



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 391785 - 1
County ID Number: 097000890550
Evaluated For: NEW

PERMIT VALID UNTIL: 06/01/2028

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

Applicant: Trabar Homes
Address: 3605 NC Hwy 96
City: Oxford
State/Zip: NC 27565
Phone #: home: (919) 810-1084 cell : (919) 810-1084

Property Owner: Durham Real Estate Inc
Address: 1151 Shonele Ln
City: Stem
State/Zip: NC. 27581
Phone #: _____

Property Location & Site Information

Address: 1151 Shonele Ln Stem, NC 27581 Subdivision: Rangewood Block/Phase: NEW Lot: 24

Directions

Road #: _____
Structure: SINGLE FAMILY
of Bedrooms: 3
of People: _____
*Water Supply: NEW WELL

System Specifications

Initial System

*Site Classification: Provisionally Suitable

Design Flow: 360

Soil Application Rate: 0.2750

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System:
25% REDUCTION

Minimum Trench Depth: 22 Inches

Maximum Trench Depth: 24 Inches

Septic Tank: 1000 Gallons

Pump Required ☐ Yes ☐ No ☒ May Be Required

Pump Tank: _____ Gallons

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

Repair System

*Site Classification: Provisionally Suitable

Soil Application Rate: 0.275

*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

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

Partial initial system laid out in field by REHS. Keep any part of septic min. 10' off house foundation. Drain lines min. 10' off property lines. Min. 50' off wells. Set plumbing stub out where gravity to system can be achieved.

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 (.1938(b)).

Authorized State Agent: Bullock, Will  Date of Issue: 06/01/2023

☒ Hand Drawing

☐ Import Drawing

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

Total Time: (HH:MM)
____ : ____



Construction Authorization

Granville County Health Dept

Environmental Health

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☐ Open Pump System Sheet

Applicant: Trabar Homes
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State/Zip: NC 27565
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Property Owner: Durham Real Estate Inc
Address: 1151 Shonele Ln
City: Stem
State/Zip: NC. 27581
Phone #: _____

Property Location & Site Information

Address/Road #: 1151 Shonele Ln Stem, NC 27581 Subdivision: Rangewood Phase: NEW Lot: 24

Directions:

Structure: SINGLE FAMILY

of Bedrooms: 3

of People: _____

*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable

Minimum Trench Depth: 22 Inches

Design Flow: 360

Maximum Trench Depth: 24 Inches

Soil Application Rate: 0.2750

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: 981 Sq. ft.

Septic Tank: 1,000 Gallons

No. Drain Lines: 3

Pump Required: ☐ Yes ☐ No ☒ May Be Required

Total Trench Length: 330 ft.

☐ Inches O.C.

Pump Tank: _____ Gallons

☒ Feet O.C.

Trench Spacing: 9 - _____

☐ Inches

Grease Trap: _____ Gallons

Trench Width: 3 - _____

☒ Feet

Septic Tank Installer

Aggregate Depth: _____ inches

Grade Level Required: ☐ I ☒ II ☐ III ☐ IV

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*Permit Conditions:

Partial initial system laid out in field by REHS. Keep any part of septic min. 10' off house foundation. Drain lines min. 10' off property lines. Min. 50' off wells. Set plumbing stub out where gravity to system can be achieved.

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: Bullock, Will

Will Bullock REHS

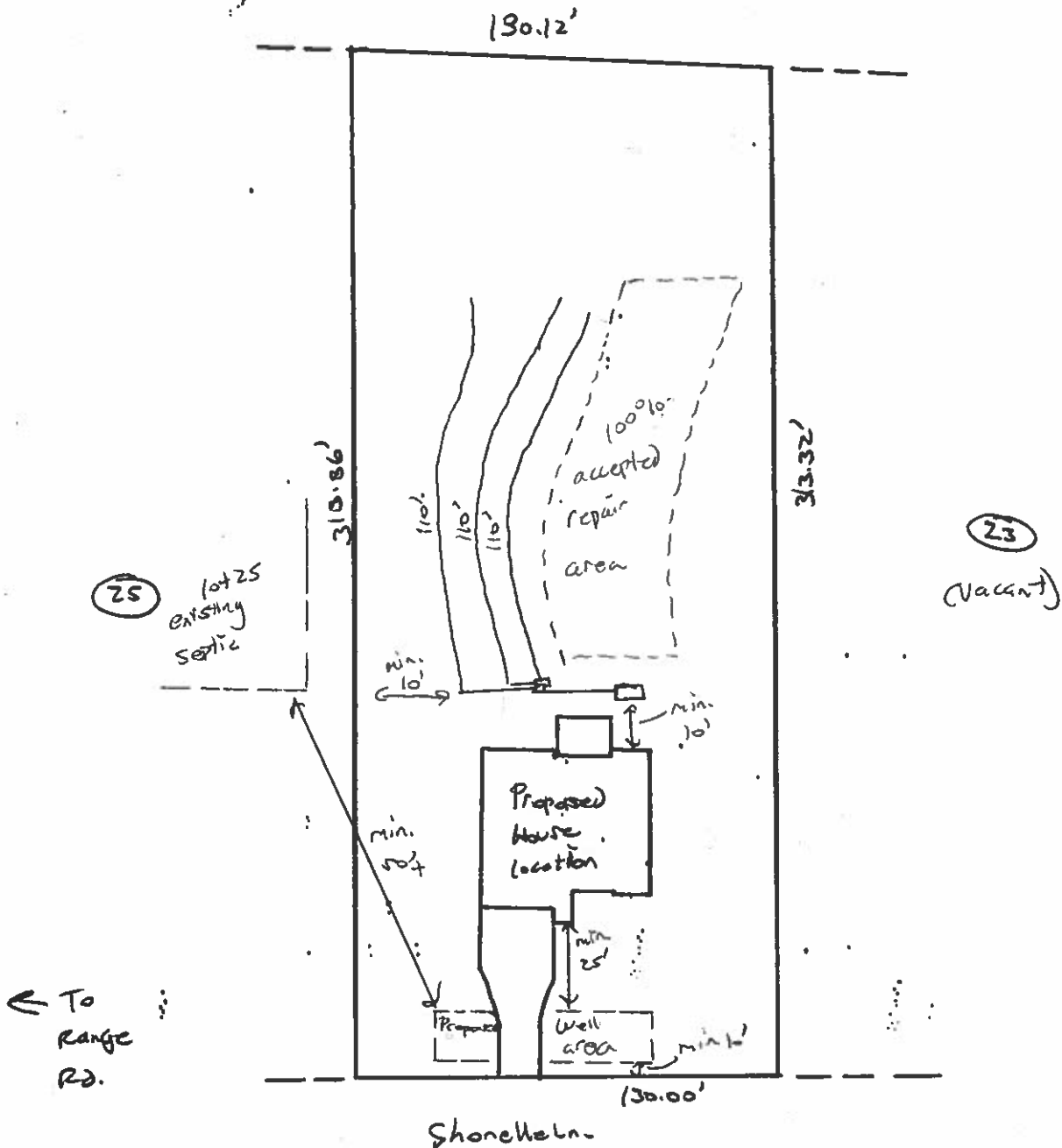
Date of Issue: 06/01/2023

Site Plan/Drawing attached.

Total Time : (HH:MM) _____

☒ Hand Drawing

☐ Import Drawing





Well Construction Permit

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

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*CDP File Number 391785

PIN Number: 097000890550

Tax Lot #: 24

Tax Block #: _____

Evaluated For: _____

PERMIT VALID UNTIL: 06/01/2028

Property Owner: Durham Real Estate Inc
Address: 1151 Shonele Ln
City: Stem
State/Zip: NC / 27581
Phone #: _____

Applicant: Trabar Homes
Address: 3605 NC Hwy 96
City: Oxford
State/Zip: NC / 27565
Phone #: H: (919) 810-1084 C: (919) 810-1084

Property Location & Site Information

Address/Road #: 1151 Shonele Ln Subdivision: Rangewood Phase: _____ Lot: 24
Stem NC, 27581
*Proposed use of Well: _____
If Other: _____
Applicant Email: _____
Owner Email: _____
Directions: _____

Well Contractor Information

Drilling Contractor: _____ Driller Registration: _____

Permit Conditions

*Permit Conditions

Keep proposed well min. 50' off any part of septic (Including neighboring lots). Min. 25' off structural foundations. Min. 10' off property lines. Well driller responsible for maintaining all setbacks.

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: Bullock, Will
Authorized State Agent: AKH302 RENS
Owner/Applicant: Durham Real Estate Inc / Trabar Homes LLC.

*Date of Issue: 06/01/2023

☒ Hand Drawing ☐ Import Drawing

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



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