GRANVILLE VANCE public health

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	399820 - 1
County ID Number:	097000891489
Evaluated For:	NEW

PERMIT VALID UNTIL: 12/08/2028

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

Applicant:	Trabar Homes LLC
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
Address:	3617 Westover Road
City:	Durham
State/Zip:	NC. 27707
Phone #:	

Property Location & Site Information

Address: 1153 Shonele Lane Stem, NC 27581 Subdivision: Rangewood Block/Phase: NEW Lot: 23

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: 0.3000

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:
25% REDUCTION

Minimum Trench Depth: 22 Inches

Maximum Trench Depth: 24 Inches

Septic Tank: 1000 Gallons

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

Pump Tank: 1000 Gallons

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

Repair System

*Site Classification: Provisionally Suitable

Soil Application Rate: 0.300

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System: 25% REDUCTION

Minimum Trench Depth: 20 Inches

Maximum Trench: Depth: 22 Inches

Pump Required: (X) 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**

Drain lines min. 10' off property lines. Min. 50' off wells with any part of septic.

GRANVILLE VANCE public health

Construction Authorization

Granville County Health Dept
Environmental Health
101 Hunt Drive
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☐ Open Pump System Sheet

Applicant:	Trabar Homes LLC
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
Address:	3617 Westover Road
City:	Durham
State/Zip:	NC. 27707
Phone #:	

Property Location & Site Information

Address/Road #: 1153 Shonele Lane Stem, NC 27581
Subdivision: Rangewood Phase: NEW Lot: 23

Directions:

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

System Specifications

*Site Classification: Provisionally Suitable
Design Flow: 360
Soil Application Rate: 0.3000
*System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP
*Proposed System: 25% REDUCTION

Minimum Trench Depth: 22 Inches
Maximum Trench Depth: 24 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: PRESSURE MANIFOLD

Nitrification Field: 900 Sq. ft.
No. Drain Lines: 4
Total Trench Length: 300 ft. ○ Inches O.C. ⊗ Feet O.C.
Trench Spacing: 9 - ____ ○ Inches
Trench Width: 3 - ____ ⊗ Feet
Aggregate Depth: ____ inches

Septic Tank: 1,000 Gallons
Pump Required: ⊗ Yes ○ No ○ May Be Required
Pump Tank: 1,000 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:**

Drain lines min. 10' off property lines. Min. 50' off wells with any part of septic.

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)). Ther 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

Authorized State Agent: Bullock, Will REHS Date of Issue: 12/08/2023

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

✓ Hand Drawing ○ Import Drawing

Total Time : (HH:MM) ____

Granville-Vance Dist. Health Department
Environmental Health

Pin _____ Permit Number P-399820

✓ Improvement Permit ✓ Construction Authorization

SITE SKETCH
ON-SITE / WELL

Trabar Homes, LLC. — Applicants Name

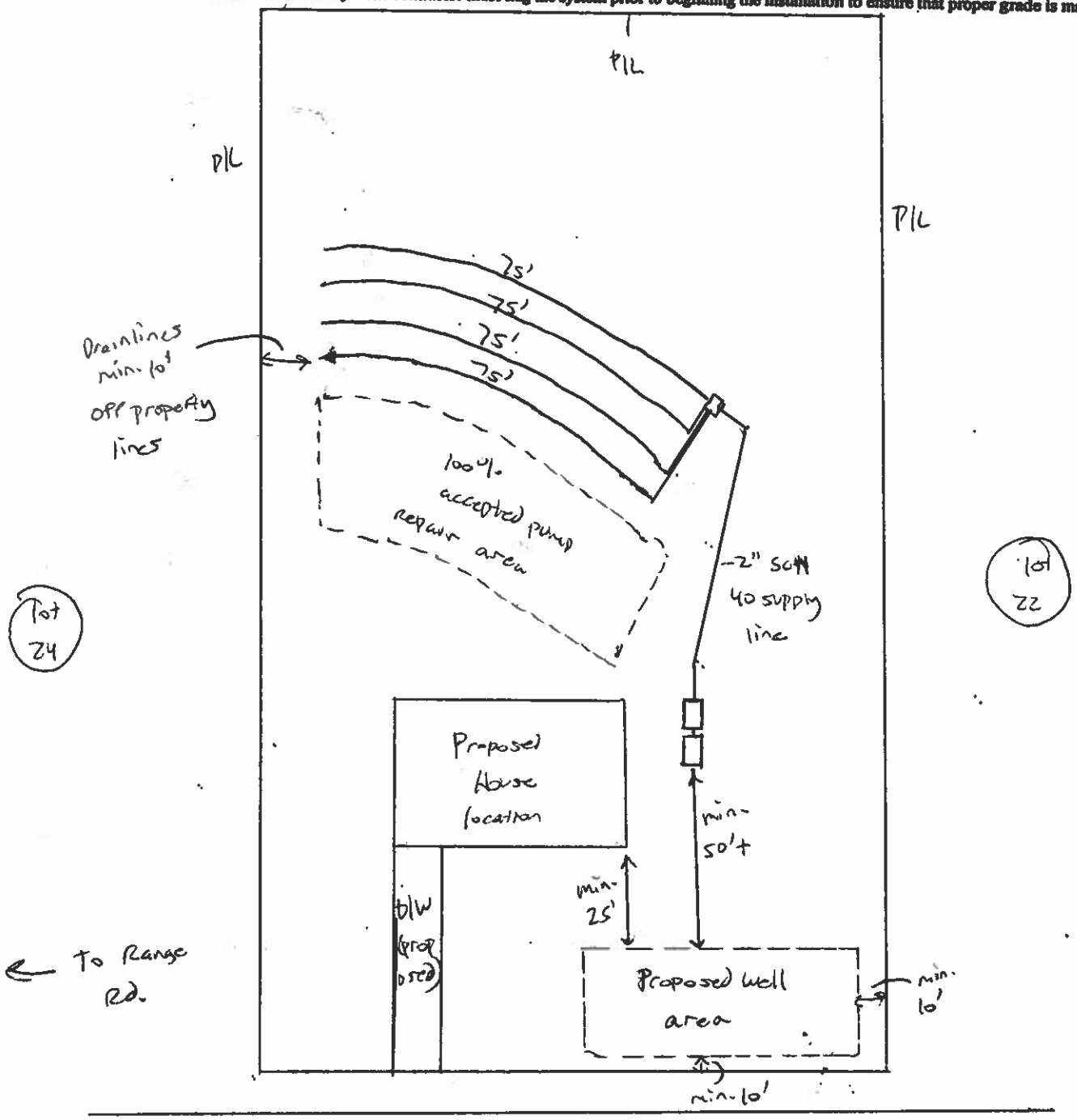
1153 Shonele Ln. — Address

Ranchwood lot #23 — Subdivision – Section – Lot

[signature] REHS — 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.



GRANVILLE VANCE
public health

Well Construction 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 399820

PIN Number: 097000891489

Tax Lot #: 23 Tax Block #:

Evaluated For:

PERMIT VALID UNTIL: 12/07/2028

Property Owner:	Durham Real Estate	Applicant:	Trabar Homes, LLC
Address:	3617 Westover Road	Address:	3605 NC Hwy 96
City:	Durham	City:	Oxford
State/Zip:	NC / 27707	State/Zip:	NC / 27565
Phone #:		Phone #:	H: (919) 691-3714

Property Location & Site Information

Address/Road #: 1153 Shonele Lane
Stem NC, 27581

Subdivision: Rangewood Phase: Lot: 23

*Proposed use of Well:

If Other:

Applicant Email: trabarhomesllc@gmail.com

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 house foundation. 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

*Date of Issue: 12/08/2023

Authorized State Agent:

Owner/Applicant: Durham Real Estate / Trabar Homes LLC

(•) Hand Drawing ( ) Import Drawing

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