



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 419206 - 1
County ID Number: 097000893419
Evaluated For: NEW

PERMIT VALID UNTIL: 11/05/2029

***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 Inc
Address: 1155 Shonele Lane
City: Stem
State/Zip: NC. 27581
Phone #:

Property Location & Site Information

Address: 1155 Shonele Lane Stem, NC 27581 Subdivision: Rangewood Block/Phase: NEW Lot: 22

Directions

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

System Specifications

Initial System

Usable Soil Depth: Minimum Trench Depth: 24 Inches
Design Flow: 360 Maximum Trench Depth: 26 Inches
Soil Application Rate: 0.3000

*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

Usable Soil Depth: Minimum Trench Depth: 24 Inches
Soil Application Rate: 0.300 Maximum Trench Depth: 26 Inches

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

Pump Required: ☒ Yes ☐ No ☐ May Be Required

*Proposed System: 25% REDUCTION

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.

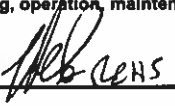
*Permit Conditions

Pump may be needed. Drain lines min. 10' off property lines. Min. 50' off wells.

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 (per rule .0301(a)).

Authorized State Agent:

Bullock, Will



Date of Issue:

11/05/2024

Total Time: (HH:MM)



Hand Drawing



Import Drawing

Site Plan/Drawing attached.

:



Construction Authorization

Granville County Health Dept
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☐ Open Pump System Sheet

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Phone #: _____

Property Location & Site Information

Address/Road #: 1155 Shonele Lane Stem, NC 27581 Subdivision: Rangewood Phase: NEW Lot: 22
Directions:
Structure: SINGLE FAMILY
of Bedrooms: 3
of People:
*Water Supply: NEW WELL

System Specifications

Usuable Soil Depth: _____ Minimum Trench Depth: 24 Inches
Design Flow: 360 Maximum Trench Depth: 26 Inches
Soil Application Rate: 0.3000 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: 900 Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: 3 Pump Required: ☐ Yes ☐ No ☒ May Be Required
Total Trench Length: 300 ft. ☐ Inches O.C. ☒ Feet O.C. Pump Tank: _____ Gallons
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:

Pump may be needed. Drain lines min. 10' off property lines. Min. 50' off wells.

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 regarding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301(a)).

Authorized State Agent: Bullock, Will

Date of Issue: 11/05/2024

☒ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM) _____

Granville-Vance Dist. Health Department
Environmental Health

Pin _____

Permit Number P-419206

☒ Improvement Permit

3 bdrm.

☒ Construction Authorization

SITE SKETCH

Traban Homes LLC.
Applicants Name

1155 Shonelle Ln.
Address

Rangewood lot #22
Subdivision - Section - Lot

[Signature]
Authorized State Agent

11/5/24

Date

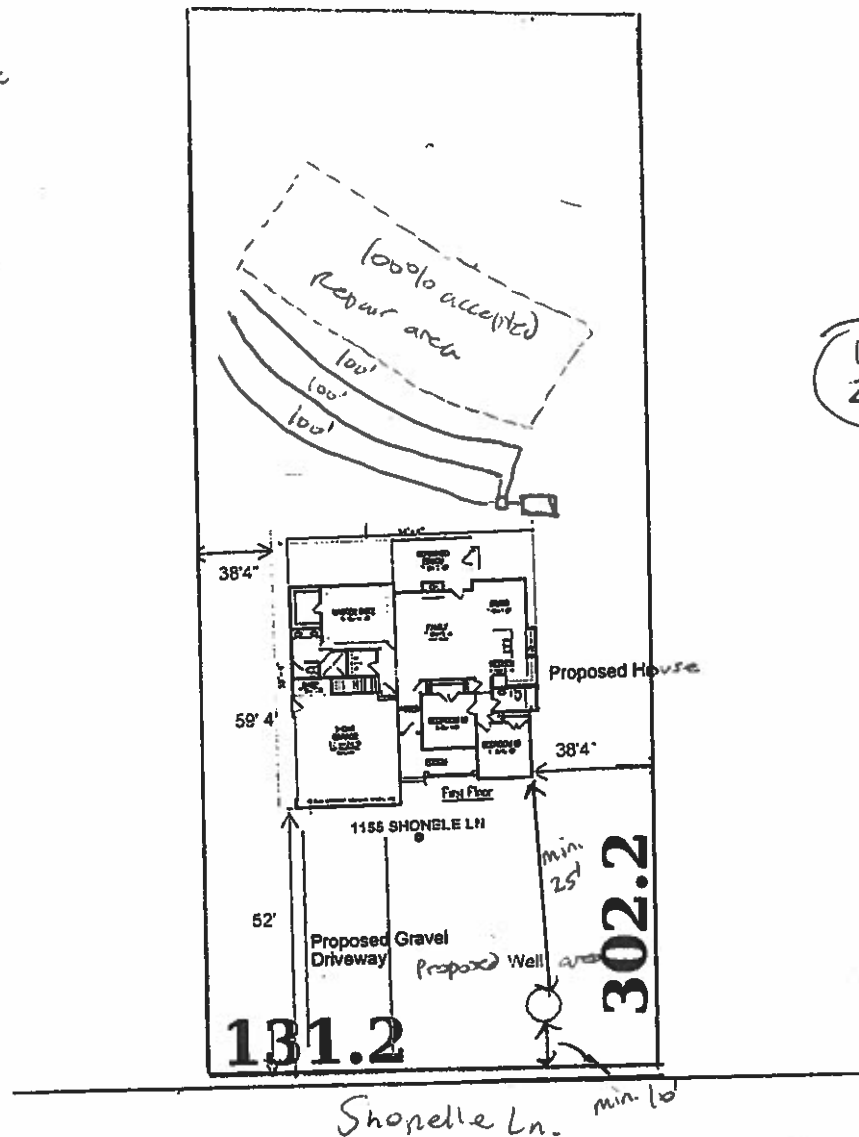
System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that proper grade is maintained.

Contours
are
approximate

lot
23

lot
21

← To Range
RD.





Well Construction Permit

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Phone: (252) 492-5263 Fax: (252) 492-2361

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*CDP File Number 419206

PIN Number: 097000893419

Tax Lot #: 22

Tax Block #: _____

Evaluated For: _____

PERMIT VALID UNTIL: 11/05/2029

Property Owner: Durham Real Estate Inc
Address: 1155 Shonele Lane
City: Stem
State/Zip: NC / 27581
Phone #: _____

Applicant: Trabar Homes LLC
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 #: 1155 Shonele Lane
Stem NC, 27581
Subdivision: Rangewood Phase: _____ Lot: 22
*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. Stay out of road right of way. 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: [Signature]
Owner/Applicant: Durham real estate inc / Trabar homes LLC

*Date of Issue: 11/05/2024

☒ Hand Drawing ☐ Import Drawing

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



Well Construction Permit

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Tax Lot #: 22 Tax Block #:

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