

Harnett County Department of Public Health

Well Construction Permit Application

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

CARLTON CAPERS (919) 606-3532
Applicant/Owner Phone Number
630 SUNRIDGE DR (SR1330)
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 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 630 SUNRIDGE DR (SR1330) Subdivision/Lot # _____
Parcel # _____ PIN # _____

Directions to the Site

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.

Property Owner's or Owner's Legal Representative Signature Required

Date

7/26/2023

Application # SFD2302-0075

R

Harnett County Department of Public Health Site Sketch

Property Location: 630 Sunridge Dr. (SR 1330)

Issued To: Carlton Capers

Subdivision _____

Lot # _____

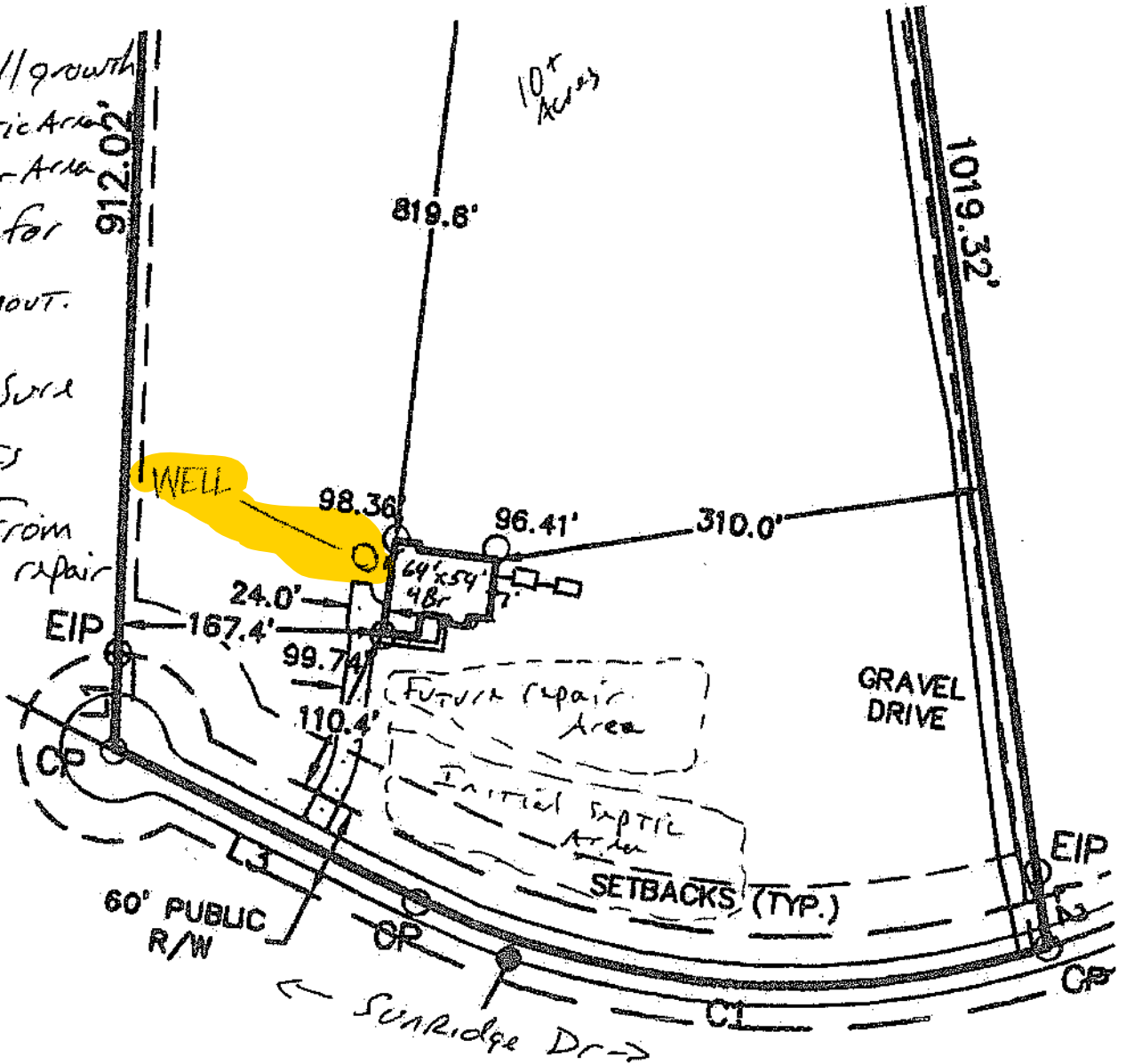
Authorized State Agent: _____

Mark R. Potts

Date: 7-7-23

* Clear All growth
From septic Area
and repair Area
Then call for
System layout.

* Make sure
NO Soil IS
Removed From
Septic or repair
Area



This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.

Harnett County Department of Public Health Improvement Permit

*Revised For
House location*

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: 630 Sunridge Dr (SR 1330)

ISSUED TO: Carlton Capers

SUBDIVISION _____

LOT # _____

NEW REPAIR EXPANSION

Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure 64'x54' sfd

Proposed Wastewater System Type: pump to 25% reduction

Projected Daily flow 480 GPD

Number of bedrooms 4 Number of Occupants 8 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 _____ feet

Permit valid for: Five years

Permit conditions: _____

No expiration

Authorized State Agent: *M. L. Retti* Date: 7-7-23

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 to insure their requirements. This site is subject to reversion 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 reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Carlton Capers

PROPERTY LOCATION: 630 Sunridge Dr (SR 1330)

SUBDIVISION _____

LOT # _____

Facility Type: 64'x54' sfd New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** pump to 25% reduction

(Initial) Wastewater flow: 480 GPD

(See note below, if applicable)

pump to 25% reduction (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons

Pump Tank Size 1000 gallons

Number of trenches 1

Exact length of each trench 300 feet

Trenches shall be installed on contour at a

Maximum Trench Depth of: 16-18 inches

(Trench bottoms shall be level to $\pm 1/4"$

in all directions)

Trench Spacing: 9 Feet on Center

Soil Cover: 6 inches

(Maximum soil cover shall not exceed

36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPH

Aggregate Depth: _____ inches below pipe

_____ inches above pipe

_____ inches total

Conditions: Clear entire septic area of growth to include trees. Make sure NOT to remove any soil from septic area

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 reversion of 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: *M. L. Retti*

Date: 7-7-23

Construction Authorization Expiration Date: 7-7-28