



Construction Authorization

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: 412212 - 1
County ID Number: 0312C01010
Evaluated For: NEW

PERMIT VALID UNTIL: 05/09/2029

☐ Open Pump System Sheet

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

Property Owner: Lake Peninsula LLC
Address: PO Box 1166
City: Oxford
State/Zip: NC 27565
Phone #: wrk: (919) 603-4821

Property Location & Site Information

Address/Road #: Stonewood Loop Ln
Henderson, NC 27537
Subdivision: The Peninsula
at Kerr Lake
Phase: NEW Lot: 49
Directions: See attached
Structure: SINGLE FAMILY
of Bedrooms: 3
of People: 4
*Water Supply: NEW WELL

System Specifications

Usuable Soil Depth: 36 Minimum Trench Depth: _____ Inches
Design Flow: 360 Maximum Trench Depth: 24 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: PRESSURE MANIFOLD
Nitrification Field: 900 Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: 4 Pump Required: ☒ Yes ☐ No ☐ May Be Required
Total Trench Length: 300 ft. ☐ Inches O.C. ☒ Feet O.C. Pump Tank: 1,000 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

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

Date of Issue: 05/09/2024

☐ Hand Drawing

☐ Import Drawing

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

Total Time : (HH:MM) _____



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 412212 - 1
County ID Number: 0312C01010
Evaluated For: NEW

PERMIT VALID UNTIL: 05/09/2029

***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 #: wrk: (919) 810-1084

Property Owner: Lake Peninsula LLC

Address: PO Box 1166

City: Oxford

State/Zip: NC, 27565

Phone #: wrk: (919) 603-4821

Property Location & Site Information

Address: Stonewood Loop Ln Henderson, NC 27537 Subdivision: The Peninsula Block/Phase: NEW Lot: 49
at Kerr Lake

Road #:

Directions

See attached

Structure: SINGLE FAMILY

of Bedrooms: 3

of People: 4

*Water Supply: NEW WELL

System Specifications

Initial System

Usable Soil Depth: 36

Design Flow: 360

Soil Application Rate: 0.3000

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

4427
Pump Tank: 1000 Gallons

*Proposed System:

25% REDUCTION

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

Repair System

Usable Soil Depth:

Soil Application Rate: 0.300

*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

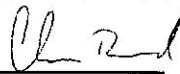
The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

*Permit Conditions

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(fa)).

Authorized State Agent:

Diamond, Chris



Date of Issue:

05/09/2024

Total Time: (HH:MM)



Hand Drawing



Import Drawing

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

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Well Construction 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 412212

PIN Number: 0312C01010

Tax Lot #: 49

Tax Block #: _____

Evaluated For: DRINKING WATER WELL \ WELL

PERMIT VALID UNTIL: 05/09/2029

Property Owner: Lake Peninsula LLC

Address: PO Box 1166

City: Oxford

State/Zip: NC / 27565

Phone #: _____

Applicant: Trabar Homes LLC

Address: 3605 NC Hwy 96

City: Oxford

State/Zip: NC / 27565

Phone #: _____

Property Location & Site Information

Address/Road #:

Subdivision: The Peninsula at Kerr Lake

Phase: _____

Lot: 49

Stonewood Loop Ln

Henderson NC, 27537

*Proposed use of Well: DRINKING WATER WELL

If Other: _____

Applicant Email: haskins@trabarhomes.com

Owner Email: _____

Directions: See attached

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 any 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: 05/09/2024

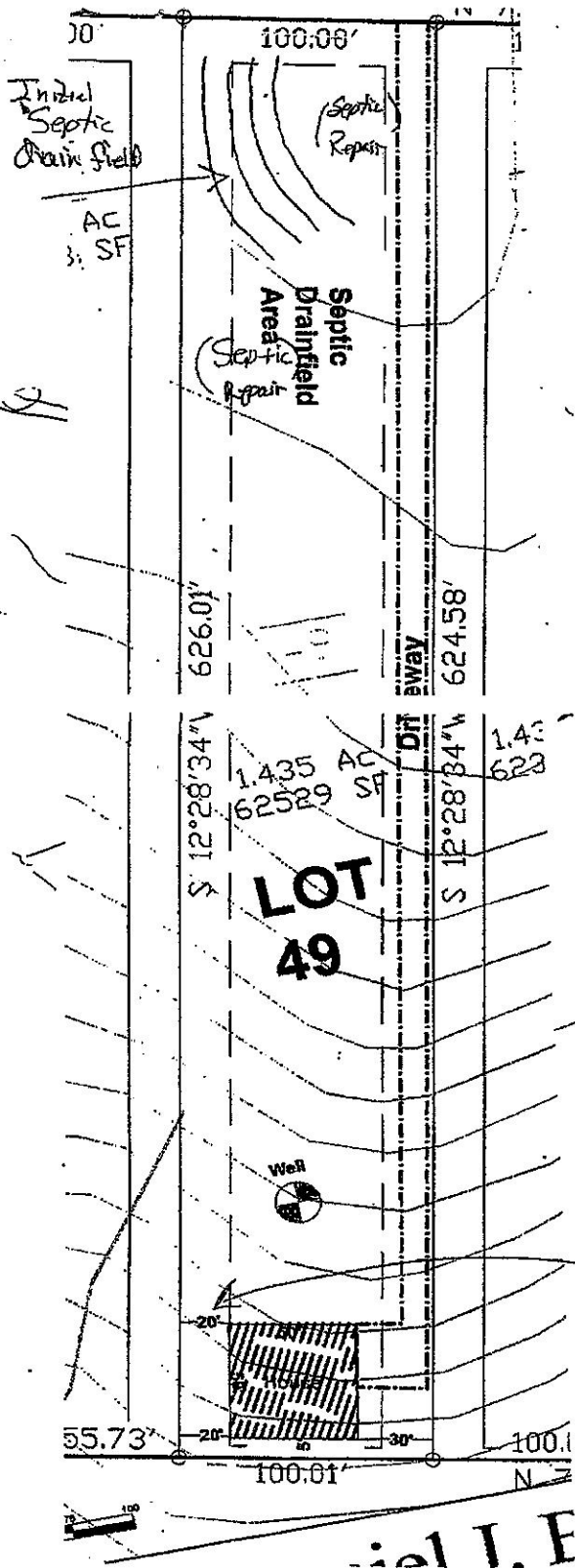


Hand Drawing



Import Drawing

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



Call 252-492-5263
 to obtain C.A.
 and discuss
 Septic design details

Septic tank
 +
 Pump tank locations
 to be determined
 at a later date