Harnett County Department of Public Health

Well Abandonment Permit Application

APPLICANT INFORMATION

| Elic Clabtre | (910) 988-7081 | | | | |
|---|---|--|--|--|--|
| Elic Clabtre & Applicant/Owner | Phone Number | | | | |
| 194 Burrel Wilson Dr. F Street Address, City, State, Zip Code | Sroadway, NC 27505 | | | | |
| PROPERTY INFORMATION | | | | | |
| Street Address 194 Burel Wilson Dr. | Subdivision/Lot # | | | | |
| Parcel # | PIN # | | | | |
| Directions to the Site | | | | | |
| | | | | | |
| | | | | | |
| *Please include a <u>Site Plan</u> of your property s well is underground, it must be uncovered pr | showing the location of the well. If the | | | | |
| Please Complete the Following Information: | | | | | |
| Date Well Was Constructed Above Ground □ or Below Ground □ Well Type: Drilled □ Bored □ Hand dug □ | Grouted: Yes No Total Depth of Well Diameter inches | | | | |
| I have thoroughly read and completed this Application herein is true, complete and correct to the best of my k Representatives of the Harnett County Health Departmentry to conduct necessary inspections to determine co | nowledge and is give in good faith. nent and State Officials are granted right of | | | | |
| I understand that I am solely responsible for the proper id underground utility lines, and making the site accessible s according to the permit. | entification and labeling of all property lines, | | | | |
| | 8/27/2020 | | | | |
| Property Owner's of Owner's Legal Representative Signat | ture Required Date | | | | |

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

HTE# 08 500. 21301

Harnett County Department of Public Health 20575

PERMIT # 25212

Operation Permit

| | New Installation 🔀 Septic Tank 🗆 Repair 🗗 Nitrificati | ion Line Expansion |
|--|--|----------------------|
| ÷ 0 | PROPERTY LOCATION: Holls Secres Ch Road | |
| Name: (owner) Jen Parsons | SUBDIVISION | LOT # |
| System Installer: U. STRICKEI And | Registration # | 1001Ac |
| Basement with plumbing: Garage Mumber of Bedrooms | 4 | , |
| Type of Water Supply: Community Public Well | Distance from well 60 feet | |
| System Type: E. 7 Flow | 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. |
| | KORL stutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Con | |
| DRIVE | 100.1 | 2 yain |
| 1. Performance: System shall perform in accordance with Rule .1 | 1961. | |
| II. Monitoring: As required by Rule .1961. | | |
| III. Maintenance: As required by Rule .1961. Other: | . 1 | |
| Subsurface system operator required? Yes 🔲 No If yes, see attached sheet for additional operation | | |
| IV. Operation: | on condutions, maintenance and reporting. | |
| V. Other: | | |
| | | |
| Following are the specifications for the sewage disposal system on the a | 1 1 1000 | |
| Type of system: Conventional Other E. 2 F Subsurface No. of exact length | gains rump rain. | gallons |
| Subsurface No. of exact length Drainage Field ditches of each ditch | | 18.24 inches |
| French Drain Required: Linear feet | h | 18.24 inches |
| Authorized State Agent | Date 02.23.0 | g |
| \ | 0.000 | |

Harnett County Department of Public Health

25212

Improvement Permit

| A buil | ding permit cannot be issued with only an Improvement Permit |
|--|--|
| - 0 | PROPERTY LOCATION: Holly springs ch Rd |
| 155UED TO: Jerry Parsons | SUBDIVISION LOT # |
| 116.11 / 2000- | Site Improvements required prior to Construction Authorization Issuance: 10.01 A-C |
| Type of Structure: SFD - 58 x 68 | YBR NOTE. There appears to be an old well (will |
| Proposed Wastewater System Type: 6 Ravel | on property - sti Parts of septic system must |
| Projected Daily Flow: 480 GPD | |
| Number of bedrooms: Number of Occupants | be 100 forwell or well must be froperly ab. |
| Basement Ves No | based on final location and elevations of facilities Permit is Required |
| Pump Required: 🗆 Yes 🗀 No May be required | Well Distance from well 100 feet Permit valid for: XD Five years |
| Type of Water Supply: Community Public Permit conditions: Mech Oasik for F | nal Layort Maintain All Set Dacks No expiration |
| STAR OUT Plumbary Challen | Atgrand kul or higher where shown. Note All parts |
| of Cate Carton and by 100' An | and wellfuell howe or well To be Properly abordance premt |
| Authorized State Agent:: 9- LP3 | Date: 12-3-28 SEE ATTACHED SITE SKETCH RESUM |
| 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 change | s. 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 | his permit. |
| | C |
| | Construction Authorization |
| | (Required for Building Permit) |
| The construction and installation requirements of Rules 1950, 1952, 1954, with the attached system layout. | 1955, 1956, 1957, 1958, and 1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance |
| _ 0 | 16.44 |
| ISSUED TO: Jan Parsons | PROPERTY LOCATION: H-1/y Springs Ch Ref |
| | SUBDIVISION LOT # |
| Facility Type: SFD-58 x68- 4BR | New Expansion Repair |
| Basement? Yes No Basement Fixtures | ? □ Yes ☑ No |
| Type of Wastewater System** GRAVEL | (Initial) Wastewater Flow: 483 GPD |
| (See note below, if applicable (2) | |
| 25% Reduct | (Repair) |
| | imber of trenches |
| | act length of each trench 400 feet Trench Spacing: 9 Feet on Center |
| | enches shall be installed on contour at a Soil Cover: inches |
| | aximum Trench Depth of: 18 inches (Maximum soil cover shall not exceed |
| | rench bottoms shall be level to +/-1/4" 36" above the trench bottom) |
| 3 | all directions) |
| Pump Requirements:ft. TDH vsG | |
| rump kequirementstt. 1011 vs t | Aggregate Depth: inches above pipe |
| Conditions: | |
| Conditions. | |
| | |
| **If applicable: I understand the system type specified is | different from the type specified on the application. I accept the specifications of this permit. |
| 11 approxime. | 7, 4-2-2-2 |
| Owner/Legal Representative Signature: | Date: |
| This Construction Authorization is subject to revocation if the site plan, plat, or | Date: |
| | Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH |
| | |
| Authorized State Agent: | Date: 12-3-38 |
| 7 | Construction Authorization Expiration Date: 12.3.0013 |

Harnett County Department of Public Health Site Sketch

| | ICCURED TO: | PROPERTY LOCATON: Holly Springs Ch. Road LOT # | |
|-----|-----------------------|--|---|
| | | 1) Joe | |
| | Authorized State Agen | Date: 10-308 31 | |
| * | - To sa | 1273 50' EA)ement 413' | _ |
| | 60. | Demys Flax 125 Rypaine April 125 April 100 375 | |
| | | 1882 120 DANNY PLANY PLANY | |
| | | Meet on site for Final Layout maintain all set Backs All Parts of septic system must be los' from existing well well house well may be properly abandoned but lerant from this office is Required. Feel septic system within any | |
| 821 | | Tristall 400 of gravel at 18" Deep. | |
| | | | |