 4br

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: Installed 110ft of poly. 3br--> 4br

Authorized State Agent: Willkerson, Austin

AW

Date of Issue: 06/18/2026

Owner/Applicant: Joseph Hart

Expansion 3-74BR

473709

