

IMPROVEMENT PERMIT

Vance County Health Dept
Environmental Health
115 Charles Rollins Road
Henderson, NC 27536
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number 456030 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 04/23/2029

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

Applicant: Trabar Homes, LLC
Address: _____
City: _____
State/Zip: NC
Phone #: _____

Property Owner: Trabar Homes, LLC
Address: _____
City: _____
State/Zip: _____
Phone #: cell : (919) 810-1084

Property Location & Site Information

Address: 53 Stonewood Loop Henderson, NC Subdivision: The Peninsula Block/Phase: NEW Lot: 64
Directions @ Kerr Lake
Road #: 53 Stonewood Loop
Structure: SINGLE FAMILY
of Bedrooms: 3
of People: _____
*Water Supply: NEW WELL

System Specifications

Initial System

Usable Soil Depth: 22

Design Flow: 360

Soil Application Rate: 0.2500

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 12 Inches

Septic Tank: 1000 Gallons

Pump Required ☒ Yes ☐ No ☐ May Be Required

Pump Tank: 1000 Gallons

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

Repair System

Usable Soil Depth:

Soil Application Rate: 0.250

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System: 25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench: Depth: 12 Inches

Pump Required: ☒ Yes ☐ No ☐ May Be Required

Pump Tank: _____ Gallons

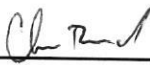
No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.

*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

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: Diamond, Chris  Date of Issue: 04/23/2024

☐ Hand Drawing

☐ Import Drawing

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

Total Time: (HH:MM)
_____ : _____



Construction Authorization

Vance County Health Dept
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☐ Open Pump System Sheet

Applicant: Trabar Homes, LLC
Address: _____
City: _____
State/Zip: NC
Phone #: _____

Property Owner: Trabar Homes, LLC
Address: _____
City: _____
State/Zip: _____
Phone #: cell:(919) 810-1084

Property Location & Site Information

Address/Road #: 53 Stonewood Loop
Henderson, NC
Subdivision: The Peninsula
@ Kerr Lake
Phase: NEW Lot: 64
Directions: _____
Structure: SINGLE FAMILY 53 Stonewood Loop
of Bedrooms: 3
of People: _____
*Water Supply: NEW WELL

System Specifications

Usable Soil Depth: 22 Minimum Trench Depth: _____ Inches
Design Flow: 360 Maximum Trench Depth: 12 Inches
Soil Application Rate: 0.2500 Minimum Soil Cover: 6 Inches
*System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS Maximum Soil Cover: 8 Inches
*Proposed System: 25% REDUCTION *Distribution Type: PRESSURE MANIFOLD
Nitrification Field: 1080 Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: 5 Pump Required: ☒ Yes ☐ No ☐ May Be Required
Total Trench Length: 360 ft. ☐ Inches O.C. Pump Tank: 1,000 Gallons
Trench Spacing: 9 - ☒ Feet O.C. Grease Trap: _____ Gallons
Trench Width: 3 - ☐ Inches Septic Tank Installer: ☐ I ☐ II ☐ III ☐ IV
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:

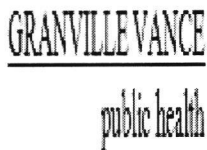
The Authorization for Wastewater System Construction shall be valid for a period equal to the period of validity of the Improvement Permit and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the 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: Diamond, Chris *Chris Diamond* Date of Issue: 04/23/2024

☐ Hand Drawing ☐ Import Drawing

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

Total Time : (HH:MM) _____



Well Construction Permit

Vance County Health Dept
Environmental Health
115 Charles Rollins Road
Henderson NC, 27536
Phone: (252) 492-5263 Fax: (252) 492-2361

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*CDP File Number 456030
PIN Number: _____
Tax Lot #: 64 Tax Block #: _____
Evaluated For: SINGLE FAMILY \ WELL

PERMIT VALID UNTIL: 04/23/2029

Property Owner: Trabar Homes, LLC
Address: _____
City: _____
State/Zip: NC
Phone #: C: (919) 810-1084

Applicant: Trabar Homes, LLC
Address: _____
City: _____
State/Zip: NC
Phone #: _____

Property Location & Site Information

Address/Road #: _____ Subdivision: The Peninsula @ Kerr Lake Phase: _____ Lot: 64
53 Stonewood Loop
*Proposed use of Well: SINGLE FAMILY
If Other: _____
Applicant Email: _____
Owner Email: _____

Directions: 53 Stonewood Loop

Well Contractor Information

Drilling Contractor: _____ Driller Registration: _____

Permit Conditions

*Permit Conditions

well shall be 50ft from any septic, 25ft from any building including overhangs, and 10ft from property lines.

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: Diamond, Chris
Authorized State Agent: 
Owner/Applicant: _____

*Date of Issue: 04/23/2024
☐ Hand Drawing ☐ Import Drawing
****Site Plan/Drawing attached.****



Well Construction Permit

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*CDP File Number 456030

PIN Number: _____

Tax Lot #: 64

Tax Block #: _____

Evaluated For: SINGLE FAMILY \ WELL

PERMIT VALID UNTIL: 04/23/2029

Granville-Vance Dist. Health Department
Environmental Health

Improvement Permit

Construction Authorization

Permit Number 456050

SITE SKETCH
ON-SITE / WELL

Applicants Name
Travis Hines

Address
53 S. Fordway Ln

Subdivision - Section - Lot
TVA Ranch 25-26 4064

Date
4-23-24

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

