

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 invalid.

APPLICANT INFORMATION

JAMES D. ALLEN 499-3936 cell
Applicant/Owner (919) 499-0321
Phone Number
5423 BROADWAY Rd SANFORD, NC 27332
Street Address, City, State, Zip Code

OCT 16 AMT

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 of 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

Proposed use of well

Single-Family Multifamily Church Restaurant Business Irrigation

Street Address Parcel # 039389 1046 Subdivision/Lot # 9600-10-8725.000
PIN # 9600-10-8725.000

Directions to the Site

West on 421 to SWANNS Rd (SO OF BROADWAY) TURN LEFT on SWANNS Rd, GO ABOUT 3 miles to MOCK BROTHERS Rd TURN LEFT, on MOCK BROTHERS Rd.

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.

James D Allen
Property Owner's or Owner's Legal Representative Signature Required

10-16-09
Date

HTE# 09-523006

Harnett County Department of Public Health

25698

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

ISSUED TO: TIFFANY MOCK PROPERTY LOCATION: BROADWAY RD SUBDIVISION _____ LOT # _____

NEW REPAIR EXPANSION
 Type of Structure: MAN. HOME (14x70') Site Improvements required prior to Construction Authorization Issuance: _____

Proposed Wastewater System Type: CONVENTIONAL

Projected Daily Flow: 360 GPD

Number of bedrooms: 3 Number of Occupants: 6 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 valid for: Five years No expiration

Permit conditions: _____

Authorized State Agent: ~~_____~~ REMS Date: 10/14/09 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: TIFFANY MOCK PROPERTY LOCATION: BROADWAY RD SUBDIVISION _____ LOT # _____

Facility Type: MAN HOME (14x70') New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** CONVENTIONAL (Initial) Wastewater Flow: 360 GPD

(See note below, if applicable) CONVENTIONAL (Repair)

Installation Requirements/Conditions	Number of trenches <u>3</u>	
Septic Tank Size <u>1000</u> gallons	Exact length of each trench <u>100</u> feet	Trench Spacing: <u>9</u> Feet on Center
Pump Tank Size _____ gallons	Trenches shall be installed on contour at a Maximum Trench Depth of: <u>18</u> inches (Trench bottoms shall be level to +/-1/4" in all directions)	Soil Cover: <u>6</u> inches (Maximum soil cover shall not exceed 36" above the trench bottom)
Pump Requirements: _____ ft. TDH vs. _____ GPM		Aggregate Depth: <u>6</u> inches below pipe <u>2</u> inches above pipe <u>12</u> inches total

Conditions: WATER LINE MUST BE 10' FROM SEPTIC SYSTEM. NO UTILITIES MAY ENCRONCH ON INITIAL OR REPAIR AREAS

****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: ~~_____~~ REMS Date: 10/14/09

Construction Authorization Expiration Date: 10/14/14

HTE# 09-523006

Permit # 25698

Harnett County Department of Public Health Site Sketch

ISSUED TO: TIFFANY MOCK PROPERTY LOCATOR: BROADWAY RD
SUBDIVISION _____ LOT # _____

Authorized State Agent: ~~XXXXXXXXXX~~ (OLIVER TOLKSON) REHS Date: 10/14/14

