

Harnett County Department of Public Health

Well Abandonment Permit Application

APPLICANT INFORMATION

GRADY POOLE WELL COMPANY (919) 266-2185
Applicant/Owner **Phone Number**

5809 FARM-WELL ROAD, RALEIGH, NC 27610
Street Address, City, State, Zip Code

PROPERTY INFORMATION

Street Address 1054 NC 24-87 Subdivision/Lot #
CAMERON, NC 28326

Parcel # PIN #

Directions to the Site

HIGHWAY 87 SOUTH, JUST BEFORE INTERSECTION OF 24 EAST

Brief description of the well location (ex. front yard, behind out building, front yard, etc.)
BEHIND BUILDING (SEE DIAGRAM)

***Please include a Site Plan of your property showing the location of the well. If the well is underground, it must be uncovered prior to the department's site visit.**

Please Complete the Following Information:

Date Well Was Constructed 03/28/1985 Grouted: Yes No
 Above Ground or Below Ground Total Depth of Well 45 ft.
 Well Type: Drilled Bored Hand dug Diameter 20 inches

I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Representatives of the Harnett County Health Department and State Officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a well can be properly constructed according to the permit.

Ronnie Starnal

Property Owner's or Owner's Legal Representative Signature Required 04/25/2012
 Date

If you have any questions please contact Environmental Health Division at 910-893-7547

4/26/12
5

Family Denesdy 1054 NE 87 South
 Hwy 87 South Just before intersection of 24 EAST

Yellow Double wide office new constructed in Rear of
 Mobile office Building

20" Well
 44 ft Casings
 45 ft Deep
 Bored 3-28-85
 Black Walden Well Co



Existing
 Bored well
 to be abandoned

← Hwy 87 South

HTE# 11-5-27732

Harnett County Department of Public Health Improvement Permit

26973

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: CADCO CONSTRUCTION PROPERTY LOCATION: NCHWY 24/87
 SUBDIVISION BABCOCK VILLAGE LOT # 106
 NEW REPAIR EXPANSION
 Type of Structure: DENTAL OFFICE (1435 CLINICAL)
 Proposed Wastewater System Type: 25% REDUCTION
 Projected Daily Flow: 690 GPD
 Number of bedrooms: — Number of Occupants: — max
 Basement Yes No
 Pump Required: Yes No May be required based on final location and elevations of facilities
 Type of Water Supply: Community Public Well Distance from well 100 feet
 Permit conditions: _____ Permit valid for: Five years
 No expiration

Authorized State Agent: [Signature] RGAS Date: 3/27/12 SEE ATTACHED SITE SKETCH
 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. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization (Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: CADCO CONSTRUCTION PROPERTY LOCATION: NCHWY 24/87
 SUBDIVISION BABCOCK VILLAGE LOT # 106
 Facility Type: DENTAL OFFICE New Expansion Repair
 Basement? Yes No Basement Fixtures? Yes No
 Type of Wastewater System** 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 690 GPD
 (See note below, if applicable) PUMP TO CONVENTIONAL (Repair)

Installation Requirements/Conditions
 Septic Tank Size EXISTING gallons
 Pump Tank Size _____ gallons
 Number of trenches 2
 Exact length of each trench 40 feet
 Trenches shall be installed on contour at a
 Maximum Trench Depth of: 48 inches
 (Trench bottoms shall be level to +/-1/4"
 in all directions)
 Trench Spacing: _____ Feet on Center
 Soil Cover: 36 inches
 (Maximum soil cover shall not exceed
 36" above the trench bottom)
 Pump Requirements: _____ ft. TDH vs. _____ GPM
 Aggregate Depth: _____ inches below pipe
 _____ inches above pipe
 _____ inches total
 Conditions: ONE ADDITIONAL LINE REQUIRED. 25% REDUCTION
REQUIRED TO MAINTAIN WELL SETBACK

**WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.
NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.**

****If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.**

Owner/Legal Representative Signature: _____ Date: _____

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH

Authorized State Agent: [Signature] RGAS Date: 3/27/12
 Construction Authorization Expiration Date: 3/27/17

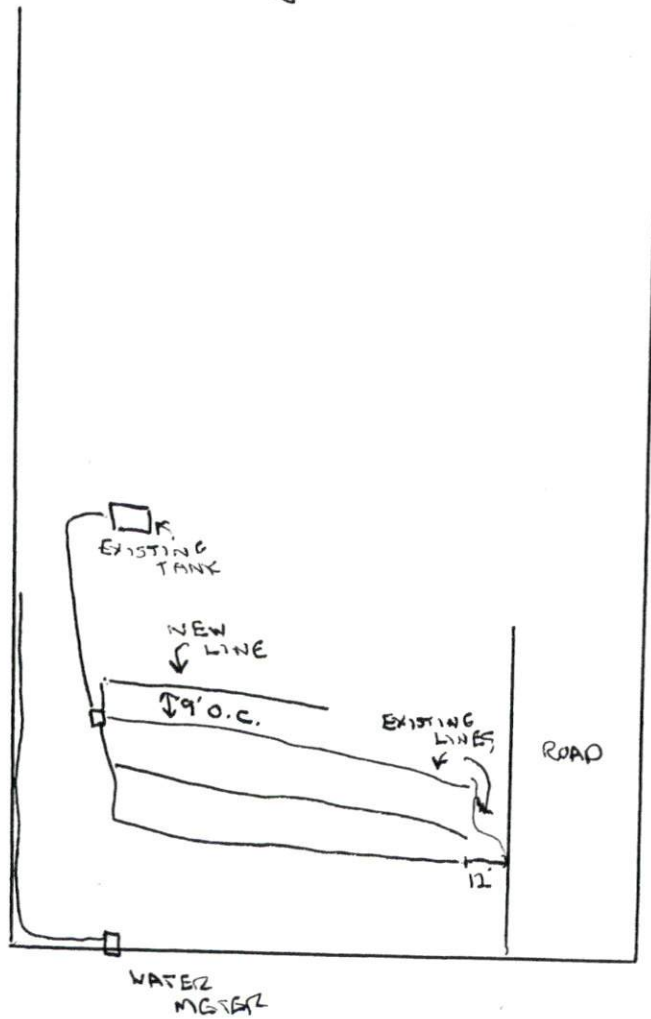
HTE# 11-5-27732

Permit # 26973

Harnett County Department of Public Health Site Sketch

ISSUED TO: ~~CROCD CONSTRUCTION~~ PROPERTY LOCATOR: NCHWY 24/87
SUBDIVISION BABCOCK VILLAGE LOT # 106

Authorized State Agent: ~~[Signature]~~ REMS (OLIVER TOLKSON) Date: 3/27/12



HTE# 09-5-22911

Harrett County Department of Public Health

21253

PERMIT # 25784

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: NC HWY 24/87

Name: (owner) DAVID E GALASAS DDS SUBDIVISION BARCOCK VILLAGE LOT # 106

System Installer: AAA BACKHOE Registration # _____

Basement with plumbing: Garage Number of Bedrooms 1100sq CLINICAL SPACE (DENTIST OFFICE - 528sq ft)

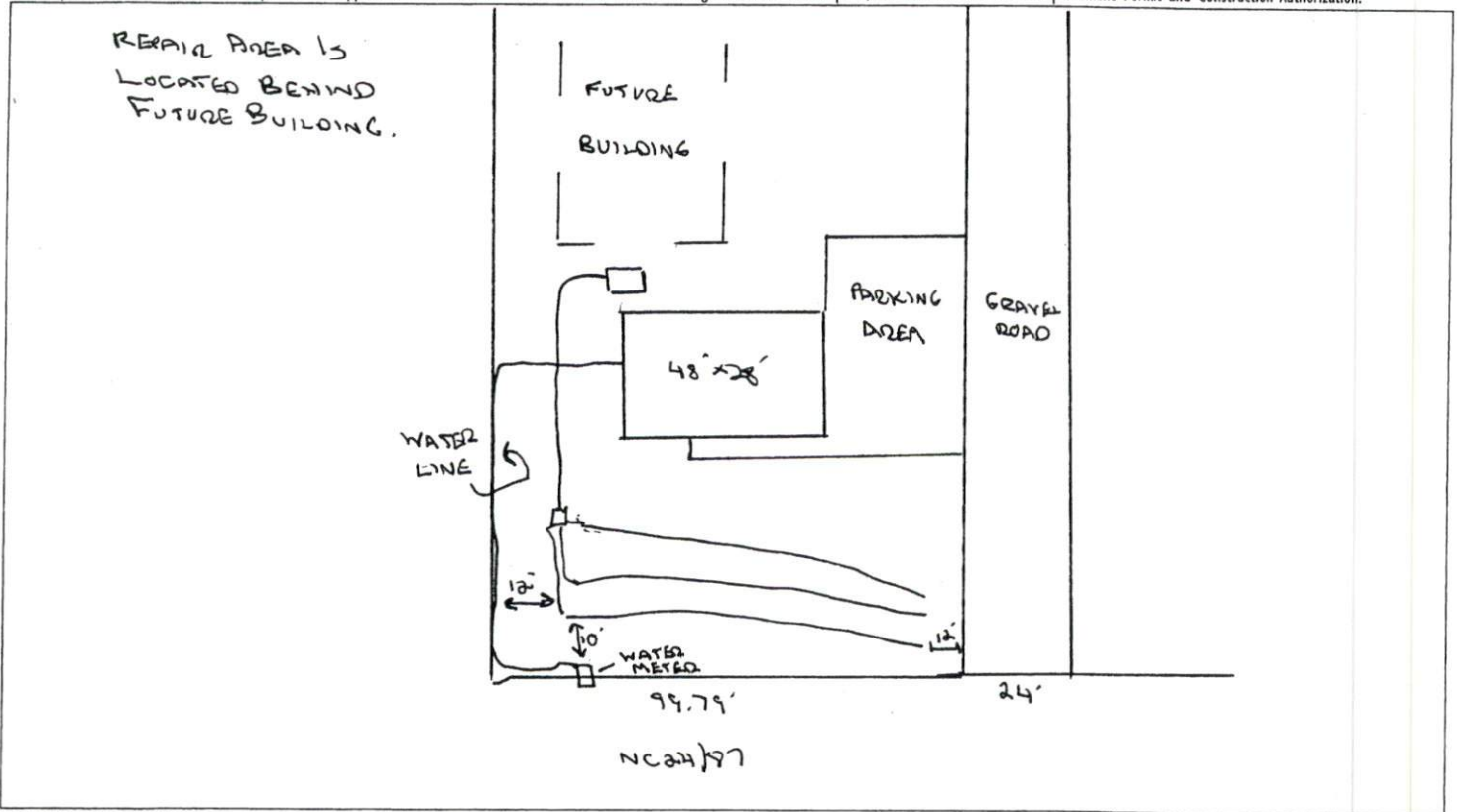
Type of Water Supply: Community Public Well Distance from well 100 feet

System Type: JIB Types V and VI Systems expire in 5 years.

(In accordance with Table V a)

Owner must contact Health Department 6 months prior to expiration for permit renewal.

This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: As required by Rule .1961. Other: _____
Subsurface system operator required? Yes No
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
- IV. Operation: EFFLUENT TO BE SAMPLED PER STATE & COUNTY REQUIREMENTS. CONTRACT WITH MICROBAC EXECUTED ON 2/4/10
- V. Other: WATER LINE CROSSES AT LEAST 18" ABOVE SEPTIC SUPPLY LINE

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: Conventional Other _____ Septic Tank: 2200 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 3 of each ditch 75 feet ditches 3 feet ditches 24-48 inches

French Drain Required: _____ Linear feet

Authorized State Agent _____

CEMS

Date 2/9/10