

**HARNETT DEPARTMENT OF PUBLIC HEALTH PERMIT
TO CONSTRUCT A DRINKING WATER SUPPLY WELL**

PIN #: 0545-58-3059.000 Parcel #: 12 0545 0035 Application #: 18-5-43460 Subdivision: _____ Lot #: _____

Applicant Name: Nathaniel Torberson
Address: 4601 Blanton Rd Fayetteville, NC 28303

Type of Facility Served by Well: SFD

Sewage System: Pump to 25% Reduction

Permit Conditions:

General Permit Conditions:

- Drinking water supply well construction must meet 15A NCAC 02C.100 rules
- The permitted drinking water supply well shall be located in accordance with the **SITE PLAN**
- **ANY ALTERATION** of the site of the site (including location of structures and appurtenance) or modification in use of the well, may subject this Permit to revocation

Authorized State Agent REMS Date 3/22/18

Grouting Inspection Witnessed _____ Date _____
 Grouting self-certified by driller GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: _____ Application #: _____ Well Contractor: _____

Applicant Name: _____
Address: _____
Directions to Site: _____

Use of Well: _____ Date Drilled: _____ Total Depth: _____ Replacement Well? Yes No
 Static Water Level: _____ Top of Casing is _____ in. above surface. Yield: _____ gpm at _____ ft.
 Disinfection: Type _____ Amount _____

Water Zone (depth)

From _____ To _____
 From _____ To _____
 From _____ To _____

Casing

From _____ To _____
 Diameter: _____ Material: _____ Thickness: _____
 From _____ To _____
 Diameter: _____ Material: _____ Thickness: _____
 From _____ To _____
 Diameter: _____ Material: _____ Thickness: _____

Grout

From 0 To _____
 Material: _____ Method: _____
 From _____ To _____
 Material: _____ Method: _____
 From _____ To _____
 Material: _____ Method: _____

Inspector: _____ On Hold Date: _____ Release Date: _____

Remarks: _____

Well Head Information

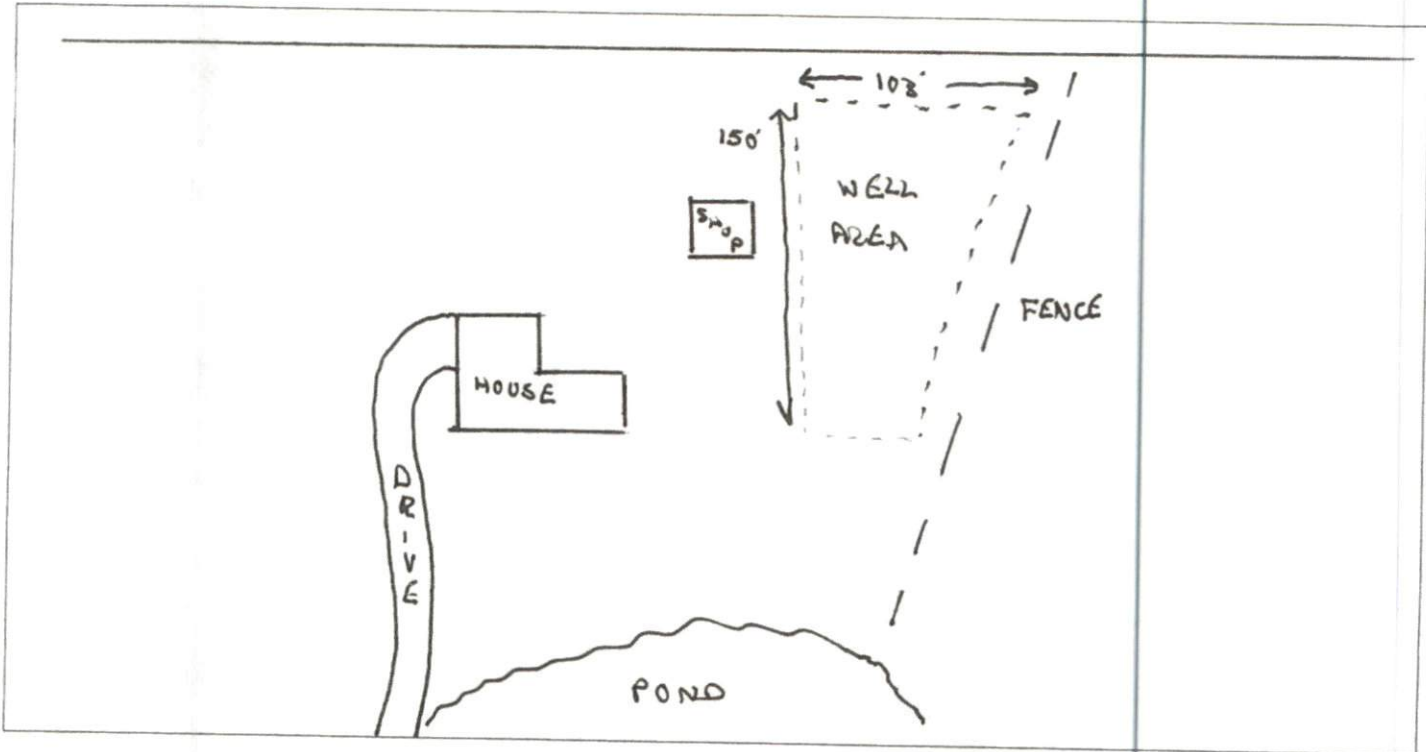
Casing Height: _____ (above finished grade) Access Port: _____ Vent Stack: _____
 Well ID Tag: _____ Pump ID Tag: _____ Sampling Tap: _____ Backflow Preventer: _____
 Sample Taken? Yes No Well Head properly sealed: _____

Remarks: _____

Authorized State Agent _____ Date _____

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch



HTE# 18-543460

Harnett County Department of Public Health

30015

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: WALKER RD

ISSUED TO: NATHANIEL TORBERSON SUBDIVISION _____ LOT # 1

NEW REPAIR EXPANSION Site Improvements required prior to Construction Authorization Issuance:

Type of Structure: SFD (70'x60')

Proposed Wastewater System Type: PUMP TO 25% REDUCTION SYSTEM

Projected Daily Flow: 600 GPD

Number of bedrooms: 5 Number of Occupants: 10 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] Date: 3/22/18 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: NATHANIEL TORBERSON PROPERTY LOCATION: WALKER RD

FACILITY TYPE: SFD (70'x60') New Expansion Repair SUBDIVISION _____ LOT # 1

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** PUMP TO 25% REDUCTION SYSTEM (Initial) Wastewater Flow: 600 GPD

(See note below, if applicable PUMP TO 25% RED. SYS. (Repair)

Installation Requirements/Conditions

Septic Tank Size 1250 gallons Number of trenches 1

Pump Tank Size 1250 gallons Exact length of each trench 430 feet Trench Spacing: 9 Feet on Center

Trenches shall be installed on contour at a Maximum Trench Depth of: 18 inches Soil Cover: 6 inches

(Trench bottoms shall be level to +/-1/4" in all directions) (Maximum soil cover shall not exceed 36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM Aggregate Depth: _____ inches below pipe

Conditions: SEE SITE SKETCH _____ inches above pipe _____ inches total

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] Date: 3/22/18
Construction Authorization Expiration Date: 3/22/23

