Harnett County Department of Public Health

Well Construction Permit Application

SCANNED 10/16/09 DATE

If the information in the application for a Well Construction Permit is falsified, changed, or the site is altered, then the Well Construction Permit shall become <u>invalid</u>.

APPLICANT INFORMATION

ATTECANT INFORMATION
JAMES D. ALLEN (9/8 499-032)
Applicant/Owner Phone Number
5423 BROADWAY Rd SANFORD NE 27332
Street Address, City, State, Zip Code
The Applicant must submit a Site Plan. The Site Plan is a map/drawing of the property and must show: 1. existing and/or proposed property lines and easements with dimensions; 2. the location of the facility and appurtenance; 3. the location for the proposed well; 4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet or the proposed well; 5. the location of any existing wells within 100 feet of the property; surface water bodies; 6. above ground and/or underground storage tanks; 7. and any other known sources of contamination within 100 feet of the proposed well site.
The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction: 1. there is a relocation of the proposed facility; 2. there is a change in the intended use of the facility; 3. there is a need for installing the waste water system in an area other than indicated on the well permit; or 4. there are landscape changed that affect site drainage. Contact information: Environmental Health Division - 910-893-7547
PROPERTY INFORMATION
Single-Family Multifamily □ Church □ Restaurant □ Business □ Irrigation □
Street Address Subdivision/Lot #
Parcel # 039589 1046 PIN # 9680-10-8725.000
Directions to the Site
West on 421 to SWANNS Rd (SO OF BROADWAY) TURN LEFT ON SWANNS Rd, GO aBOUT 3 miles to mock PROThere
Rd TURN LEFT, on MOCKBROTHERS RL.
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 give 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 will can be properly constructed according to the permit.
Property Owner's Legal Representative Signature Required Date

HTE# 09-5-3300C

Harnett County Department of Public Health

25698

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: BROWNY CO ISSUED TO: TIFFAMY MOCIL SUBDIVISION NEW X REPAIR [Site Improvements required prior to Construction Authorization Issuance: MAN. HOME UHMOS Type of Structure: Proposed Wastewater System Type: Convention of Projected Daily Flow: GPD Number of Occupants: 6 Number of bedrooms: Basement 🗀 Yes Pump Required: ☐Yes X 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 valid for: Five years Permit conditions: ☐ No expiration Authorized State Agent: CEHS 10/14/09 Date: 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: TIFFAMY MOCK PROPERTY LOCATION: BOOKS SUBDIVISION LOT # Facility Type: Man Home (14: x70) ☐ Expansion Basement? Yes No Basement Fixtures?

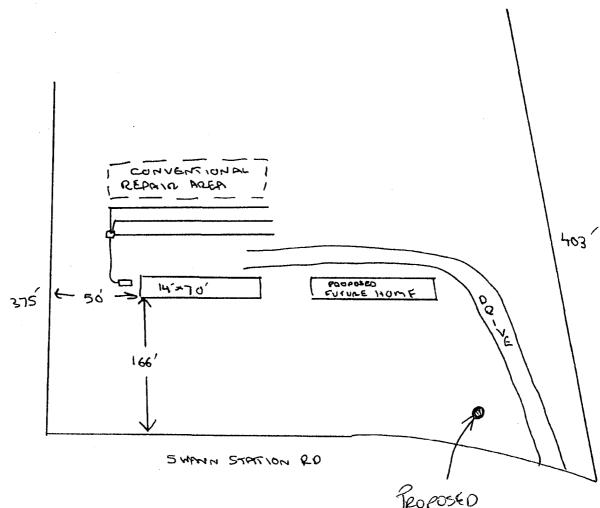
Yes Type of Wastewater System** COMENTIONAL (Initial) Wastewater Flow: 350 GPD (See note below, if applicable) DUVENTIONAL (Repair) Installation Requirements/Conditions Number of trenches Septic Tank Size 1000 gallons Trench Spacing: 9 Exact length of each trench _________ ___ Feet on Center Pump Tank Size _____ gallons Trenches shall be installed on contour at a Soil Cover: (Maximum soil cover shall not exceed (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) Pump Requirements: _____ ft. TDH vs. inches below pipe Aggregate Depth: inches above pipe Conditions: WATER LINE MUST BE W From SEPTIC SYSTEM. NO VILLYIES inches total MAY ENCROPICE ON WITH CR REPAIR AREAS ** | applicable: | 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: 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 provisings of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. SEE ATTACHED SITE SKETCH Authorized State Agent: Construction Authorization Expiration Date: 10 14 14

HTE#	09	-5-	<i>9-3</i> <	206

Permit # <u>25698</u>

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATON: BROPON PO RO	
ISSUED TO: TIFFATT MOCK SUBDIVISION	LOT #
Authorized State Agent: (OLIVER TOLKSOOTE) REHS Date: 10/14/14	



PROPOSED LOCATION WELL