

LARGE FORMAT
OR MAP PRESENT
CHECK ORIGINAL
FILE

APPLICANT'S NAME V. Colleen Tjalma TMBL 1.19.15P

**Orange County Health Department
Environmental Health Division**



APPLICATION FOR PERMITS

**Improvement Permits
Construction Authorizations
Existing Well/Septic System Inspections
Well Permits**

This application is used to apply for any or all of the above permits or authorizations. The form must be filled out completely and accompanied with payment before services can be initiated

Completion of this form does not imply or guarantee any permit will be issued or an authorization granted. Please be sure all the information is correct as the information you provide will guide the staff in the evaluation and permitting of your property. Any permit may be suspended or revoked if the information is falsified, incorrect or if the site is altered after the permit/authorization is issued.

Orange County Health Department, Environmental Health Division
P.O. Box 8181, 306-C Revere Road
Hillsborough, NC 27278

PHONE: 919-245-2360 FAX: 919-644-3006

www.co.orange.nc.us

APPLICATION #:	_____	PIN #:	<u>98 988 22901</u>
DATE RECEIVED:	<u>12/12</u>	OCPD CONFIRMED:	_____
REVIEWED BY:	<u>TK</u>	ASSIGNED TO:	<u>David</u>
NOTES:	_____		

Needs IP - going to 4Br (clarify w floor plan - not labelled)

GENERAL INFORMATION

APPLICANT: N. Colleen Tjahn PROPERTY OWNER: Richard C³ V Colleen Tjahn
 ADDRESS 6202 Guess Road ADDRESS 6202 Guess Road
Rougemont, NC, 27572 Rougemont, NC 27572
 PHONE NUMBER 919-644-7538 / 919-660-7733 PHONE NUMBER 919-644-7538 / 919-660-7733
 LOT SIZE A1.09 SUBDIVISION / LOT# _____ DATE LOT RECORDED 11/9/93
 PARCEL ADDRESS: 6202 Guess Rd (Walkerfield Rd) DIRECTIONS / LOCATION: _____
6202 Guess Road, turn on Walkerfield Rd, 2nd house on left

Is this application for a : NEW SYSTEM REPAIR EXPANSION RENEWAL SUBDIVISION/RECOMB
 For a : SINGLE FAMILY DWELLING Size 1800 sq ft Number of Bedrooms 3 Number of occupants 3
 APARTMENT/EFFICIENCY/GUEST HOUSE
 BUSINESS/OTHER

Please describe the business, number of employees, square footage, etc. Use attachments if necessary.

TYPE OF WATER SUPPLY

- PUBLIC
 PRIVATE WELL
 COMMUNITY WELL
 OTHER

Check All Sections That Apply

PLEASE CHECK IF APPLICABLE:

- BASEMENT WITH PLUMBING
 WASTEWATER OTHER THAN SEWAGE GENERATED
 PROPERTY CONTAINS DESIGNATED WETLANDS
 SITE IS SUBJECT TO APPROVAL BY OTHER AGENCY
 FACILITY WILL HAVE A GARBAGE DISPOSAL OR WATER SOFTENER

REQUESTED SYSTEM TYPE:

- CONVENTIONAL
 OTHER (SPECIFY) _____

WELL PERMIT SECTION

#

- WELL PERMIT - NEW
 WELL PERMIT - RENEWAL / ALTERATIONS / REVISIT

\$ 230
\$ 100

CHECKLIST THE FOLLOWING ARE REQUIRED BEFORE PROCESSING THIS APPLICATION FOR A WELL PERMIT:

- A SITE PLAN OR PLAT MUST BE PROVIDED SHOWING: THE LOCATION ANY STRUCTURES, PROPOSED ADDITIONS, EXCAVATIONS OR OTHER IMPROVEMENTS; AND PROPERTY LINES.
 THE EXISTING AND PROPOSED PROPERTY LINES AND CORNERS MUST BE CLEARLY MARKED.

EXISTING WELL / WASTEWATER INSPECTION SYSTEM SECTION

#

- EXISTING SEPTIC SYSTEM INSPECTION

\$ 100

DESCRIPTION OF PROPOSED CHANGES / REASON FOR INSPECTION: Building an attached garage

ORIGINAL OWNER Richard C³ V. Colleen Tjahn SYSTEM IS: IN USE or VACANT since _____ (date)

CHECKLIST THE FOLLOWING ARE REQUIRED BEFORE PROCESSING THIS APPLICATION FOR AN INSPECTION:

- A SITE PLAN OR PLAT MUST BE PROVIDED SHOWING: THE LOCATION OF ANY STRUCTURES, PROPOSED ADDITIONS, EXCAVATIONS OR OTHER IMPROVEMENTS; AND PROPERTY LINES.
 FOR ADDITIONS, A COPY OF THE FLOOR PLAN MUST BE SUBMITTED FOR REVIEW.
 EXISTING PROPERTY LINES, CORNERS, AND LOCATION OF PROPOSED STRUCTURES MUST BE CLEARLY MARKED ON THE SITE.

MOBILE HOME PARK RECONNECTION SECTION

#

- MOBILE HOME SPACE RECONNECTION INSPECTION-PER SPACE

\$ 50

CHECKLIST THE FOLLOWING ARE REQUIRED BEFORE PROCESSING THIS APPLICATION FOR AN INSPECTION:

- A SITE PLAN OR PLAT MUST BE PROVIDED SHOWING: THE DIMENSIONS AND LOCATION OF THE PROPOSED MOBILE HOME.
 THE CORNERS OF THE PROPOSED HOME MUST BE CLEARLY STAKED ON THE SITE.
 A COPY OF THE FLOOR PLAN MUST BE SUBMITTED FOR REVIEW.

SITE EVALUATION / IMPROVEMENT PERMIT SECTION

#

- IMPROVEMENT PERMIT FOR AN INDIVIDUAL LOT (Up to 600 GPD) \$ 310 PER SITE
- IMPROVEMENT PERMIT FOR A SUBDIVISION / RECOMBINATION OF PROPERTY (Up to 600 GPD):
 NUMBER OF SITES IN SUBDIVISION / RECOMBINATION: _____ \$ 310 PER SITE
- SITE REVISIT TO REISSUE OR MODIFY A VALID IMPROVEMENT PERMIT (Up to 600 GPD) \$ 100 PER SITE

EACH SITE EVALUATION CONSISTS OF UP TO 2 ACRES. FLOWS OVER 600 GPD REQUIRE ADDITIONAL FEES.

CHECKLIST THE FOLLOWING ARE REQUIRED BEFORE PROCESSING THIS APPLICATION FOR AN IMPROVEMENT PERMIT:

- A **SITE PLAN OR PLAT** SHOWING THE EXISTING AND PROPOSED PROPERTY LINES WITH DIMENSIONS AND THE LOCATION OF ALL PROPOSED STRUCTURES, ADDITIONS, OR IMPROVEMENTS WITH LABELED SETBACKS.
- EXISTING AND ANY PROPOSED PROPERTY LINES / CORNERS MUST BE CLEARLY MARKED ON SITE.
- THE APPLICANT IS RESPONSIBLE FOR MAKING THE SITE ACCESSIBLE FOR THE EVALUATION.
- FOR NON SINGLE-FAMILY DWELLING APPLICATIONS, ADDITIONAL INFORMATION TO DETERMINE WASTE FLOW AND CHARACTERISTICS WILL BE REQUIRED.

CONSTRUCTION AUTHORIZATION SECTION

#

- AUTHORIZATION TO CONSTRUCT FOR NEW CONSTRUCTION \$ 160 (Up to 600 GPD)
- SITE REVISIT TO REISSUE OR MODIFY A VALID CONSTRUCTION AUTHORIZATION \$ 100 (Up to 600 GPD)

CHECKLIST THE FOLLOWING ARE REQUIRED BEFORE PROCESSING THIS APPLICATION FOR A CONSTRUCTION AUTHORIZATION:

- A **FLOOR PLAN** OF THE STRUCTURE MUST BE SUBMITTED.
- A **SITE PLAN OR PLAT** MUST BE PROVIDED SHOWING: THE LOCATION OF THE PROPOSED STRUCTURES, DRIVEWAYS, ADDITIONS, EXCAVATIONS OR OTHER IMPROVEMENTS; PROPERTY LINES; DIMENSIONS; AND SETBACKS TO REFERENCE POINTS.
- THE EXISTING AND ANY PROPOSED PROPERTY LINES / CORNERS MUST BE CLEARLY MARKED ON SITE.
- THE LOCATION OF PROPOSED STRUCTURES AND IMPROVEMENTS MUST BE STAKED ON SITE.

THE CONSTRUCTION AUTHORIZATION MUST BE ISSUED PRIOR TO ANY CONSTRUCTION. SUBSEQUENT CHANGES TO THE SITE PLAN, FLOOR PLAN, OR APPLICATION WILL REQUIRE A NEW APPLICATION AND ADDITIONAL FEES. FLOWS OVER 600 GPD REQUIRE ADDITIONAL FEES.

SIGNATURE SECTION

TOTAL AMOUNT DUE \$ 100.00 RECEIPT # R02-002464

ADDITIONAL FEES MAY BE REQUIRED IF THE RESULTING FLOW IS >600 GPD. FOR NON-DOMESTIC WASTEWATER SYSTEMS, OR IF ADDITIONAL PERMITS ARE NECESSARY

THIS APPLICATION MUST BE SIGNED BY THE CURRENT OWNER OF THE PROPERTY OR THE OWNER'S LEGAL REPRESENTATIVE (eg. SPOUSE, POWER OF ATTORNEY, EXECUTOR, OR PERSON WHO HAS ENTERED INTO A CONTRACT OR LEASE WITH THE PROPERTY OWNER)

ONLY ORIGINAL SIGNATURES CAN BE ACCEPTED.

I AM THE PROPERTY OWNER OR THE PROPERTY OWNER'S LEGAL REPRESENTATIVE

I HAVE READ THIS APPLICATION AND AUTHORIZE THE OCHD TO ENTER THE PROPERTY AND PERFORM THE SERVICE(S) REQUESTED.

OWNER: V. Colleen Tjalma
V. Colleen Tjalma

DATE: 12/9/02

GENERAL INFORMATION

- PERMITS / AUTHORIZATIONS ARE SUBJECT TO REVOCATION IF THE SITE PLAN, PLAT, OR INTENDED USE CHANGES OR IF THE SITE IS ALTERED. SUBSEQUENT CHANGES TO THE SITE PLAN OR INFORMATION ON THE APPLICATION WILL REQUIRE A NEW APPLICATION AND ADDITIONAL FEES
- NO REFUNDS WILL BE GIVEN FOR SERVICES THAT ARE ALREADY RENDERED OR INITIATED.
- PAYMENT AS INDICATED IN THE INDIVIDUAL SECTIONS MUST ACCOMPANY THE APPLICATION IN ORDER TO PROCESS THE APPLICATION AND SCHEDULE A FIELD VISIT BY STAFF
- A WELL PERMIT OR A CONSTRUCTION AUTHORIZATION MUST BE ISSUED PRIOR TO ANY CONSTRUCTION OR REPAIR OF A WELL OR A WASTEWATER SYSTEM.
- A FINAL INSPECTION OF THE WELL AND WASTEWATER SYSTEM MUST BE COMPLETED AND APPROVED BY THE OCHD STAFF PRIOR TO PLACING EITHER INTO USE OR OCCUPYING A NEW HOME.
- YOU MUST CONTRACT WITH A WELL CONTRACTOR WHO IS REGISTERED IN ORANGE COUNTY AND HOLDS A VALID CERTIFICATION FROM THE STATE OF N.C. (A LIST IS AVAILABLE)
- YOU MUST CONTRACT WITH A SEPTIC CONTRACTOR WHO IS REGISTERED TO INSTALL OR REPAIR SYSTEMS IN ORANGE COUNTY. (A LIST IS AVAILABLE)
- EVERY APPLICATION FOR A CONSTRUCTION AUTHORIZATION MUST BE ACCOMPANIED BY EITHER A VALID IMPROVEMENT PERMIT OR BY AN APPLICATION FOR AN IMPROVEMENT PERMIT.
- ANY CHANGES THAT ARE PROPOSED FOR AN EXISTING PERMIT REQUIRES A NEW APPLICATION.
- FOR AN IMPROVEMENT PERMIT, IF A HOUSE SITE OR PROPOSED SEPTIC SITE IS NOT DESIGNATED ON THE SITE PLAN, ONE WILL BE ASSIGNED BY THE OCHD STAFF.

EXPIRATION OF PERMITS / AUTHORIZATIONS

WELL PERMITS	5 YEARS
EXISTING WELL/SYSTEM AUTHORIZATIONS	6 MONTHS
IMPROVEMENT PERMITS	5 YEARS (WHEN A SITE PLAN IS SUBMITTED) NO EXPIRATION (WHEN PLAT* IS SUBMITTED)
CONSTRUCTION AUTHORIZATIONS	5 YEARS MAXIMUM OR WHEN ACCOMPANYING IMPROVEMENT PERMIT EXPIRES WHICHEVER COMES FIRST.

*Plat = prepared by a Registered Land Surveyor to a scale of 1" = 60' showing the facility, appurtenances, site for the septic system, water supplies, and surface water. Or an approved and recorded subdivision plat accompanied by a site plan drawn to scale.

NOTES:

Orange County Health Department

Environmental Health Division
P.O. Box 8181, 306-C Revere Road
Hillsborough, NC 27278
Phone 919-245-2360 Fax 919-644-3006
www.co.orange.nc.us



NOTICE OF EXISTING SYSTEM AUTHORIZATION DENIAL

Parcel Pin: 9898822901
Application Date: 12/12/2002

TMBL: 1.19.15P
Application #: XS02-00188

Applicant: TJALMA RICHARD C
Address: 6202 GUESS RD
ROUEMONT NC 27572
Phone: 644-7538

Owner: TJALMA RICHARD C
Address: 6202 GUESS RD
ROUEMONT NC 27572
Phone:

Property Desc.: #6B FRANK MCMANNEN HRS P71/125
Prop Address: 6202 GUESS RD

Lot Size: 1.09

On **01/13/2002** the Orange County Health Department conducted an investigation of the existing system on the referenced property: According to the application, the proposed facility would have required a system with a design waste flow of **480** gallons per day.

This investigation was performed to determine if the proposed use of the system meets the minimum criteria for the ground absorption sewage treatment and disposal system as defined in Article 11 of Chapter 130A of the General Statutes of North Carolina and the Rules for Sewage Treatment and Disposal Systems as adopted by the Orange County Board of Health and to determine that well setbacks required in The Orange County Groundwater Protection Rules are met.

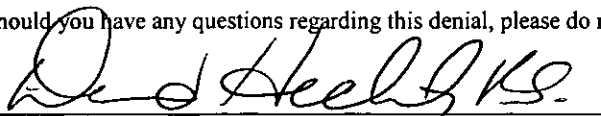
The authorization request must be denied for the following reasons:

DHECHT 01/14/2003 Permit denied due to: 1) proposed structure can not maintain 50' setback from well (actually ~35') and 2) proposed structure would increase wasteflow of existing dwelling and there is no useable area to expand the sewage disposal system.

In some cases, you may be able to revise your proposal to satisfy conditions to allow the issuance of an authorization. Examples include, reducing the proposed waste flow by eliminating bedrooms or revising a floor plan, proposing a different type of facility, relocating the structures or improvements to other areas of the lot, or modifying or relocating the well or septic system. Generally you will be advised if this is the case.

You have the right to a supervisory review of this decision by the Environmental Health Supervisor and Soil Scientist of this Health Department. If you wish to have the proposal reviewed, please request this in writing addressed to: Environmental Health Supervisor, Orange County Environmental Health Section, 306-C Revere Rd., Hillsborough, NC 27278. Appeals concerning the interpretation and enforcement of rules adopted by the Orange County Board of Health and concerning the imposition of administrative penalties by the Orange County Health Director shall be conducted in accordance with sections (b) and (c) of this rule. The aggrieved person shall give written notice of appeal to the Orange County Health Director within 30 days of the challenged action. The notice shall contain the name and address of the aggrieved person, a description of the challenged action and a statement of the reasons why the challenged action is incorrect.

Should you have any questions regarding this denial, please do not hesitate to contact this office.


Environmental Health Specialist

1-14-03
Date

Orange County Health Department

Environmental Health Division
P.O. Box 8181, 306-C Revere Road
Hillsborough, NC 27278
Phone 919-245-2360 Fax 919-644-3006
www.co.orange.nc.us



IMPROVEMENT PERMIT

Parcel Pin: 9898822901
Application Date: 12/16/2002

TMBL: 1.19..15P
Permit #: IP02-00344

Applicant: TJALMA RICHARD C
Address: 6202 GUESS RD
ROUGEMONT NC 27572
Phone: 644-7538 /

Owner: TJALMA RICHARD C
Address: 6202 GUESS RD
ROUGEMONT NC 27572
Phone: /

Property Desc.: #6B FRANK MCMANNEN HRS P71/125
Prop Address:
Permit Type: RESIDENTIAL EXPANSION
Facility Type: RES SFD

Lot Size: 1.09

		<u>Initial System</u>	<u>Replacement System</u>
Wasteflow : 360 GPD	System Type:		System Type: Conventional (<480 gpd)
No. of Bedrooms: 3	System Class:		System Class: IIa
Site Classification	Useable Soil Depth: 0"		Useable Soil Depth: 36"
<u>PROVISIONALLY SUITABLE</u>	LTAR: 0gpd/ft ²		LTAR: 0.3gpd/ft ²

Conditions:

Refer to the attached site plan and to the soil sheet for specific information regarding location of the designated area and soil/site classification.

There may be other types of systems which are applicable to this site.

The applicant for the Construction Authorization must specify the system types to be considered.

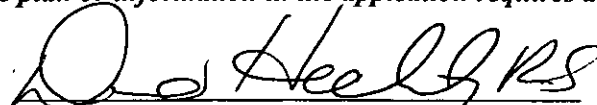
The permit and evaluation are valid only for the site as designated on the attached site plan.

A construction Authorization must be issued prior to the issuance of the Building Permit and before any construction or system installation can commence.

This permit is subject to revocation if the site plan, plat, or intended use changes or if the site is altered.

Subsequent changes to the site plan or information in the application requires a new application and additional fees.

ISSUED: 01/13/2003


Environmental Health Specialist

EXPIRES: 01/12/2008

Environmental Health Division
 P.O. Box 8181, 306-C Revere Road
 Hillsborough, NC 27278
 Phone 919-245-2360 Fax 919-644-3006
 www.co.orange.nc.us

Application Date: 12/16/2002

Soil / Site Evaluation Field Sheet

Activity #: IP02-00344

Applicant: TJALMA RICHARD C
 Address: 6202 GUESS RD
 ROUGEMONT NC 27572
 Prop Desc: #6B FRANK MCMANNEN HRS P71/125

Owner: TJALMA RICHARD C # Bedrooms Requested: 4
 Address: 6202 GUESS RD GPD requested: 480
 ROUGEMONT NC 27572 Lot Size: 1.09

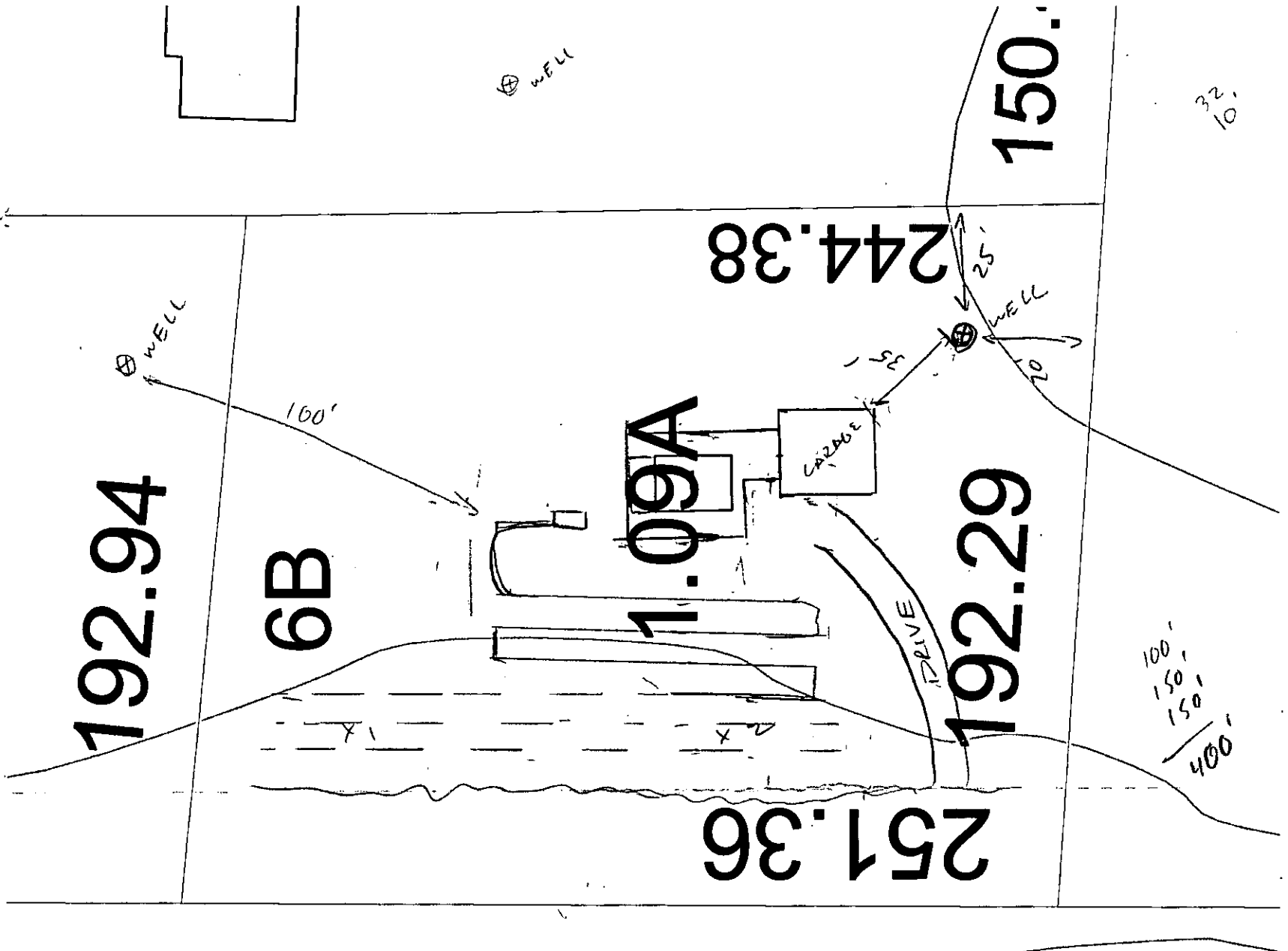
SOIL BORING PROFILE INFORMATION

Factors	Rule	1	2	3	4	5	6	7	8	9	10
Landscape Position	.1940	S	S								
Slope (%)	.1940	3%0	3%0								
Horizon 1 Depth	.1943	0-12	0-11								
Texture	.1941(a)(1)	sic1	sic1								
Consistence	.1941	fr	fr								
Structure	.1941(a)(2)	sf	sf								
Clay Mineralogy	.1941(a)(3)	se	se								
Horizon 2 Depth	.1943	12-36	11-36								
Texture	.1941(a)(1)	C	C								
Consistence	.1941	fi	fi								
Structure	.1941(a)(2)	sbk	sbk								
Clay Mineralogy	.1941(a)(3)	se	se								
Horizon 3 Depth	.1943										
Texture	.1941(a)(1)										
Consistence	.1941										
Structure	.1941(a)(2)										
Clay Mineralogy	.1941(a)(3)										
Horizon 4 Depth	.1943										
Texture	.1941(a)(1)										
Consistence	.1941										
Structure	.1941(a)(2)										
Clay Mineralogy	.1941(a)(3)										
Soil Wetness	.1942										
Restrictive Horizon	.1944										
Saprolite	.1943/.1956	36"	36"								
Profile Classification	.1948	PS	PS								
LTAR (gpd/ft2)	.1955	3	3								
Available Space	.1945	PS									
Site Classification	.1948	PS									
*Indicates Reclassified PS per .1956 .1957 .1969											
Primary System LTAR		System Type								PS Soil Depth (in.)	
Repair System LTAR	3	System Type		IIa						PS Soil Depth (in.)	
36"											

Comments: NO AREA TO EXPAND SYSTEM. REPAIR AREA MUST BE MAINTAINED

Evaluated By: DHH Date: 1-13-03 Others Present: MS. TJALMA

57



This map contains parcels prepared for the inventory of real property within Orange County, and is compiled from recorded deed, plats, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information contained on this map. The county and its mapping companies assume no legal responsibility for the information contained on this map.



Orange County Health Department

Environmental Health Division
P.O. Box 8181, 306-C Revere Road
Hillsborough, NC 27278
Phone 245-2360 Fax 644-3006
www.co.orange.nc.us



EXISTING WELL / SEPTIC SYSTEM AUTHORIZATION

Parcel Pin: 9898822901 TMBL: 1.19..15P
Application Date: 12/12/2002 Permit #: XS02-00188
Request for: TO ADD GARAGE WITH BONUS ROOM ABOVE

Applicant: TJALMA RICHARD C Owner: TJALMA RICHARD C
Address: 6202 GUESS RD Address: 6202 GUESS RD
ROUGEMONT NC ROUGEMONT NC
27572 27572
Phone: 644-7538 Phone:

Property Desc.: #6B FRANK MCMANNEN HRS P71/125 Lot Size: 1.09
Prop Address: 6202 GUESS RD
Permit Type:
Facility Type: 1030
Water Supply: Private Well

Status: APPLIED

=
=
=

EHS	DATE	ACTIVITY
DAH	1-13	DENIED - STRUCTURE TOO CLOSE TO WELL, NO AREA TO EXPAND SEWAGE DISPOSAL + MAINTAIN REPAIR AREA

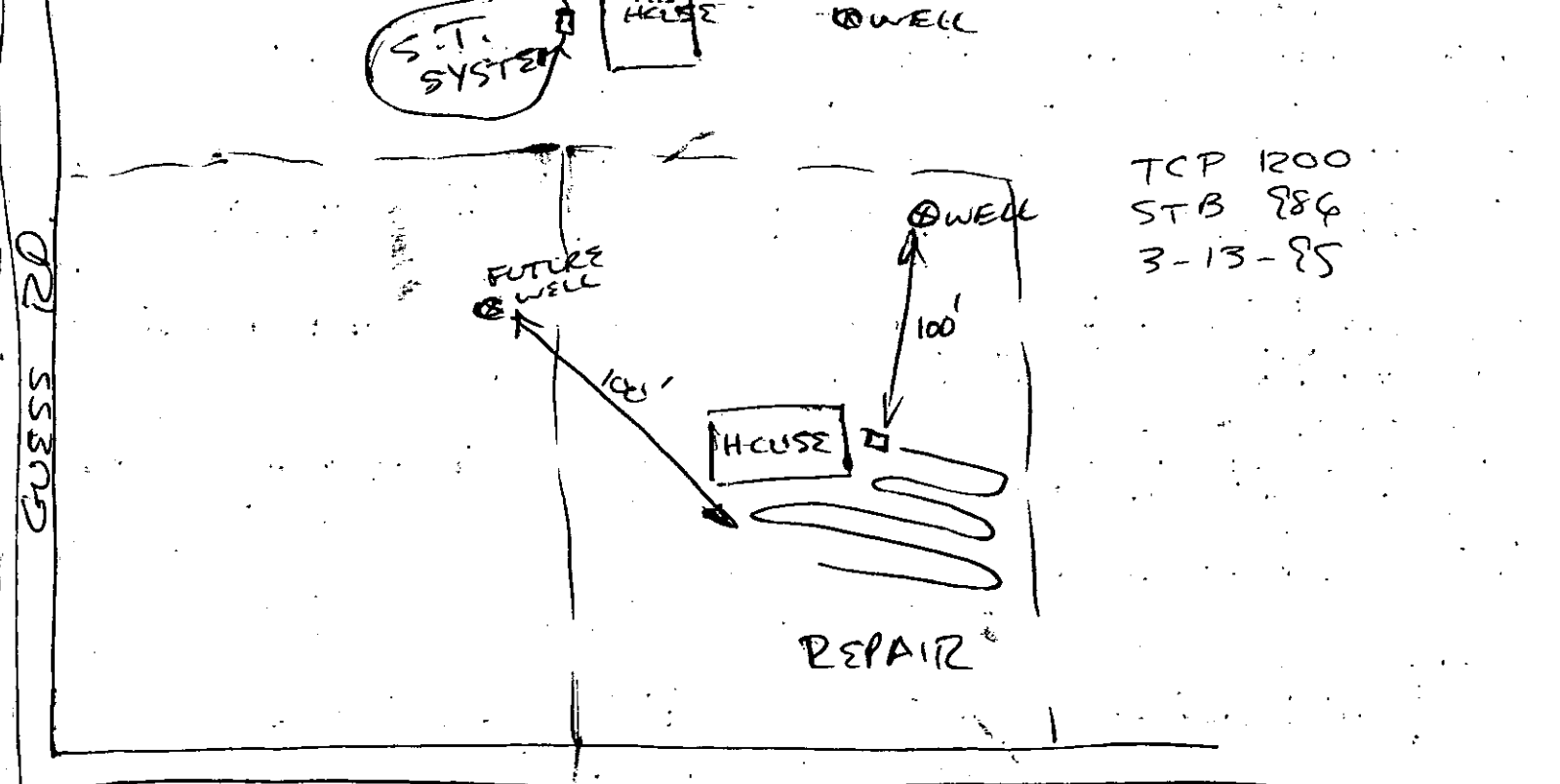
ORANGE COUNTY HEALTH DEPARTMENT

REFERENCE NUMBER 14231931 IMPROVEMENT PERMIT	DATE 02.20.95	PIN 9898-A2-2901	MAP REFERENCE 1.19.15P
APPLICANT: DBW CONSTRUCTION 6224 GUESS RD ROUGEMONT NC 27572 TELEPHONE: 732-5707		OWNER: WALKER D BRADLEY & VICTORIA W 6224 GUESS RD ROUGEMONT NC 27572	
SPECIFICATIONS: TO BUILD 3 BR SED		LOT SIZE / ACREAGE: 0.19	DESIGNATED WETLAND? YES <input type="checkbox"/> NO <input type="checkbox"/>
LOCATION / DIRECTIONS: GUESS RD			
FEES: 120	RECEIPT: 082108	SIGNATURE OF OWNER OR AUTHORIZED AGENT: <i>X Victoria W. Walker</i>	
CONFIRMED BY PLANNER: <i>[Signature]</i>	PLANNER: <i>[Signature]</i>	DATE: 2/20/95	CLERK:

DRAWING NOT TO SCALE

#BEDRMS <u>3</u>	DISPOSAL <u>NO</u>	OTHER <u>NO</u>	TYPE. SYS <u>CAN</u>
SZ. TANK <u>1000</u>	SZ. CHAMB <u>NO</u>	NITRIFI <u>400X3X18"</u>	OPER. REG <u>NO</u>

REMARKS: **KEEP SYSTEM SHALL 18" - KEEP SYSTEM 100' FROM ANY WELL, 15' FROM ANY HOUSE AND 10' FROM ANY PROPERTY LINE.**



DATE ISSUED <u>2-28-95</u>	ENV HEALTH SPEC <i>[Signature]</i>
DATE APPROVED <u>4-3-95</u>	ENV HEALTH SPEC <i>[Signature]</i>

J. L. McCreew

PERMIT INFORMATION

I. General Information - Contact Information

When contacting the Health Department concerning this document, be sure to know the reference number. This number must be used in all inquiries and inspection requests.

No substantial changes or deviations from the information on the front of this document are allowed unless prior approval is obtained from the Health Department.

The Environmental Health Staff is located at 306-C Revere Road, Hillsborough, N.C. The staff is available in this office or by telephone, Mon. - Fri., 8:00 AM - 9:00 AM and 4:30 PM - 5:00 PM. Messages can be left for the staff at the following numbers:

Hillsborough	732-8181, ext. 2360
Mebane	227-2031, ext. 2360
Durham	688-7331, ext. 2360
Chapel Hill	967-9251, ext. 2360

The issuance of the Improvements Permit in no way guarantees the issuance of other permits (e.g. Building Permits).

Septic tank contractors and well contractors are responsible for notifying the Health Department for final inspections.

II. Sewage Disposal Information

Water supply and sewage disposal facilities, location, installation and protection must meet state and/or local regulations.

The area approved for the installation of the sewage disposal system must be left in an undisturbed state. Disturbance of this area may void permit.

Septic tank and nitrification line must be inspected and approved by a representative of the Orange County Health Department staff before any portion of the installation is covered and/or put into use.

This permit is only valid for structure listed for 5 years following date of issuance.

Septic tank should be pumped out every 3 to 5 years and shall be maintained in such a manner as not to create a public health hazard.

Nitrification line shall be installed with an undisturbed earth dam each 50 feet.

Each septic tank shall be installed with an access riser on the inlet end that extends to grade level.

A Certificate of Completion or issuance of a operations permit shall indicate the septic system has been constructed to the standards set forth in the regulations, but shall in no way be taken as a guarantee that the system will function satisfactorily for any given period of time.

III. Water Supply Information

Well location, installation, and protection must meet state and local regulations and must be inspected and approved by a representative of the Orange County Health Department before any portion of the installation is put into use.

A well permit must be issued by the Orange County Health Department before construction of a well begins.

The Well Permit is valid for one year following date of issuance.

The siting of the well by the Health Department staff is to provide protection from known possible sources of contamination. No volume of water is guaranteed at any site designated by the Health Department.

The well owner should pour a 4 1/2' x 4 1/2' cement slab surrounding the well casing after the well contractor has completed the grouting of the well. The well casing should be in the center of the slab.

IV. Minimum Distances*

A. Sewage Disposal Systems

- | | |
|--|------|
| 1. Private water supplies | 100' |
| 2. Public water supply sources tributaries | 100' |
| 3. A-II Streams | 50' |
| 4. Lakes, ponds, impoundments | 50' |
| 5. Building foundations | 15' |
| 6. Basements | 15' |
| 7. Property lines | 10' |
| 8. Embankments or cuts | 15' |
| 9. Water lines | 10' |
| 10. Swimming pools | 25' |

B. Private Wells*

- | | |
|--|------|
| 1. Watertight sewer lines | 50' |
| 2. Ground absorption sewage disposal systems | 100' |
| 3. Property lines | 10' |
| 4. Building foundations | 50' |

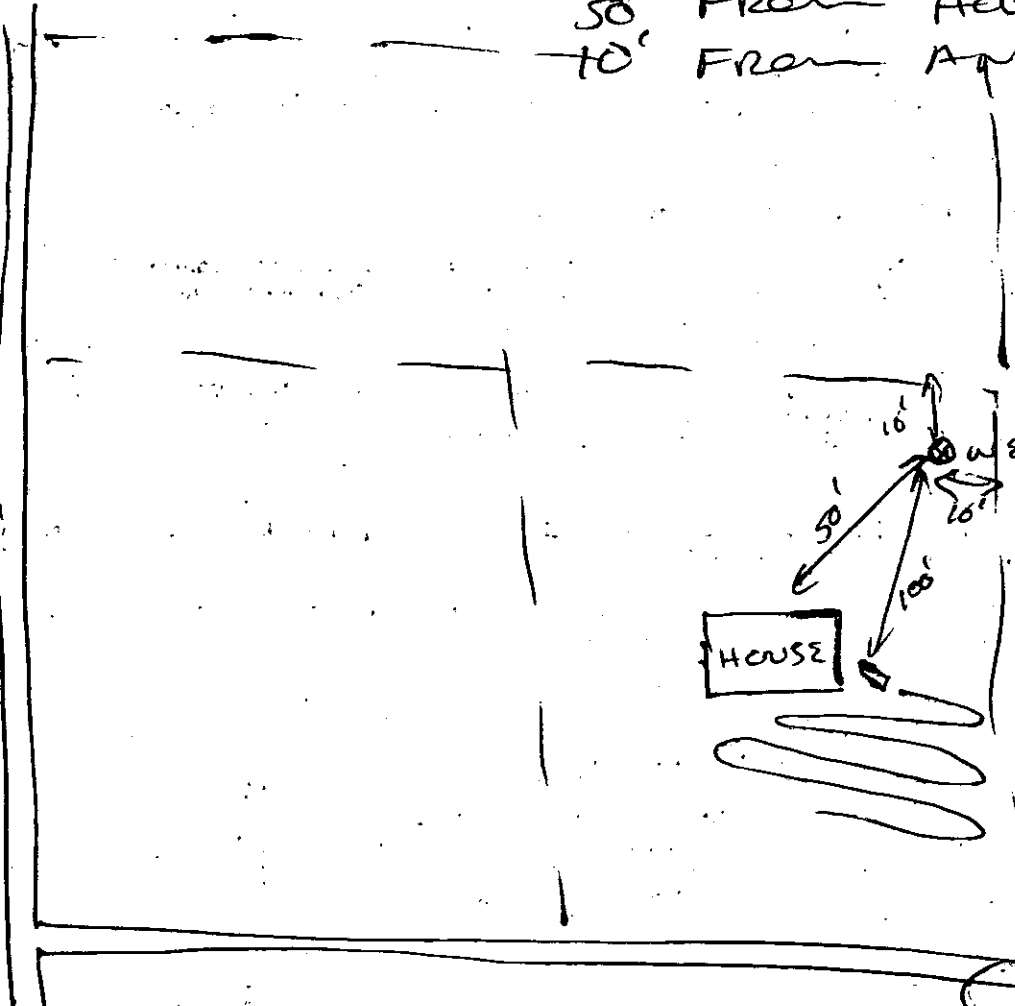
*Variances can be given on some distances; please call Health Department if you feel a variance is necessary.
 *Add 2.5' for a low pressure pipe system.

ORANGE COUNTY HEALTH DEPARTMENT

REFERENCE NUMBER H23194W WELL PERMIT	DATE 02.20.95	PIN 9898-82-2901	MAP REFERENCE 1.19.15P
APPLICANT: DBW CONSTRUCTION 6224 GUESS RD ROUGEMONT, NC 27572 TELEPHONE: 732-5707		OWNER: WALKER D BRADLEY & VICTORIA W 6224 GUESS RD ROUGEMONT NC 27572	
SPECIFICATIONS: DRILL	LOT SIZE / ACREAGE: A1.09	DESIGNATED WETLAND? YES <input type="checkbox"/> NO <input type="checkbox"/>	
LOCATION / DIRECTIONS: GUESS RD			
FEE: 125	RECEIPT: 082108	SIGNATURE OF OWNER OR AUTHORIZED AGENT: <i>Victoria W Walker</i>	
CONFIRMED BY PLANNER: <i>[Signature]</i>	PLANNER: <i>[Signature]</i>	DATE: 2-20-95	CLERK:

DRAWING NOT TO SCALE

TYPE Drilled SIZE 6 1/2" DEPTH 400' CASE. DEPTH 78'
 GROUT NCAT YIELD 1 gpm LEVEL 25' WATER. ZONE L1H'
 CONTRACTOR: McCall Bros. DRILLER: Doug Jones
 REMARKS: KEEP WELL 100' FROM ANY S.T. SYSTEM
50' FROM HOUSE
10' FROM ANY PROPERTY LINE



*observed leakage
at first joint (6-7')
from surface
until cement covered
the joint 4-12-95
[Signature]*

DATE. ISSUED 2-28-95 ENV HEALTH SPEC [Signature]
 DATE. APPROVED _____ ENV HEALTH SPEC _____
 SEE IMPORTANT INFORMATION ON THE REVERSE SIDE

PERMIT INFORMATION

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Water supply and sewage disposal facilities, location, installation and protection must meet state and/or local regulations.

The area approved for the installation of the sewage disposal system must be left in an undisturbed state. Disturbance of this area may void permit.

Septic tank and nitrification line must be inspected and approved by a representative of the Orange County Health Department staff before any portion of the installation is covered and/or put into use.

This permit is only valid for structure listed for 5 years following date of issuance.

Septic tank should be pumped out every 3 to 5 years and shall be maintained in such a manner as not to create a public health hazard.

Nitrification line shall be installed with an undisturbed earth dam each 50 feet.

Each septic tank shall be installed with an access riser on the inlet end that extends to grade level.

A Certificate of Completion or issuance of a operations permit shall indicate the septic system has been constructed to the standards set forth in the regulations, but shall in no way be taken as a guarantee that the system will function satisfactorily for any given period of time.

III. Water Supply Information

Well location, installation, and protection must meet state and local regulations and must be inspected and approved by a representative of the Orange County Health Department before any portion of the installation is put into use.

A well permit must be issued by the Orange County Health Department before construction of a well begins.

The Well Permit is valid for one year following date of issuance.

The siting of the well by the Health Department staff is to provide protection from known possible sources of contamination. No volume of water is guaranteed at any site designated by the Health Department.

The well owner should pour a 4½' x 4½' cement slab surrounding the well casing after the well contractor has completed the grouting of the well. The well casing should be in the center of the slab.

IV. Minimum Distances*

A. Sewage Disposal Systems

- 1. Private water supplies 100'
- 2. Public water supply sources tributaries 100'
- 3. A-II Streams 50'
- 4. Lakes, ponds, impoundments 50'
- 5. Building foundations 15'
- 6. Basements 15'
- 7. Property lines 10'
- 8. Embankments or cuts 15'
- 9. Water lines 10'
- 10. Swimming pools 25'

B. Private Wells*

- 1. Watertight sewer lines 50'
- 2. Ground absorption sewage disposal systems 100'
- 3. Property lines 10'
- 4. Building foundations 50'

*Variances can be given on some distances; please call Health Department if you feel a variance is necessary.

*Add 2.5' for a low pressure pipe system.

ORANGE COUNTY WELL REPORT AND LOG

OWNER NAME: Walker D Bradley & Victoria W PHONE: _____
 ADDRESS: 6224 Guess Rd Kougemon NC 27572
 REQUESTEE NAME: _____ PHONE: _____
 LOCATION: SAME

PERMIT REFERENCE NUMBER: H123194W

DRILLING CONTRACTOR: McCall Bros Inc
 N.C. REGISTRATION NUMBER: 3 PHONE: 546-4331

TYPE OF WELL: INDIVIDUAL RESIDENCE OTHER (SPECIFY) _____
 DATE STARTED: 4-10-95 DATE COMPLETED: 4-11-95
 IS THIS WELL A REPLACEMENT WELL? no

DISTANCE OF WELL FROM:
 NEAREST WASTEWATER DISPOSAL SYSTEM: +100 FEET
 NEAREST BUILDING FOUNDATION: +50 FEET
 NEAREST PROPERTY LINE: +10 FEET
 OTHER POTENTIAL SOURCES OF CONTAMINATION: _____ FEET
 SPECIFY: _____

TOTAL DEPTH: <u>400'</u> FEET	WATER ZONES:
CASING DEPTH: <u>78'</u> FEET	<u>1</u> GPM AT <u>114</u> FT.
TOTAL FLOW: <u>1</u> GPM	_____ GPM AT _____ FT.
STATIC WATER LEVEL: <u>25</u> FEET	_____ GPM AT _____ FT.

TYPE AND BRAND OF DRIVE SHOE USED: High Carbon DSI
 TYPE AND LENGTH OF TEST FOR WELL YIELD: Blow 20 min
 TYPE AND AMOUNT OF CHLORINE USED: HTH 1/2 CUP

COMMENTS _____

I CERTIFY THAT ALL THE ABOVE INFORMATION IS ACCURATE AND TRUE:

Douglas E Jones DRILLER
 DATE: 4-11-95

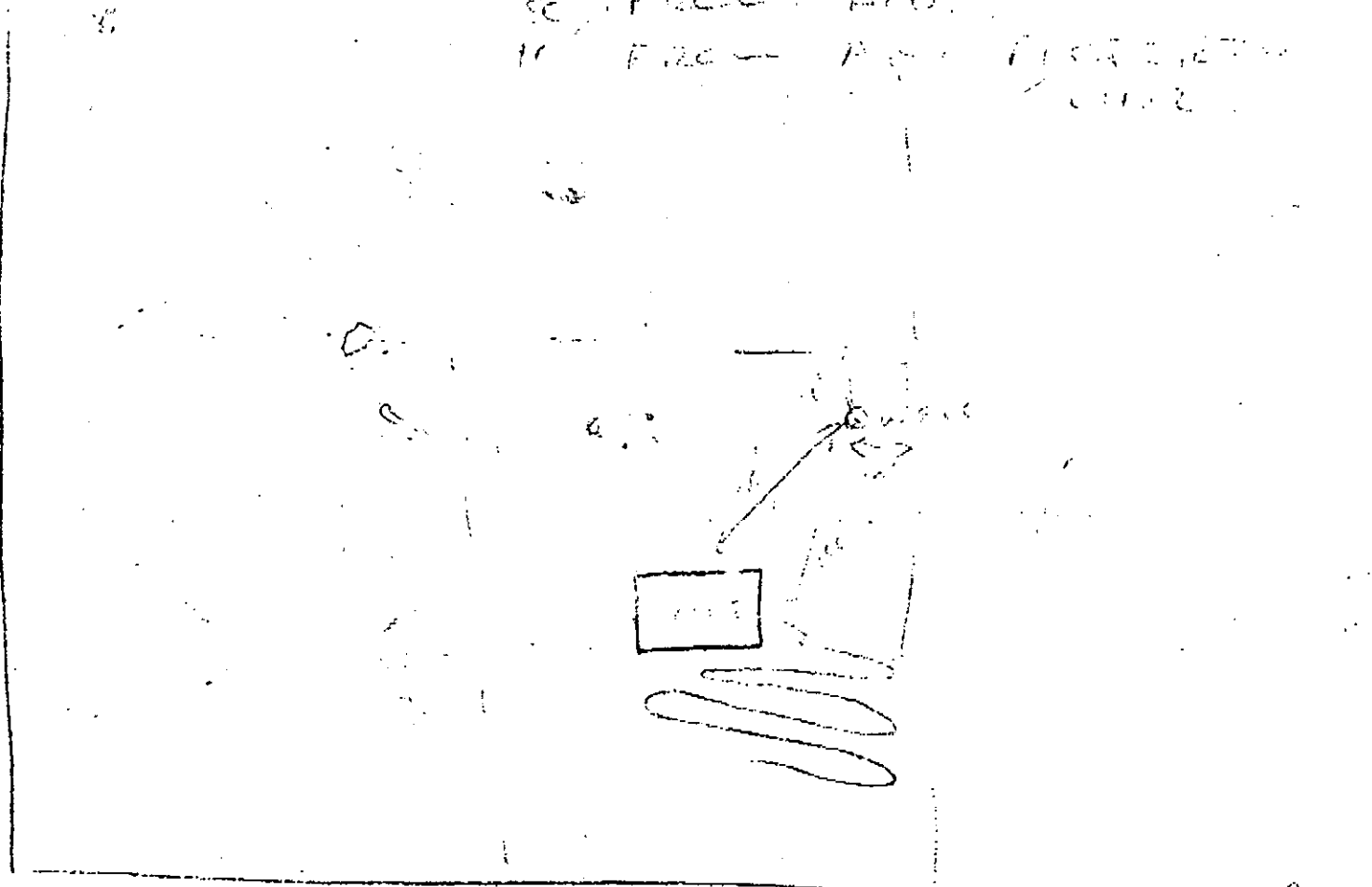
REFERENCE NUMBER 423194M WELL PERMIT	DATE 02-20-95	PN 9898-82-2901	MAP REFERENCE 1.19.15D
APPLICANT DBW CONSTRUCTION 6224 GUESS RD ROUEMONT NC 27572 TELEPHONE: 732-5707	OWNER WALKER D BRADLEY & VICTORIA W 6224 GUESS RD ROUEMONT NC 27572		
SPECIFICATIONS DRILL	LOT SIZE / ACREAGE A1.09	DESIGNATED WETLAND? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
LOCATION / DIRECTIONS: GUESS RD			
FEE: \$25	RECEIPT: 092108	SIGNATURE OF OWNER OR AUTHORIZED AGENT: <i>Victoria W Walker</i>	
CONFIRMED BY PLANNER: <i>Sam Bainbridge</i>	PLANNER <i>Sam Bainbridge</i>	DATE 2-20-95	CLERK

DRAWING NOT TO SCALE

TYPE _____ SIZE _____ DEPTH _____ CASE DEPTH _____
 GROUT _____ YIELD _____ LEVEL _____ WATER ZONE _____

CONTRACTOR: _____ DRILLER: _____

REMARKS: _____



DATE ISSUED: 28.95 ENV HEALTH SPEC. *act/alt*

NOTE: (SEE FRONT) ENV HEALTH SPEC.