



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 448772 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 02/05/2030

***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

Property Owner: Durham Real Estate
Address: _____
City: _____
State/Zip: _____
Phone #: _____

Property Location & Site Information

Address: 1157 Shonele Lane Stem, NC Subdivision: Rangewood Block/Phase: NEW Lot: 21
27581

Directions

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

GPS

System Specifications

Initial System

Usable Soil Depth: 42

Design Flow: 360

Soil Application Rate: 0.3000

Minimum Trench Depth: 18 Inches

Maximum Trench Depth: 28 Inches

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

Septic Tank: 1000 Gallons

Pump Required ☐ Yes ☐ No ☒ May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: 1000 Gallons

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

Repair System

Usable Soil Depth: 42

Soil Application Rate: 0.300

Minimum Trench Depth: 18 Inches

Maximum Trench: Depth: 28 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

Keep all parts of septic 10ft min. from any property lines and house. Keep septic 50ft min. from any wells or neighboring wells.



Construction Authorization

Granville County Health Dept
Environmental Health
101 Hunt Drive
Oxford, NC 27565
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☐ Open Pump System Sheet

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

Property Owner: Durham Real Estate
Address: _____
City: _____
State/Zip: _____
Phone #: _____

Property Location & Site Information

Address/Road #: 1157 Shonele Lane Stem, NC 27581 Subdivision: Rangewood Phase: NEW Lot: 21
Directions:
Structure: SINGLE FAMILY GPS
of Bedrooms: 3
of People: 3
*Water Supply: NEW WELL

System Specifications

Usable Soil Depth: 42 Minimum Trench Depth: 18 Inches
Design Flow: 360 Maximum Trench Depth: 28 Inches
Soil Application Rate: 0.3000 Minimum Soil Cover: _____ Inches
*System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP 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: 3 Pump Required: ☐ Yes ☐ No ☒ May Be Required
Total Trench Length: 300 ft. ☐ Inches O.C. Pump Tank: 1,000 Gallons
☒ Feet O.C. Grease Trap: _____ Gallons
Trench Spacing: 9 - _____ ☐ Inches
Trench Width: 3 - _____ ☒ Feet
Aggregate Depth: _____ inches 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:

Keep all parts of septic 10ft min. from any property lines and house. Keep septic 50ft min. from any wells or neighboring 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: Wilkerson, Austin *Austin Wilkerson* REMS Date of Issue: 02/05/2025

☒ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM) _____



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 448772

PIN Number: _____

Tax Lot #: 21 Tax Block #: _____

Evaluated For: _____

PERMIT VALID UNTIL: 02/05/2030

Property Owner: Durham Real Estate
Address: _____
City: _____
State/Zip: NC
Phone #: _____

Applicant: Trabar Homes
Address: 3605 NC HWY 96
City: _____
State/Zip: NC
Phone #: H: (919) 810-1084

Property Location & Site Information

Address/Road #: 1157 Shonele Lane
Stem NC, 27581
Subdivision: Rangewood Phase: _____ Lot: 21
*Proposed use of Well: _____
If Other: _____
Applicant Email: _____
Owner Email: _____
Directions:GPS

Well Contractor Information

Drilling Contractor: _____ Driller Registration: _____

Permit Conditions

*Permit Conditions

Keep proposed well 25ft min. from house. Keep 10ft min. from any property lines. Keep well 50ft min. from any part of the septic and neighboring septic.

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: Wilkerson, Austin
Authorized State Agent: *Austin Wilkerson*
Owner/Applicant: Trabar Homes

*Date of Issue: 02/05/2025

☒ Hand Drawing ☐ Import Drawing

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

Pin _____

Improvement Permit

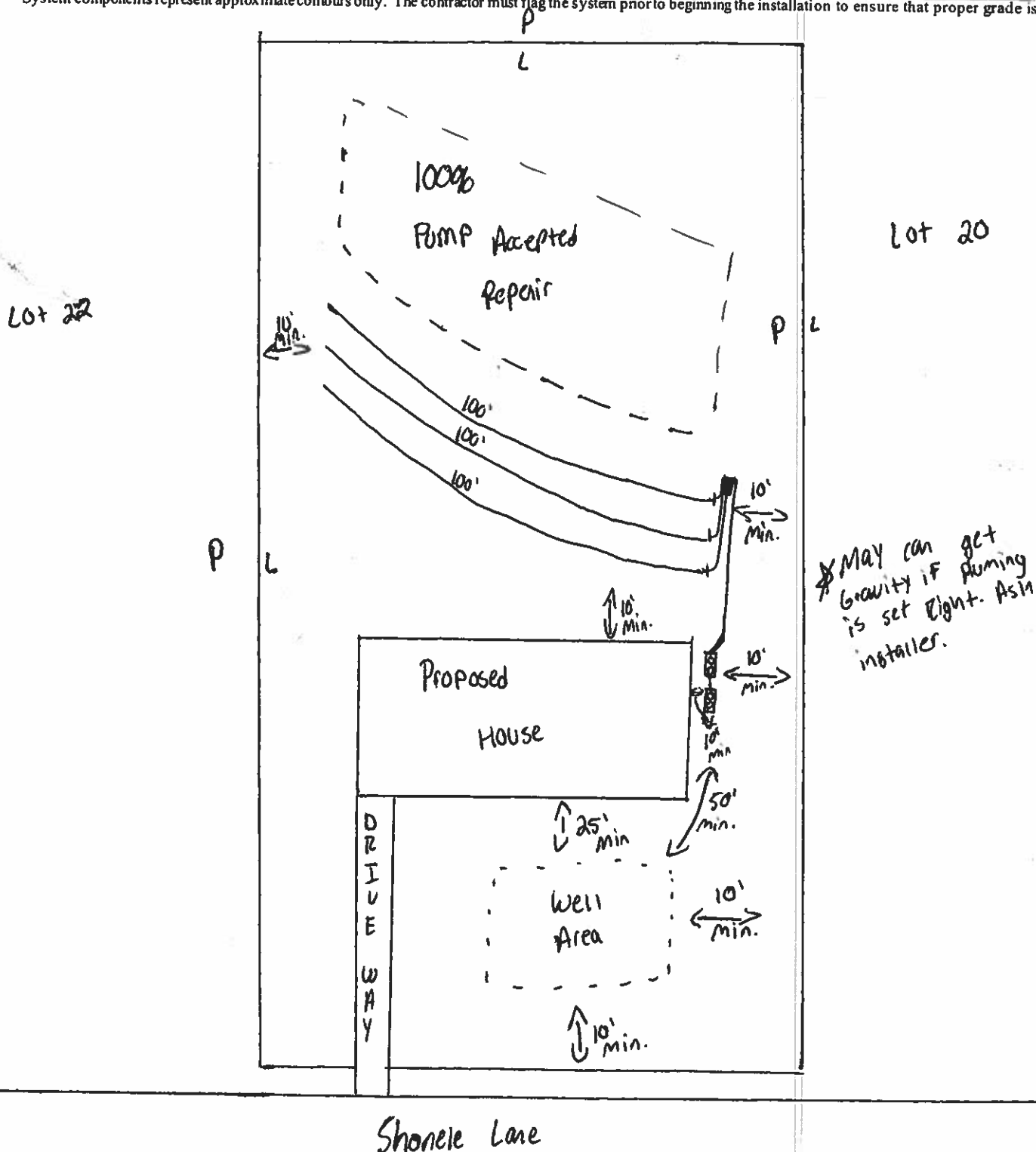
Construction Authorization

Rangelwood Lot 21
Subdivision - Section - Lot

Araceli W.
Authorized State Agent

2/4/25
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.





Area of Interest (AOI) Information

Area : 4,053,444.71 ft²

Feb 5 2025 8:52:32 Eastern Standard Time



NO Known Contamination found within 1000ft Radius of Property.