



## IMPROVEMENT PERMIT

Granville County Health Dept  
Environmental Health  
101 Hunt Drive  
Oxford, NC 27565  
Phone: (252) 492-5263 Fax: (252) 492-2361

### For Office Use Only

\*CDP File Number 378491 - 1  
County ID Number: 182400412090  
Evaluated For: NEW

PERMIT VALID UNTIL: 08/05/2027

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

Applicant: Jay Valenti  
Address: 14916 Coveshore Dr  
City: Wake Forest  
State/Zip: NC 27587  
Phone #: home: (919) 809-4044

Property Owner: Jay Valenti  
Address: 14916 Coveshore Dr  
City: Wake Forest  
State/Zip: NC. 27587  
Phone #: home: (919) 809-4044

### Property Location & Site Information

Address/Road #: Wake Forest, NC 27587  
Subdivision: Sherron Estates  
Phase: NEW  
Lot: 20  
Structure: SINGLE FAMILY  
Directions  
# of Bedrooms: 4  
# of People:  
\*Water Supply: NEW WELL

### System Specifications

#### Initial System

\*Site Classification: Provisionally Suitable  
Design Flow: 480  
Soil Application Rate:

Minimum Trench Depth: Inches  
Maximum Trench Depth: 24 Inches

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

Septic Tank: 1000 Gallons  
Pump Required: ☐ Yes ☒ No ☐ May Be Required

\*Proposed System:  
25% REDUCTION

Pump Tank: Gallons

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

### Repair System

\*Site Classification: Provisionally Suitable  
Soil Application Rate:  
\*System Classification/Description:  
TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS  
\*Proposed System:  
25% REDUCTION

Minimum Trench Depth: Inches  
Maximum Trench Depth: 24 Inches

Pump Required: ☐ Yes ☒ No ☐ May Be Required

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

CONTRACTOR TO ESTABLISH AND FOLLOW CONTOUR

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 (193A(b))

Authorized State Agent:

Hedrick, Chris

Date of Issue:

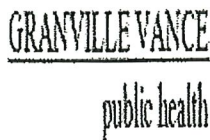
08/05/2022

☒ Hand Drawing

☐ Import Drawing

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

Total Time: (HH:MM)



## Construction Authorization

Granville County Health Dept  
Environmental Health  
101 Hunt Drive  
Oxford, NC 27565  
Phone: (252) 492-5263 Fax: (252) 492-2361

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☐ Open Pump System Sheet

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Phone #: home: (919) 809-4044

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Address: 14916 Coveshore Dr  
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Phone #: home: (919) 809-4044

### Property Location & Site Information

Address/Road #: Wake Forest, NC 27587 Subdivision: Sherron Estates Phase: NEW Lot: 20  
**Directions:**  
Structure: SINGLE FAMILY  
# of Bedrooms: 4  
# of People:  
\*Water Supply: NEW WELL

### System Specifications

\*Site Classification: Provisionally Suitable Minimum Trench Depth: \_\_\_\_\_ Inches  
Design Flow: 480 Maximum Trench Depth: 24 Inches  
Soil Application Rate: \_\_\_\_\_ Minimum Soil Cover: \_\_\_\_\_ Inches  
\*System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS Maximum Soil Cover: \_\_\_\_\_ Inches  
\*Proposed System: 25% REDUCTION \*Distribution Type: GRAVITY - PARALLEL (eq. d-box)  
Nitrification Field: 1200 Sq. ft. Septic Tank: 1,000 Gallons  
No. Drain Lines: 4 Pump Required: ☐ Yes ☒ No ☐ May Be Required  
Total Trench Length: 400 ft. ☐ Inches O.C. ☒ Feet O.C. Pump Tank: \_\_\_\_\_ Gallons  
Trench Spacing: 9 - \_\_\_\_\_ ☐ Inches ☒ Feet Grease Trap: \_\_\_\_\_ Gallons  
Trench Width: 3 - \_\_\_\_\_ ☒ Feet Septic Tank Installer  
Aggregate Depth: \_\_\_\_\_ inches 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:

CONTRACTOR TO ESTABLISH AND FOLLOW CONTOUR

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: Hedrick, Chris *[Signature]* Date of Issue: 08/05/2022

☒ Hand Drawing ☐ Import Drawing

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

Total Time : (HH:MM) \_\_\_\_\_

Granville-Vance Dist. Health Department  
Environmental Health

Pin: \_\_\_\_\_

Permit Number: 318411

☒ Improvement Permit

☒ Construction Authorization

SITE SKETCH  
ON-SITE / WELL

Valenti Homes  
Applicants Name

3908 Sage Ct  
Address

Sheran Estates #20  
Subdivision - Section - Lot

C. Luis Hodge  
Authorized State Agent

8/5/2022  
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

