

[illegible]

**TMBL:**

COMMENTS

DATE/EHS	
----------	--

8-20-99  
CAC


# PHONE CALL

FOR <u>Jan</u>	DATE <u>11-16-00</u> TIME <u>    </u> A.M. P.M.
M <u>Jack Sawolsky</u>	
OF <u>4.6.B.7</u>	
PHONE <u>245-3017</u>	FAX <u>    </u>
MESSAGE <u>He would like to know</u>	
<u>The well log info on this well.</u>	
<u>Need to track down - well has</u>	
<u>not been approved yet</u>	
<u>Tom</u>	
SIGNED	<input type="checkbox"/> TELEPHONED <input type="checkbox"/> RETURNED YOUR CALL <input checked="" type="checkbox"/> PLEASE CALL <input type="checkbox"/> WILL CALL AGAIN <input type="checkbox"/> CAME TO SEE YOU <input type="checkbox"/> WANTS TO SEE YOU

APPLICANT'S NAME \_\_\_\_\_ TMBL \_\_\_\_\_

**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](http://www.co.orange.nc.us)

APPLICATION #: \_\_\_\_\_

PIN #: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

OCPD CONFIRMED: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

ASSIGNED TO: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## GENERAL INFORMATION

APPLICANT: PRADER BOATENWICK PROPERTY OWNER: LOWI WARDEN LOWI KILPATRICK  
 ADDRESS ~~1310 meadow WIND LANE~~ ADDRESS 1310 meadow WIND LANE  
101 Pine Ridge Court Hudson, NC  
 PHONE NUMBER 919 768-4200 PHONE NUMBER \_\_\_\_\_  
 LOT SIZE 10A SUBDIVISION / LOT# FOXHILL ESTATES DATE LOT RECORDED \_\_\_\_\_  
 PARCEL ADDRESS: 1310 meadow WIND LANE DIRECTIONS / LOCATION: \_\_\_\_\_

Is this application for: ☐ NEW ☐ REPAIR ☐ REVISION ☐ EXPANSION ☐ RENEWAL ☐ SUBDIVISION/RECOMB.

For a: ☐ **SINGLE FAMILY DWELLING** Size X Number of Bedrooms \_\_\_\_\_ Number of occupants \_\_\_\_\_  
☐ **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) \_\_\_\_\_  
☐ or see REQUEST FORM

### WELL PERMIT SECTION

#

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

\$ 260  
 \$ 125

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

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

### EXISTING WELL / WASTEWATER AUTHORIZATION SECTION

#

- ☐ EXISTING SEPTIC SYSTEM INSPECTION WITH NO INCREASE IN WASTEFLOW

\$ 125

DESCRIPTION OF PROPOSED CHANGES / REASON FOR INSPECTION:

INSTALL OUTDOOR KITCHEN WITH SINK AND SHOWER

ORIGINAL OWNER \_\_\_\_\_ SYSTEM IS: ☒ IN USE or ☐ VACANT since \_\_\_\_\_ (date)

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

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

\$ 75

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

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

**SITE EVALUATION / IMPROVEMENT PERMIT SECTION**

#

☐ IMPROVEMENT PERMIT (Up to 600 GPD) \_\_\_\_\_ NUMBER OF SITES X \$ 350 PER SITE  
INDIVIDUAL LOT ☐ SUBDIVISION\* ☐ RECOMBINATION\* ☐ EXISTING SYSTEM ☐ EXPANSION ☐

☐ SITE REVISIT TO REISSUE OR MODIFY A VALID IMPROVEMENT PERMIT(w/ no flow increase) \$ 125 PER SITE  
EACH SITE EVALUATION CONSISTS OF UP TO 2 ACRES. FLOWS OVER 600 GPD WILL REQUIRE ADDITIONAL FEES.

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

- o 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.
- o EXISTING AND ANY PROPOSED PROPERTY LINES / CORNERS MUST BE CLEARLY MARKED ON SITE.
- o THE APPLICANT IS RESPONSIBLE FOR MAKING THE SITE ACCESSIBLE FOR THE EVALUATION.
- o FOR NON SINGLE-FAMILY DWELLING APPLICATIONS, ADDITIONAL INFORMATION TO DETERMINE WASTE FLOW AND CHARACTERISTICS WILL BE REQUIRED.
- o \*FOR SUBDIVISIONS & RECOMBINATIONS, A CONCEPT PLAN APPROVAL OR A PLAT PREPARED BY A SURVEYOR.

**CONSTRUCTION AUTHORIZATION SECTION**

#

☐ AUTHORIZATION TO CONSTRUCT FOR NEW CONSTRUCTION OR EXPANSION \$ 260 (Up to 600 GPD)  
☐ SITE REVISIT TO REISSUE OR MODIFY A VALID CONSTRUCTION AUTHORIZATION \$ 125 (Up to 600 GPD)

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

- o A FLOOR PLAN OF THE STRUCTURE MUST BE SUBMITTED.
- o 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.
- o THE EXISTING AND ANY PROPOSED PROPERTY LINES / CORNERS MUST BE CLEARLY MARKED ON SITE.
- o 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**

o TOTAL AMOUNT DUE \$ \_\_\_\_\_ RECEIPT # \_\_\_\_\_

IF THE RESULTING FLOW IS >600 GPD. FOR NON-DOMESTIC WASTEWATER SYSTEMS. OR IF ADDITIONAL PERMITS ARE NECESSARY. PLEASE CHECK WITH ENVIRONMENTAL HEALTH TO DISCUSS THE AMOUNT OF ADDITIONAL FEES.

THIS APPLICATION MUST BE SIGNED BY THE CURRENT OWNER OF THE PROPERTY OR THE OWNER'S LEGAL REPRESENTATIVE (e.g., SPOUSE, POWER OF ATTORNEY, EXECUTOR, OR OTHER LICENSED PROFESSIONAL (ATTORNEY, REALTOR, BUILDER, etc.) WHO HAS ENTERED INTO A CONTRACT OR LEASE WITH THE OWNER AND WHO CAN LEGALLY REPRESENT THE PROPERTY OWNER IN TRANSACTIONS REGARDING THE PROPERTY)

ONLY ORIGINAL SIGNATURES (NO FAXES) 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:

DATE:

7/24/06

## 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.
- ☐ FOR IMPROVEMENT PERMITS OVER 600 GALLONS PER DAY, AND FOR SUBDIVISION SITE EVALUATIONS, THE APPLICANT MUST PROVIDE A BACKHOE AND OPERATOR ON -SITE TO PROVIDE PITS.

### EXPIRATION OF PERMITS / AUTHORIZATIONS

WELL PERMITS	5 YEARS
EXISTING WELL/SYSTEM AUTHORIZATIONS	1 YEAR
IMPROVEMENT PERMITS	5 YEARS -WHEN A SITE PLAN IS SUBMITTED NO EXPIRATION -WHEN PLAT* [three copies] 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:

---



---



---



---



---

APPLICANT'S NAME \_\_\_\_\_

TMBL

4-6-B. 7



# Orange County Health Department Environmental Health Division

## APPLICATION FOR PERMITS

### GENERAL INFORMATION

APPLICANT: Backyard Oasis Pool PROPERTY OWNER: Joni Madison/Gina Kilpatrick  
 ADDRESS 2133 Rolling Rock ADDRESS 1310 Meadow Wind Lane  
Wake Forest, NC 27587 Hillsborough, NC 27278  
 Email address: scabot@bypools.com  
 PHONE NUMBER (919) 556-7227 PHONE NUMBER (919) 795-2234  
 LOT SIZE 10.09 SUBDIVISION / LOT# Fox Hill Farm, Lot 8 DATE LOT RECORDED \_\_\_\_\_  
 PARCEL ADDRESS: \_\_\_\_\_ DIRECTIONS / LOCATION: \_\_\_\_\_

Is this application for: ☐ NEW ☐ REPAIR ☐ EXPANSION ☐ RENEWAL ☐ SUBDIVISION/RECOMB

For a: ☐ SINGLE FAMILY DWELLING Size \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_ Number of occupants \_\_\_\_\_  
☐ 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

#### PLEASE CHECK IF APPLICABLE:

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

#### REQUESTED SYSTEM TYPE:

- ☐ CONVENTIONAL  
☐ OTHER (SPECIFY) \_\_\_\_\_

#### Check All Sections That Apply

	WELL PERMIT SECTION	#
<input type="checkbox"/> WELL PERMIT - NEW		\$ 230
<input type="checkbox"/> WELL PERMIT - RENEWAL / ALTERATIONS / REVISIT		\$ 100

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

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

	EXISTING WELL / WASTEWATER AUTHORIZATION SECTION	#
<input type="checkbox"/> EXISTING SEPTIC SYSTEM INSPECTION WITH NO INCREASE IN WASTEFLOW		\$ 100

DESCRIPTION OF PROPOSED CHANGES / REASON FOR INSPECTION: \_\_\_\_\_

ORIGINAL OWNER \_\_\_\_\_ SYSTEM IS: ☐ IN USE or ☐ VACANT since \_\_\_\_\_ (date)

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

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

	MOBILE HOME PARK RECONNECTION SECTION	#
<input type="checkbox"/> MOBILE HOME SPACE RECONNECTION INSPECTION-PER SPACE		\$ 50

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

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

APPLICATION #: X506-00007

PIN #: \_\_\_\_\_

DATE RECEIVED: 11/11

OCPD CONFIRMED: \_\_\_\_\_

REVIEWED BY: TRASSIGNED TO: David

11/ NOTES: \_\_\_\_\_

<input type="checkbox"/>	<b>SITE EVALUATION / IMPROVEMENT PERMIT SECTION</b>	<b>#</b>
<input type="checkbox"/> IMPROVEMENT PERMIT (Up to 600 GPD) _____ NUMBER OF SITES X \$ 310 PER SITE INDIVIDUAL LOT <input type="checkbox"/> SUBDIVISION* <input type="checkbox"/> RECOMBINATION* <input type="checkbox"/> EXISTING SYSTEM <input type="checkbox"/> EXPANSION <input type="checkbox"/>		
<input type="checkbox"/> SITE REVISIT TO REISSUE OR MODIFY A VALID IMPROVEMENT PERMIT (w/no increase flow) \$ 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:**

- μ 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.
- μ EXISTING AND ANY PROPOSED PROPERTY LINES / CORNERS MUST BE CLEARLY MARKED ON SITE.
- μ THE APPLICANT IS RESPONSIBLE FOR MAKING THE SITE ACCESSIBLE FOR THE EVALUATION.
- μ FOR NON SINGLE-FAMILY DWELLING APPLICATIONS, ADDITIONAL INFORMATION TO DETERMINE WASTE FLOW AND CHARACTERISTICS.
- μ \*FOR SUBDIVISIONS & RECOMBINATIONS, A CONCEPT PLAN APPROVAL OR A PLAT PREPARED BY A SURVEYOR.

<input type="checkbox"/>	<b>CONSTRUCTION AUTHORIZATION SECTION</b>	<b>#</b>
<input type="checkbox"/> AUTHORIZATION TO CONSTRUCT FOR NEW CONSTRUCTION OR EXPANSION \$ 160 (Up to 600 GPD) <input type="checkbox"/> 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:**

- μ A FLOOR PLAN OF THE STRUCTURE MUST BE SUBMITTED.
- μ 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.
- μ THE EXISTING AND ANY PROPOSED PROPERTY LINES / CORNERS MUST BE CLEARLY MARKED ON SITE.
- μ 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**

0 TOTAL AMOUNT DUE \$ 160.00 RECEIPT # PC06-000117

**IF THE RESULTING FLOW IS >600 GPD. FOR NON-DOMESTIC WASTEWATER SYSTEMS. OR IF ADDITIONAL PERMITS ARE NECESSARY. PLEASE CHECK WITH ENVIRONMENTAL HEALTH TO DISCUSS THE AMOUNT OF ADDITIONAL FEES.**

**THIS APPLICATION MUST BE SIGNED BY THE CURRENT OWNER OF THE PROPERTY OR THE OWNER'S LEGAL REPRESENTATIVE (e.g., SPOUSE, POWER OF ATTORNEY, EXECUTOR, OR OTHER LICENSED PROFESSIONAL (ATTORNEY, REALTOR, BUILDER, etc.) WHO HAS ENTERED INTO A CONTRACT OR LEASE WITH THE OWNER AND WHO CAN LEGALLY REPRESENT THE PROPERTY OWNER IN TRANSACTIONS REGARDING THE PROPERTY)**

ONLY ORIGINAL SIGNATURES (NOT FAXED) 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.

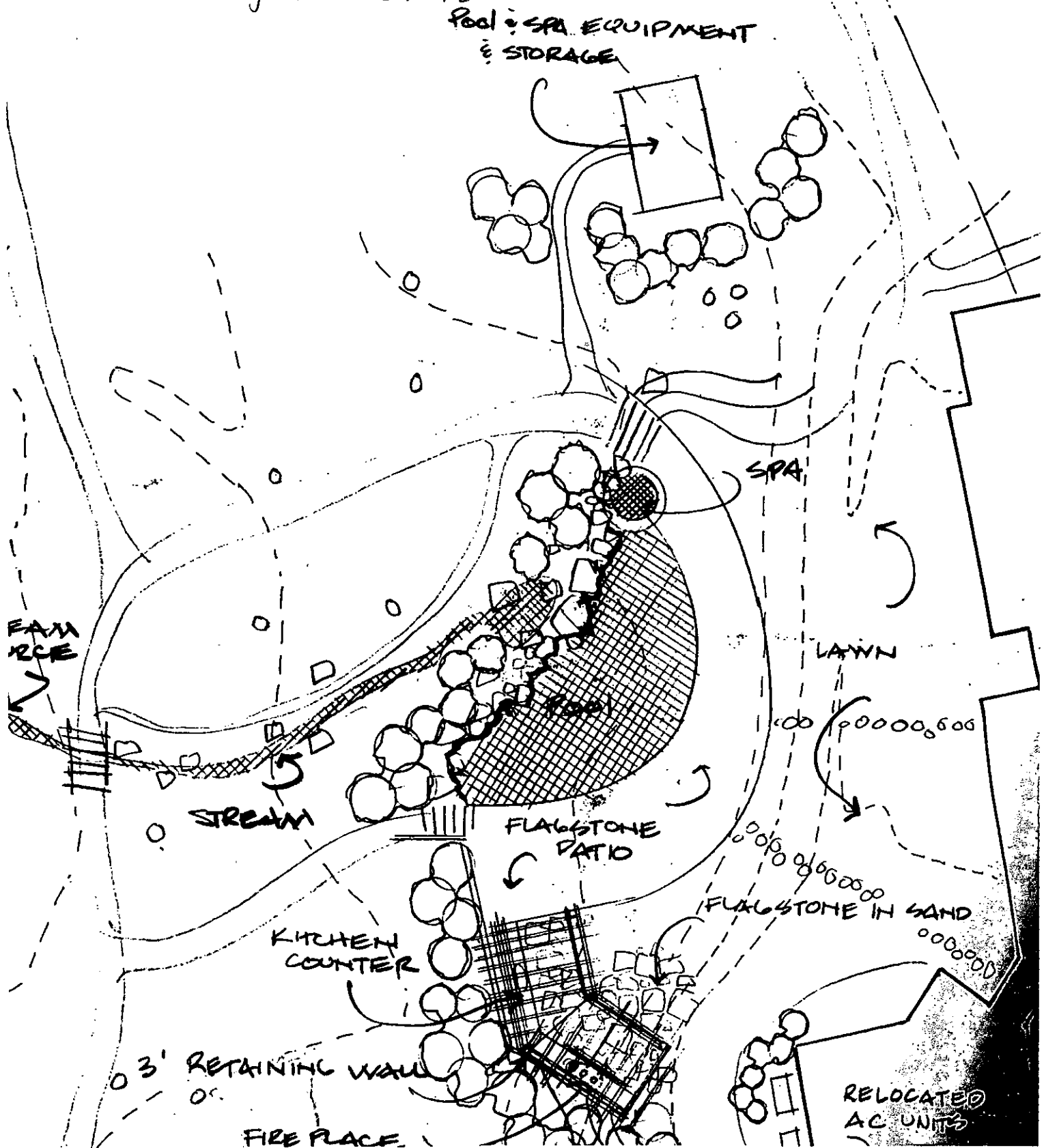
OWNER: Sean P Cahot

DATE: 12-14-05

***Please mail or bring in the first two pages of this completed form, with payment including the signature of the owner\*, a floor plan (where applicable) and a site plan as indicated. Please call our office if you have any questions about filling out this form or the amount of payment needed. Make checks payable to : Orange County Health Department***  
***Return first 2 pages to:***

**Orange County Health Department  
 Environmental Health Division  
 306-C Revere Rd.  
 Hillsborough, NC 27278**

Joni Madison  
Gina Kilpatrick  
1310 Meadow Wind Lane  
Hillsborough, NC 27278



# 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: 9875847585 TMBL: 4.6.B.7  
Application Date: 07/24/2006 Permit #: XS06-00215  
Request for: INSTALL OUTDOOR KITCHEN WITH SINK AND OUTDOOR

Applicant: MADISON JOANIE L  
Address: 1310 MEADOW WIND LANE  
HILLSBOROUGH NC  
27278-6708

Owner: MADISON JOANIE L  
Address: 1310 MEADOW WIND LANE  
HILLSBOROUGH NC  
27278-6708

Phone:

Phone:

Property Desc.: #8 PH 1 SEC A FOX HILL FARM P57/103

Lot Size: 10.09

Prop Address: 1310 MEADOW WIND LN

Permit Type:

Facility Type: RES ADDITION

Water Supply: PRIVATE WELL

Status: ISSUED

Authorization for: Outdoor sink and shower.

- 1: The proposed change does not affect the required setbacks for the well or septic system. There is no change in the design waste flow from the facility. (added by script)
- 2: No field visit nor EH approval is required for this proposal pursuant to NCGS 130A-336. (added by script)

=====The Following Conditions Shall Be Met Prior To The Issuance of The CERTIFICATE OF OCCUPANCY=====

\*

- \* 1: [NOT-Met] Plumbing from the sink and shower must be stubbed into the household plumbing prior to the septic tank.
- 2: [NOT-Met] Shower drain must be raised in such a manner to shed surface water from the drain and covered when not in use to shed rain water. No excess surface or rain water should enter to drain.
- 3: [NOT-Met] Sink shall be covered to shed rain water when not in use.

- \* REFER TO THE SITE PLAN / FLOOR PLAN SHOWING THE SYSTEM AND FACILITY LOCATIONS AND SPECIFICATIONS OF THE AUTHORIZATION.
- \* THIS AUTHORIZATION SHALL BECOME INVALID AND MAY BE REVOKED IF:
  - THE INFORMATION SUBMITTED ON THE APPLICATION IS INCORRECT, FALSIFIED, OR CHANGES, OR
  - THE PROPOSAL IS ALTERED.
- \* THIS AUTHORIZATION IS VALID FOR A PERIOD OF 6 MONTHS AFTER THE DATE OF ISSUANCE.
- \* THIS AUTHORIZATION IS CONDUCTED IN ACCORDANCE WITH:
  - ORANGE COUNTY RULES FOR WASTEWATER TREATMENT AND DISPOSAL SYSTEMS AS ADOPTED BY THE ORANGE COUNTY BOARD OF HEALTH,
  - ORANGE COUNTY GROUNDWATER REGULATIONS.
  - ORANGE COUNTY WASTEWATER SYSTEM SPECIFICATIONS, AND
  - ORANGE COUNTY ENVIRONMENTAL HEALTH DIVISION POLICY.

ISSUED: 07/24/2006

Environmental Health Specialist

EXPIRES: 01/22/2007

**Typical Setbacks Required By State and Local Rules Unless Otherwise Specified In Writing:**

(1)	Any private water supply source, including any well or spring	100 feet
(2)	Any public water supply source	100 feet
(3)	Streams classified as WS-I	100 feet
(4)	Any other stream, canal, marsh, or other surface water	50 feet
(5)	Any Class I or Class II reservoir	100 feet from normal pool elevation
(6)	Any permanent storm water retention pond	50 feet from flood pool elevation
(7)	Any other lake or pond	50 feet from normal pool elevation
(8)	Any building foundation or building footing	15 feet
(9)	Any basement	15 feet
(10)	Any property line	10 feet
(11)	Top of slope of embankments or cuts of 2 feet or more vertical height	15 feet
(12)	Any water line	10 feet
(13)	Drainage systems:	
	(A) Interceptor drains, foundation drains, and storm water diversions	
	(I) upslope from system	10 feet
	(II) sideslope from system	15 feet
	(III) downslope from system	25 feet
	(B) groundwater lowering ditches and devices	25 feet
(14)	Any swimming pool	25 feet
(15)	Any other nitrification field (except repair area)	20 feet
(16)	Drip line (Outermost edge of a structure)	5 feet

Any changes to the proposed plans must be approved by the OCHD

\*

Please do not allow any traffic, construction, excavation, utilities, material storage, or any other disturbance to take place on the designated septic area or repair area. These activities may void your permit.

\*

The owner is responsible for marking any property lines and corners. The Contractor is responsible for ensuring that the well or septic system is installed in the proper location and that all setbacks are met.

\*

The system must be installed/repaired by an Orange County Registered Septic System Contractor.

\*

A list of Orange County Registered Septic System Contractors is available upon request.

\*

The system installation must be inspected by OCHD at certain stages during the installation.

\*

For systems with pumps, the Registered Septic System Contractor is responsible for insuring the proper installation of the electrical components. The electrical installer must possess at minimum a valid North Carolina SP-PH Electrical license.

\*

It is the responsibility of the Registered Septic System Contractor to call the OCHD to schedule the installation inspections.

\*

The OCHD must issue an Operation Permit (indicating system approval) before the facility can be occupied, before the Certificate of Occupancy can be issued by the Planning Jurisdiction, and before permanent electrical can be released.

\*

The Registered Septic System Contractor is responsible for backfilling the system components so that no areas are subject to the retention or ponding of surface water.

\*

After the installation is completed, some settling of the backfill material may take place. The system owner is responsible for eliminating settled or sunken area, stabilization, and final landscaping of the ground surface.

APPLICANT'S NAME \_\_\_\_\_ TMBL \_\_\_\_\_

**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](http://www.co.orange.nc.us)

APPLICATION #: \_\_\_\_\_

PIN #: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

OCPD CONFIRMED: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

ASSIGNED TO: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

## GENERAL INFORMATION

APPLICANT: JONI MADISON PROPERTY OWNER: Gina Kipstark / Joni Madison  
 ADDRESS 1310 MEADOW WIND LANE ADDRESS SAME

PHONE NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

LOT SIZE 10 A SUBDIVISION / LOT# FOX HILL ESTATE ALONG 1 LOT DATE LOT RECORDED \_\_\_\_\_

PARCEL ADDRESS: \_\_\_\_\_ DIRECTIONS / LOCATION: \_\_\_\_\_

Is this application for : ☒ NEW ☐ REPAIR ☐ EXPANSION ☐ RENEWAL ☐ SUBDIVISION/RECOMB.

For a: ☒ SINGLE FAMILY DWELLING Size X Number of Bedrooms \_\_\_\_\_ Number of occupants \_\_\_\_\_

☐ APARTMENT/EFFICIENCY/GUEST HOUSE

☐ BUSINESS/OTHER

SHED 15x22

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)

☐ or see REQUEST FORM

## WELL PERMIT SECTION

#

- ☐ WELL PERMIT - NEW \$ 230  
☐ WELL PERMIT - RENEWAL / ALTERATIONS / REVISIT \$ 100

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

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

## EXISTING WELL / WASTEWATER AUTHORIZATION SECTION

#

- ☐ EXISTING SEPTIC SYSTEM INSPECTION WITH NO INCREASE IN WASTEFLOW \$ 100

DESCRIPTION OF PROPOSED CHANGES / REASON FOR INSPECTION: \_\_\_\_\_

SHED 22x15

ORIGINAL OWNER \_\_\_\_\_ SYSTEM IS: ☐ IN USE or ☐ VACANT since \_\_\_\_\_ (date)

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

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

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

# SITE EVALUATION / IMPROVEMENT PERMIT SECTION

#

☐ IMPROVEMENT PERMIT (Up to 600 GPD) \_\_\_\_\_ NUMBER OF SITES X \$ 310 PER SITE  
 INDIVIDUAL LOT ☐ SUBDIVISION\* ☐ RECOMBINATION\* ☐ EXISTING SYSTEM ☐ EXPANSION ☐

☐ SITE REVISIT TO REISSUE OR MODIFY A VALID IMPROVEMENT PERMIT(w/ no flow increase) \$ 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:

- o 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.
- o EXISTING AND ANY PROPOSED PROPERTY LINES / CORNERS MUST BE CLEARLY MARKED ON SITE.
- o THE APPLICANT IS RESPONSIBLE FOR MAKING THE SITE ACCESSIBLE FOR THE EVALUATION.
- o FOR NON SINGLE-FAMILY DWELLING APPLICATIONS, ADDITIONAL INFORMATION TO DETERMINE WASTE FLOW AND CHARACTERISTICS WILL BE REQUIRED.
- o \*FOR SUBDIVISIONS & RECOMBINATIONS, A CONCEPT PLAN APPROVAL OR A PLAT PREPARED BY A SURVEYOR.

# CONSTRUCTION AUTHORIZATION SECTION

#

☒ AUTHORIZATION TO CONSTRUCT FOR NEW CONSTRUCTION OR EXPANSION \$ 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:

- o A FLOOR PLAN OF THE STRUCTURE MUST BE SUBMITTED.
- o 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.
- o THE EXISTING AND ANY PROPOSED PROPERTY LINES / CORNERS MUST BE CLEARLY MARKED ON SITE.
- o 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

o TOTAL AMOUNT DUE \$ \_\_\_\_\_ RECEIPT # \_\_\_\_\_

IF THE RESULTING FLOW IS >600 GPD, FOR NON-DOMESTIC WASTEWATER SYSTEMS, OR IF ADDITIONAL PERMITS ARE NECESSARY, PLEASE CHECK WITH ENVIRONMENTAL HEALTH TO DISCUSS THE AMOUNT OF ADDITIONAL FEES.

THIS APPLICATION MUST BE SIGNED BY THE CURRENT OWNER OF THE PROPERTY OR THE OWNER'S LEGAL REPRESENTATIVE (e.g., SPOUSE, POWER OF ATTORNEY, EXECUTOR, OR OTHER LICENSED PROFESSIONAL (ATTORNEY, REALTOR, BUILDER, etc.) WHO HAS ENTERED INTO A CONTRACT OR LEASE WITH THE OWNER AND WHO CAN LEGALLY REPRESENT THE PROPERTY OWNER IN TRANSACTIONS REGARDING THE PROPERTY)

ONLY ORIGINAL SIGNATURES (NO FAXES) 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:

Deety Mahesh (agent)

DATE:

4/5/06

## 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.
- ☐ FOR IMPROVEMENT PERMITS OVER 600 GALLONS PER DAY, AND FOR SUBDIVISION SITE EVALUATIONS, THE APPLICANT MUST PROVIDE A BACKHOE AND OPERATOR ON -SITE TO PROVIDE PITS.

### EXPIRATION OF PERMITS / AUTHORIZATIONS

WELL PERMITS	5 YEARS
EXISTING WELL/SYSTEM AUTHORIZATIONS	1 YEAR
IMPROVEMENT PERMITS	5 YEARS -WHEN A SITE PLAN IS SUBMITTED NO EXPIRATION -WHEN PLAT* [three copies] 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 245-2360 Fax 644-3006  
www.co.orange.nc.us



## EXISTING WELL / SEPTIC SYSTEM AUTHORIZATION

Parcel Pin: 9875847585  
Application Date: 04/05/2006  
Request for : for 15x22 shed

TMBL: 4.6.B.7  
Permit #: XS06-00115

Applicant: MADISON JOANIE L  
Address: 1310 MEADOW WIND LANE  
HILLSBOROUGH NC  
27278-6708  
Phone:

Owner: MADISON JOANIE L  
Address: 1310 MEADOW WIND LANE  
HILLSBOROUGH NC  
27278-6708  
Phone:

Property Desc.: #8 PH 1 SEC A FOX HILL FARM P57/103  
Prop Address: 1310 MEADOW WIND LN  
Permit Type:  
Facility Type: RES ACCESSORY STRUCTURE  
Water Supply: PRIVATE WELL

Lot Size: 10.09

Status: ISSUED

Authorization for: for 15x22 shed

- 1: The proposed change does not affect the required setbacks for the well or septic system. There is no change in the design waste flow from the facility. (added by script)
- 2: No field visit nor EH approval is required for this proposal pursuant to NCGS 130A-336. (added by script)

=====The Following Conditions Shall Be Met Prior To The Issuance of The CERTIFICATE OF OCCUPANCY=====

\*

\*

- \* REFER TO THE SITE PLAN / FLOOR PLAN SHOWING THE SYSTEM AND FACILITY LOCATIONS AND SPECIFICATIONS OF THE AUTHORIZATION.
- \* THIS AUTHORIZATION SHALL BECOME INVALID AND MAY BE REVOKED IF:
  - THE INFORMATION SUBMITTED ON THE APPLICATION IS INCORRECT, FALSIFIED, OR CHANGES, OR
  - THE PROPOSAL IS ALTERED.
- \* THIS AUTHORIZATION IS VALID FOR A PERIOD OF 6 MONTHS AFTER THE DATE OF ISSUANCE.
- \* THIS AUTHORIZATION IS CONDUCTED IN ACCORDANCE WITH:
  - ORANGE COUNTY RULES FOR WASTEWATER TREATMENT AND DISPOSAL SYSTEMS AS ADOPTED BY THE ORANGE COUNTY BOARD OF HEALTH,
  - ORANGE COUNTY GROUNDWATER REGULATIONS.
  - ORANGE COUNTY WASTEWATER SYSTEM SPECIFICATIONS, AND
  - ORANGE COUNTY ENVIRONMENTAL HEALTH DIVISION POLICY.

ISSUED: 04/05/2006

  
Environmental Health Specialist

EXPIRES: 04/05/2007

# 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: 9875847585  
Application Date: 01/11/2006  
Request for: FOR 20X45 POOL

TMBL: 4.6.B.7  
Permit #: XS06-00007

Applicant: BACKYARDOASIS POOL  
Address: 2133 ROLLING ROCK  
WAKE FOREST NC  
27587  
Phone: 556-7227

Owner: MADISON JOANIE L  
Address: 1310 MEADOW WIND LANE  
HILLSBOROUGH NC  
27278-6708  
Phone:

Property Desc.: #8 PH 1 SEC A FOX HILL FARM P57/103  
Prop Address: 1310 MEADOW WIND LN  
Permit Type:  
Facility Type: RES SWIMMING POOL  
Water Supply: PRIVATE WELL

Lot Size: 10.09

Status: ISSUED

Authorization for: 20x45 pool

- 1: The proposed change does not affect the required setbacks for the well or septic system. There is no change in the design waste flow from the facility. (added by script)
- 2: On the date of the inspection there was no sign of malfunction. Proposal has been authorized for the stated use. (added by script)

The Following Conditions Shall Be Met Prior To The Issuance of The CERTIFICATE OF OCCUPANCY

- \* 1) ADDING TRELLIS AS SHOWN

\*

- \* REFER TO THE SITE PLAN / FLOOR PLAN SHOWING THE SYSTEM AND FACILITY LOCATIONS AND SPECIFICATIONS OF THE AUTHORIZATION.
- \* THIS AUTHORIZATION SHALL BECOME INVALID AND MAY BE REVOKED IF:
  - THE INFORMATION SUBMITTED ON THE APPLICATION IS INCORRECT, FALSIFIED, OR CHANGES, OR
  - THE PROPOSAL IS ALTERED.
- \* THIS AUTHORIZATION IS VALID FOR A PERIOD OF 6 MONTHS AFTER THE DATE OF ISSUANCE.
- \* THIS AUTHORIZATION IS CONDUCTED IN ACCORDANCE WITH:
  - ORANGE COUNTY RULES FOR WASTEWATER TREATMENT AND DISPOSAL SYSTEMS AS ADOPTED BY THE ORANGE COUNTY BOARD OF HEALTH,
  - ORANGE COUNTY GROUNDWATER REGULATIONS.
  - ORANGE COUNTY WASTEWATER SYSTEM SPECIFICATIONS, AND
  - ORANGE COUNTY ENVIRONMENTAL HEALTH DIVISION POLICY.

ISSUED: 02/07/2006

  
Environmental Health Specialist

EXPIRES: 02/07/2007

S-2-06  
DOH

**Typical Setbacks Required By State and Local Rules Unless Otherwise Specified In Writing:**

(1)	Any private water supply source, including any well or spring	100 feet
(2)	Any public water supply source	100 feet
(3)	Streams classified as WS-I	100 feet
(4)	Any other stream, canal, marsh, or other surface water	50 feet
(5)	Any Class I or Class II reservoir	100 feet from normal pool elevation
(6)	Any permanent storm water retention pond	50 feet from flood pool elevation
(7)	Any other lake or pond	50 feet from normal pool elevation
(8)	Any building foundation or building footing	15 feet
(9)	Any basement	15 feet
(10)	Any property line	10 feet
(11)	Top of slope of embankments or cuts of 2 feet or more vertical height	15 feet
(12)	Any water line	10 feet
(13)	Drainage systems:	
	(A) Interceptor drains, foundation drains, and storm water diversions	
	(I) upslope from system	10 feet
	(II) sideslope from system	15 feet
	(III) downslope from system	25 feet
	(B) groundwater lowering ditches and devices	25 feet
(14)	Any swimming pool	25 feet
(15)	Any other nitrification field (except repair area)	20 feet
(16)	Drip line (Outermost edge of a structure)	5 feet

---

**Any changes to the proposed plans must be approved by the OCHD**

\*

**Please do not allow any traffic, construction, excavation, utilities, material storage, or any other disturbance to take place on the designated septic area or repair area. These activities may void your permit.**

\*

**The owner is responsible for marking any property lines and corners. The Contractor is responsible for ensuring that the well or septic system is installed in the proper location and that all setbacks are met.**

\*

**The system must be installed/repaired by an Orange County Registered Septic System Contractor.**

\*

**A list of Orange County Registered Septic System Contractors is available upon request.**

\*

**The system installation must be inspected by OCHD at certain stages during the installation.**

\*

**For systems with pumps, the Registered Septic System Contractor is responsible for insuring the proper installation of the electrical components. The electrical installer must possess at minimum a valid North Carolina SP-PH Electrical license.**

\*

**It is the responsibility of the Registered Septic System Contractor to call the OCHD to schedule the installation inspections.**

\*

**The OCHD must issue an Operation Permit (indicating system approval) before the facility can be occupied, before the Certificate of Occupancy can be issued by the Planning Jurisdiction, and before permanent electrical can be released.**

\*

**The Registered Septic System Contractor is responsible for backfilling the system components so that no areas are subject to the retention or ponding of surface water.**

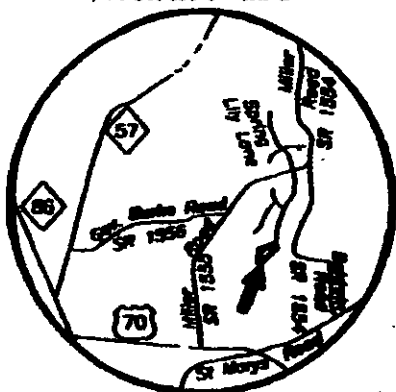
\*

**After the installation is completed, some settling of the backfill material may take place. The system owner is responsible for eliminating settled or sunken area, stabilization, and final landscaping of the ground surface.**

# — NOT FOR RECORDATION OR CONVEYANCE —

NOTE: This survey was performed for the express and exclusive purpose of showing the physical relationship between the property boundaries and the improvements thereon.

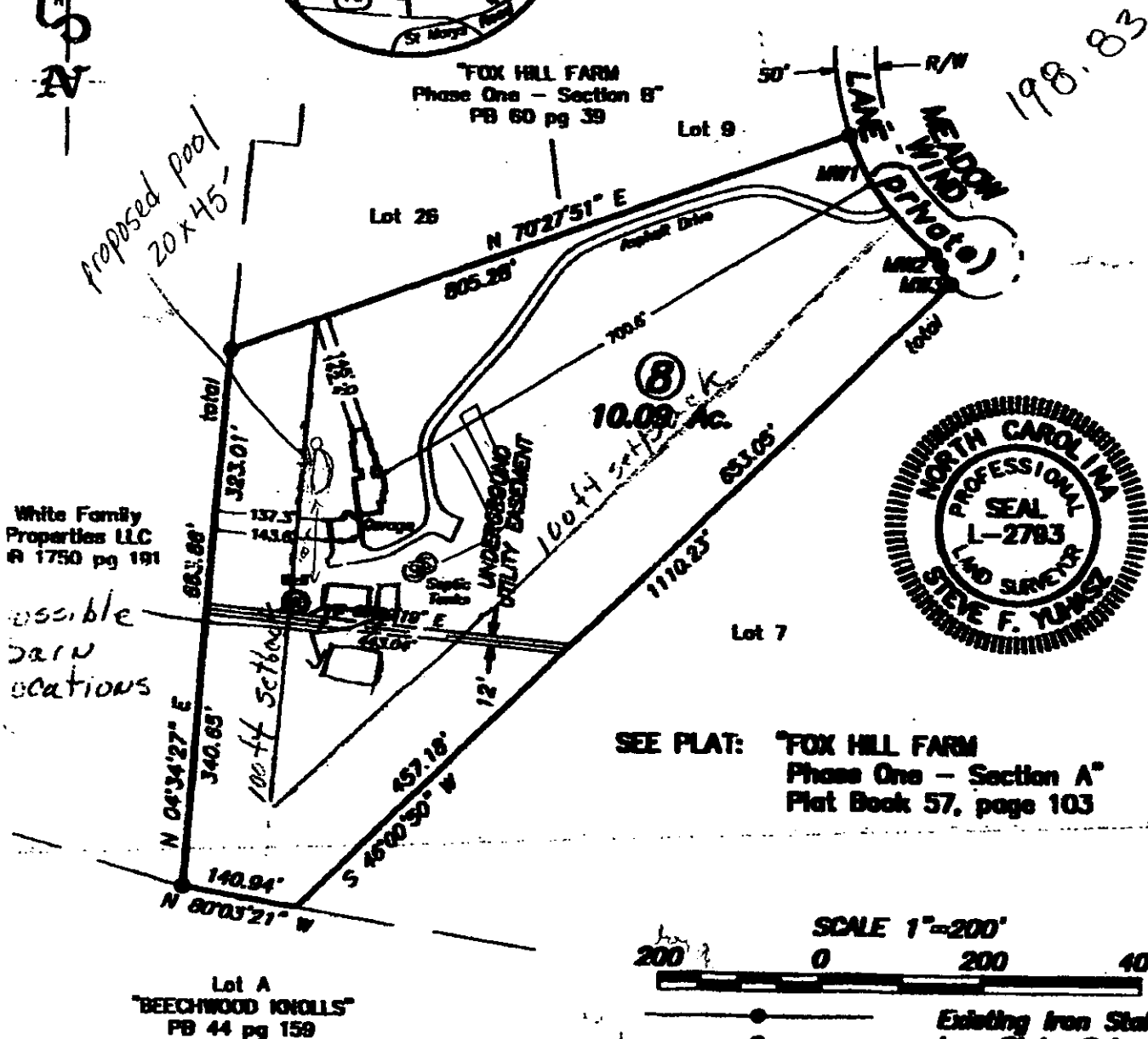
## VICINITY MAP



## — MEADOW WIND LANE RIGHT-OF-WAY DATA —

CURVE	LENGTH	RADIUS	CHORD	BEARING
MW1	182.48'	330.00'	180.16'	S 35°27'34" E
MW2	16.82'	25.00'	16.50'	N 32°01'50" W
MW3	26.88'	50.00'	26.54'	S 28°09'07" E

"FOX HILL FARM  
Phase One - Section 8"  
PB 60 pg 39



10

10

10

10

10

10

10

10

# NOT FOR RECORDATION OR CONVEYANCE

NOTE: This survey was performed for the express and exclusive purpose of showing the physical relationship between the property boundaries and the improvements thereon.

## VICINITY MAP



## MEADOW HIND LANE RIGHT-OF-WAY DATA

CURVE	LENGTH	ADIUS	CHORD	BEARING
MW1	182.00'	330.00'	180.16'	S 35°27'34" E
MW2	10.00'	25.00'	18.50'	N 32°01'30" W
MW3	25.00'	50.00'	20.54'	S 28°08'07" E

FOX HILL FARM  
Phase One - Section B  
PB 60 pg 39

Lot 9

Lot 26

N 70°27'51" E  
805.25'

10.00' sk  
100 ft setback

100 ft setback

100 ft setback

100 ft setback

100 ft setback

100 ft setback

100 ft setback

100 ft setback

100 ft setback

100 ft setback

100 ft setback

100 ft setback

100 ft setback

100 ft setback

100 ft setback

100 ft setback

Approved For: Zoning Com  
By: CRB  
Date: 3/07/06  
4/18/0



SEE PLAT: "FOX HILL FARM  
Phase One - Section A"  
Plat Book 57, page 103

SCALE 1"=200'



Existing Iron Stake  
Iron Stake Set  
Mathematical Pt.

NOTE: Area by coordinate computation.

Lot A  
"BEECHWOOD KNOLLS"  
PB 44 pg 150

1210-81



# WASTEWATER SYSTEM CONSTRUCTION AUTHORIZATION

PHONE: 732-8181 967-9251 688-7331 227-2031  
EXTENSION 2360 FAX 644-3006

PIN # 9875-84-7585

TMBL 46.B.7

## APPLICATION

APPLICANT: Ken Hirt Builders

PROPERTY OWNER: Jack Sowalsky

ADDRESS 108 Backstreet Ct.

ADDRESS 14101 Spring Meadows Dr.

Drum Hill 27112

Charlotte, NC 27514

PHONE NUMBER 602-0299

LOT SIZE 1/4 AC SUBDIVISION / LOT # 8 FOR HILL FARMS.

DIRECTIONS / LOCATION ST. MARK'S RD NORTH / LT. ON MILLER RD / RT ON MEADOW

WIND LAKE / LT. 14 ON CUL-DE-SAC.

Is this a: ☒ NEW SYSTEM

☐ REPAIR

☐ EXPANSION

☐ PERMIT RENEWAL

☒ RESIDENCE

NUMBER OF BEDROOMS 4

NUMBER OF OCCUPANTS 2

☐ BUSINESS / OTHER (PLEASE DESCRIBE)

DESCRIPTION / SIZE OF THE STRUCTURE SINGLE FAMILY RESIDENCE

TYPE OF WATER SUPPLY

PLEASE CHECK IF APPLICABLE:

PROPOSED SYSTEM TYPE:

☐ PUBLIC

☐ BASEMENT WITH PLUMBING

☒ CONVENTIONAL

☒ PRIVATE WELL

☐ WASTEWATER OTHER THAN SEWAGE GENERATED

☐ OTHER (SPECIFY)

☐ COMMUNITY WELL

☐ PROPERTY CONTAINS DESIGNATED WETLANDS

☐ OTHER

☐ SITE IS SUBJECT TO APPROVAL BY OTHER AGENCY

## OTHER INFORMATION

A SITE PLAN OR PLAT AND PAYMENT MUST BE INCLUDED WITH THIS APPLICATION TO COMPLETE THE SERVICES.

☐ AUTHORIZATION TO CONSTRUCT (ALL SITES) \$ 100.00

☐ THE EXISTING AND ANY PROPOSED PROPERTY LINES / CORNERS MUST BE CLEARLY MARKED.

☐ A FLOOR PLAN OF THE STRUCTURE MUST BE SUBMITTED PRIOR TO ISSUANCE OF THE AUTHORIZATION

☐ A SITE PLAN OR PLAT MUST BE PROVIDED SHOWING: THE LOCATION OF THE PROPOSED STRUCTURES, DRIVEWAYS, EXCAVATIONS OR OTHER IMPROVEMENTS; PROPERTY LINES; DIMENSIONS; AND SETBACKS TO REFERENCE POINTS.

THE CONSTRUCTION AUTHORIZATION MUST BE ISSUED PRIOR TO ANY CONSTRUCTION. AN OPERATION PERMIT MUST BE ISSUED BEFORE PLACING THE WASTEWATER SYSTEM INTO USE.

THE PERMIT IS SUBJECT TO REVOCATION IF THE SITE PLAN, PLAT, OR INTENDED USE CHANGES OR IF THE SITE IS ALTERED.

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

OWNER: Ken Hirt

DATE: 9/11/98

DO NOT WRITE BELOW THIS LINE

OCPD CONFIRMED [Signature]

RECEIPT # 161237

IP#

ACTION TAKEN

CA # H317441

## CONSTRUCTION AUTHORIZATION:

THIS PERMIT SHALL BE VALID FOR A PERIOD OF 5 YEARS FROM THE DATE OF ISSUANCE OR UNTIL THE IMPROVEMENT PERMIT EXPIRES, WHICHEVER COMES FIRST.

WASTEFLOW 480 GPD

TYPE SYSTEM Pump Out

SYSTEM CLASS III b HOR. TRENCH SEP. 9 FT

STB TANK 1200 GAL

PUMP TANK 1200 GAL

NITRIFICATION 530' x 3' FT MAX DEPTH 24 IN

PRE-CONSTRUCTION CONFERENCE REQUIRED (when checked) OTHER PERMIT CONDITIONS:

Reconstruction Conference shall determine need for pump

REFER TO THE ATTACHED SITE PLAN SHOWING THE SYSTEM AND FACILITY LOCATIONS AND OTHER SYSTEM SPECIFICATIONS. THE SYSTEM SHALL BE INSTALLED IN ACCORDANCE WITH ORANGE COUNTY WASTEWATER SYSTEM SPECIFICATIONS & POLICIES.

THIS AUTHORIZATION SHALL BECOME INVALID AND MAY BE REVOKED IF: THE SYSTEM INSTALLATION IS NOT COMPLETED WITHIN 6 YEARS, THE INFORMATION SUBMITTED ON THE APPLICATION IS INCORRECT, FALSIFIED, OR CHANGED, OR IF THE SITE IS ALTERED.

DATE ISSUED 9/28/98

ENVIRONMENTAL HEALTH SPECIALIST

DATE EXPIRES

## OPERATION PERMIT

REFER TO THE ATTACHED SYSTEM CONSTRUCTION "AS-BUILT" AND THE BACK SIDE OF THIS FORM FOR MORE INFORMATION.

SYSTEM INSTALLER Ken Limer

SYSTEM OPERATOR

OWNER

SYSTEM CLASSIFICATION III b

OPERATOR INSPECTION REQUIRED EVERY 12 MONTHS

OCRD REVIEW FREQUENCY 60 MONTHS

OPERATOR REPORTS DUE EVERY 12 MONTHS

DATE 11-24-99

Alan Clapp, R.S.  
ENVIRONMENTAL HEALTH SPECIALIST

457.18'

100'

S. 83° 59' 19" E  
443.04'

12' UNDERGROUND

10/29/98  
Site plan  
revised  
slightly

Well

LINE OF WOODS

N. 46° 00' 50" E

Repair Area

OPEN FIELD

OS  
36"

OA  
36"

N. 70° 27' 51" E

432.23'

# ORANGE COUNTY HEALTH DEPARTMENT WASTEWATER SYSTEM INSTALLATION INSPECTION REPORT

APPLICANT/OWNER: Jack Sowalsky LOCATION Lot 8, Fox Hill Farms  
 SYSTEM INSTALLER: Keith Liner DATE OF FIRST INSPECTION 11/24/98

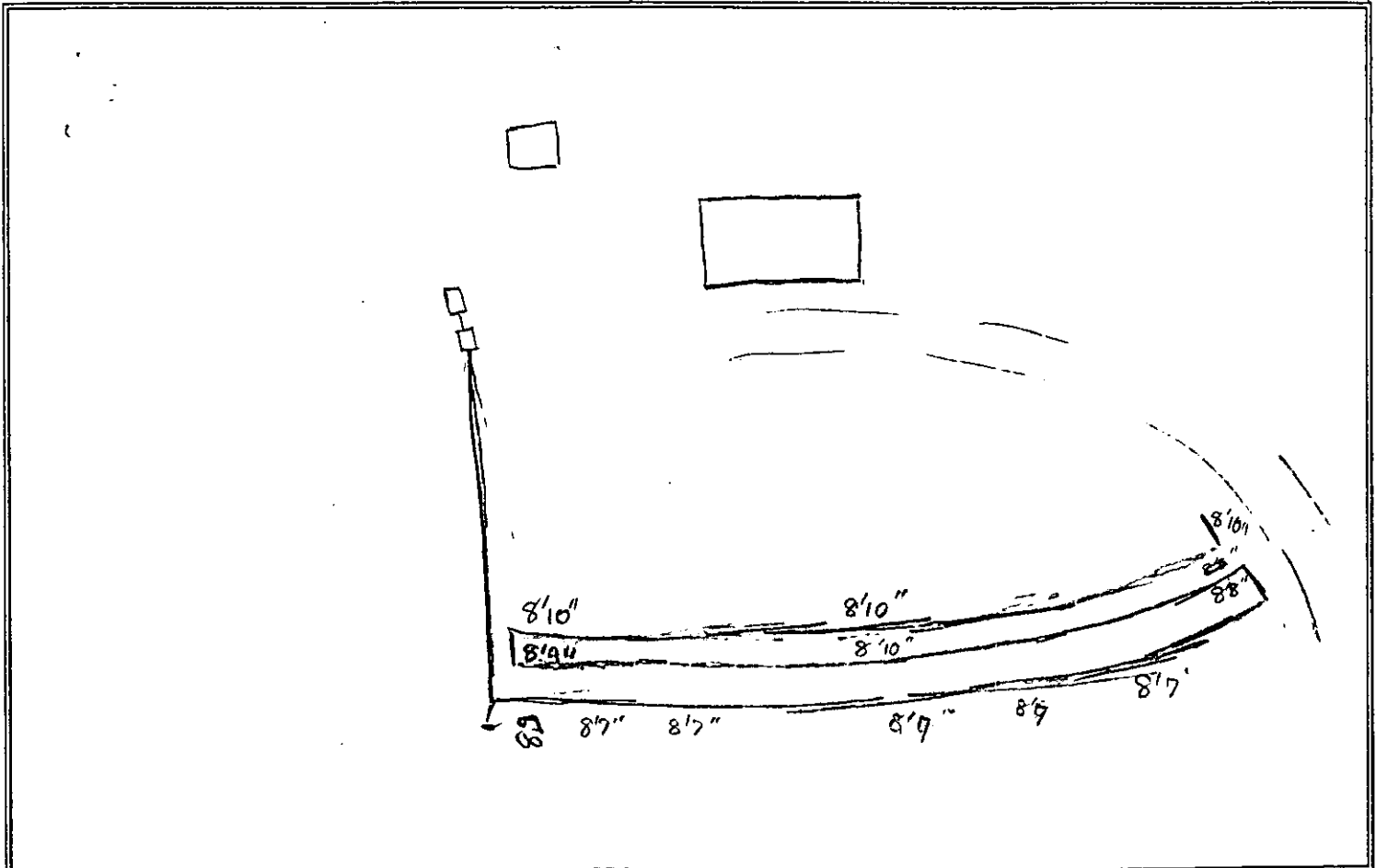
SYSTEM TYPE: CONVENTIONAL ☐ INNOVATIVE ☐ PUMP ☒ MANIFOLD ☐ LPP ☐

<b>TANKS</b>	<b>ST</b>	OCHD 35 MANU. <u>Triangle</u> STB - <u>255</u> _____ GAL _____ PSI DATE <u>10/18/98</u> LEAK TEST _____ RISER OK <input checked="" type="checkbox"/>	<b>PT</b>	OCHD 41 MANU. <u>Triangle</u> PT - <u>243</u> _____ GAL _____ PSI DATE <u>10/18/98</u> LEAK TEST _____ RISER OK <input checked="" type="checkbox"/>	PUMP REQUIREMENTS _____ GPM @ _____ TDH BRAND <u>Zeolite</u> MODEL <u>98-B</u> ALARM OK <input checked="" type="checkbox"/> PULL ROPE <input checked="" type="checkbox"/> FLOATS SET <input checked="" type="checkbox"/>
--------------	-----------	---	-----------	--	--

**SUPPLY PIPE** 160'  
 SIZE, 2"  
 OK TO COVER ☒  
 PRESSURE TEST ☐

**ELECTRICAL** ENCLOSURE/CONDUIT ☒  
 DUCT SEAL ☒  
 GROUT ☒  
 COMMENTS \_\_\_\_\_

## DIAGRAM - AS BUILT



YET TO DO:  
 DATE 11/25/98  
 DATE \_\_\_\_\_  
 DATE 11/24/99  
 DATE 11/24/99

Electrical enclosure, alarm, floats  
ELECTRICAL, ALARM, FLOATS, AND PUMP RUN  
 ALL INSPECTIONS COMPLETED

INITIALS  
JS  
CAC  
CAC

# WELL PERMIT & APPLICATION

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

PHONE: 732-8181 967-9251 688-7331 227-2031  
EXTENSION 2360 FAX 644-3006  
TMBL 4.6.8.7

PIN #

9875-84-7585

## APPLICATION

APPLICANT: KEN HUFF BUILDERS PROPERTY OWNER: JACK SOWALSKY  
ADDRESS 105 BLACKFORD CT. ADDRESS 14101 SPRING MEADOW DR.  
DURHAM, NC 27712 CHAPEL HILL, NC 27514  
PHONE NUMBER 620-0299 LOT SIZE 10AC SUBDIVISION / LOT# 8 FOX HILL FARMS  
DIRECTIONS / LOCATION ST. MARY'S RD. NORTH / LT. ON MILLER RD / RT. ON MEADOW  
WIND LANE / LOT IN CU-DE-SAC.  
Is This a: ☒ NEW WELL ☐ REPLACEMENT WELL ☐ WELL ABANDONMENT ☐ WELL LINER ☐ PERMIT RENEWAL  
☒ RESIDENCE OR ☐ BUSINESS / OTHER (PLEASE DESCRIBE) \_\_\_\_\_  
TYPE OF WASTEWATER SYSTEM ☒ SEPTIC SYSTEM ☐ PUBLIC SEWER ☐ OTHER

## OTHER INFORMATION

IF YOU HAVE A PREFERRED LOCATION FOR THE PROPOSED WELL, PLEASE INDICATE BY SKETCHING A SITE PLAN ON THE BACK SHOWING ANY EXISTING STRUCTURES, SEPTIC SYSTEMS, UNDERGROUND STORAGE TANKS ETC.

PAYMENT MUST BE INCLUDED WITH THIS APPLICATION TO COMPLETE THE SERVICES.

- ☒ WELL PERMIT FEE \$ 140.00  
☐ THE EXISTING AND ANY PROPOSED PROPERTY LINES / CORNERS MUST BE CLEARLY MARKED.  
☐ THE WELL PERMIT MUST BE ISSUED BEFORE CONSTRUCTION OF THE WELL BEGINS.  
☐ A WELL CONSTRUCTION INSPECTION MUST BE CONDUCTED, AND THE WELL APPROVED BY THE OCHD BEFORE PLACING THE WELL INTO USE.

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

OWNER / TENANT: [Signature] DATE: 9/11/98

DO NOT WRITE BELOW THIS LINE

RECEIPT # 161237  
WP # H37745W

## WELL PERMIT

THIS PERMIT SHALL BE VALID FOR A PERIOD OF 1 YEAR FROM THE DATE OF ISSUANCE

OTHER PERMIT CONDITIONS: 1/19/99 - Note alternate well location

REFER TO THE ATTACHED SITE PLAN SHOWING THE WELL AND FACILITY LOCATIONS AND OTHER SPECIFICATIONS. THE WELL SHALL BE LOCATED AND CONSTRUCTED IN ACCORDANCE WITH ORANGE COUNTY GROUNDWATER REGULATIONS. THE WELL CONTRACTOR SHALL BE REGISTERED TO CONSTRUCT WELLS IN ORANGE COUNTY. UNLESS OTHERWISE SPECIFIED, THE FOLLOWING MINIMUM SETBACK DISTANCES SHALL BE MAINTAINED:

- SEPTIC SYSTEMS 100FT
- BUILDING FOUNDATIONS, WATERTIGHT SEWER LINES, OR OTHER SOURCES OF CONTAMINATION 50FT
- PROPERTY LINES 40FT

THE WELL SITE DESIGNATED IS BASED ON SETBACK DISTANCES FROM KNOWN FEATURES AND DOES NOT INDICATE NOR GUARANTEE THAT ANY QUANTITY OR QUALITY OF WATER WILL BE PROVIDED BY THE WELL.

ISSUED 9/28/98 [Signature] ENVIRONMENTAL HEALTH SPECIALIST DATE EXPIRES 9/28/99 DATE

## COMPLETION INSPECTION

DEPTH 205 CASING DEPTH 42 STATIC WATER 20  
IELDS 20 WATER ZONES 180 GROUT TYPE Sand/Cement  
WELL DRILLER/CONTRACTOR Shelton GPS FILE # R012619A  
11/27/00 Grouted 1/26/99 [Signature] ENVIRONMENTAL HEALTH SPECIALIST

HD 07/98

\* Need to abandon dry hole  
Need well log. 22.

457.18'

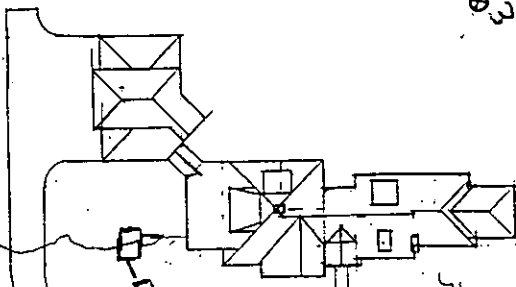
N. 46°00'50" E

S. 83°59'19" E  
443.04'

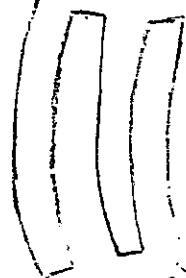
12" UNDERGROUND

1/19/99  
Alternate  
well site

1/26/99  
Well  
Need to  
abandon  
dry hole



LINE OF WOODS



Repair Area

OPEN FIELD

N. 70°27'51" E  
432.23'

$$\begin{array}{r} \text{\$} 700 \\ + \text{\$} 600 \\ \hline \text{\$} 1300 \end{array}$$

Jan Jackson

TWNSP, TM, BLK, LOT

ORANGE COUNTY  
WELL REPORT AND LOG

OWNER NAME: Jack SOWALSKY PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

QUESTEE NAME: Ken Huff Bild PHONE: \_\_\_\_\_

LOCATION: Fox Fire Farms

PERMIT REFERENCE NUMBER: \_\_\_\_\_

DILLING CONTRACTOR: Shelton Well Drilling

REGISTRATION NUMBER: 502 PHONE: 886.3885/67

TYPE OF WELL: INDIVIDUAL RESIDENCE OTHER (SPECIFY) \_\_\_\_\_

DATE STARTED: 1-25-99 DATE COMPLETED: 1-26-99

IS THIS WELL A REPLACEMENT WELL? NO

DISTANCE OF WELL FROM: \_\_\_\_\_

NEAREST WASTEWATER DISPOSAL SYSTEM: 100 PL FEET

NEAREST BUILDING FOUNDATION: 50 PL FEET

NEAREST PROPERTY LINE: 100 PL FEET

OTHER POTENTIAL SOURCES OF CONTAMINATION: none FEET

SPECIFY: \_\_\_\_\_

WELL DEPTH: 205 FEET WATER ZONES: \_\_\_\_\_

SCREENING DEPTH: 42 FEET 20 GPM AT 180 FT.

WELL FLOW (GPM): 20 FEET \_\_\_\_\_ GPM AT \_\_\_\_\_ FT.

STATIC WATER LEVEL: 20 FEET \_\_\_\_\_ GPM AT \_\_\_\_\_ FT.

TYPE AND BRAND OF DRIVE SHOE USED: Steel

TYPE AND LENGTH OF TEST FOR WELL YIELD: \_\_\_\_\_

TYPE AND AMOUNT OF CHLORINE USED: 1 gal Bleach

REMARKS \_\_\_\_\_

CERTIFY THAT ALL THE ABOVE INFORMATION IS ACCURATE AND TRUE:

DW Shelton

DRILLER

DATE: 1-26-99

FORM TO BE FILLED OUT COMPLETELY AND GIVEN TO THE HEALTH DEPARTMENT REPRESENTATIVE AT THE GROUTING INSPECTION.  
FILLING OUT THIS FORM DOES NOT RELIEVE YOU OF ANY STATE REQUIREMENTS FOR SUBMITTAL OF WELL LOGS.



# IMPROVEMENT PERMIT

[NOT TO BE USED TO OBTAIN A  
BUILDING PERMIT] \*

Orange County Health Department

Environmental Health Division

P.O. Box 8181, 306-C Revere Road  
Hillsborough, NC 27278

PHONE: 732-8181 967-9251 688-7331 227-2031  
EXTENSION 2360 FAX 644-3006

TMBL

4-6-B-7

PIN #

## APPLICATION

APPLICANT: JOHN SOWALSKY PROPERTY OWNER: SAME  
ADDRESS 14101 SPRING MEADOW DR. ADDRESS \_\_\_\_\_  
CHAPEL HILL, N.C. 27514  
PHONE NUMBER 919 942-0635 LOT SIZE 10.0 SUBDIVISION / LOT# FOXHILL FARM / LOT #8  
DATE LOT RECORDED \_\_\_\_\_ DIRECTIONS / LOCATION \_\_\_\_\_

☐ NEW SYSTEM ☐ REPAIR ☐ EXPANSION ☐ RENEWAL ☐ SUBDIVISION [ \_\_\_\_\_ # OF SITES ]

☒ RESIDENCE NUMBER OF BEDROOMS 4 NUMBER OF OCCUPANTS \_\_\_\_\_

☐ BUSINESS / OTHER (PLEASE DESCRIBE) \_\_\_\_\_

DESCRIPTION / SIZE OF THE STRUCTURE \_\_\_\_\_

### TYPE OF WATER SUPPLY

☐ PUBLIC

☒ PRIVATE WELL

☐ COMMUNITY WELL

☐ OTHER

### PLEASE CHECK IF APPLICABLE:

☐ BASEMENT WITH PLUMBING

☐ WASTEWATER OTHER THAN SEWAGE TO BE GENERATED

☐ PROPERTY CONTAINS DESIGNATED WETLANDS

☐ SITE IS SUBJECT TO APPROVAL BY OTHER AGENCY

*Site already  
approved*

## OTHER INFORMATION

A SITE PLAN AND PAYMENT MUST BE INCLUDED WITH THIS APPLICATION TO COMPLETE THE SERVICES.

☐ SITE EVALUATION / IMPROVEMENT PERMIT \$ 190.00 PER SITE (INCLUDES LAYOUT)

EACH SITE EVALUATION CONSISTS OF UP TO 2 ACRES, OR UNTIL A SUITABLE AREA HAS BEEN IDENTIFIED

☐ THE EXISTING AND ANY PROPOSED PROPERTY LINES / CORNERS MUST BE CLEARLY MARKED.

☐ A SITE PLAN OR PLAT MUST BE PROVIDED SHOWING THE EXISTING AND PROPOSED PROPERTY LINES WITH DIMENSIONS AND THE LOCATION OF ANY PROPOSED STRUCTURES OR IMPROVEMENTS.

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

OWNER: John Sowalsky DATE: 9/23/98

DO NOT WRITE BELOW THIS LINE

RECEIPT # \_\_\_\_\_

SITE CLASSIFICATION

ACTION TAKEN

IP #

## IMPROVEMENT PERMIT

REFER TO THE ATTACHED: ☐ SURVEYED PLAT OR ☒ SITE PLAN FOR THE LOCATION OF THE DESIGNATED AREA.  
THIS PERMIT SHALL BE VALID: ☐ WITHOUT EXPIRATION ☒ FOR A PERIOD OF 5 YEARS FROM THE DATE OF ISSUANCE

WASTEFLOW 480 GPD TYPE SYSTEM Pump Out LTAR 0.3 GPD/FT<sup>2</sup> P.S. SOIL DEPTH 36 INCHES

THERE MAY BE OTHER TYPES OF SYSTEMS WHICH ARE APPLICABLE FOR THIS SITE.  
THE APPLICANT FOR AN AUTHORIZATION TO CONSTRUCT MUST SPECIFY THE SYSTEM TYPE(S) TO BE CONSIDERED.

OTHER PERMIT CONDITIONS: \_\_\_\_\_

\* 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.

9/28/98  
DATE

J. E. J.  
ENVIRONMENTAL HEALTH SPECIALIST

# ORANGE COUNTY ENVIRONMENTAL HEALTH DIVISION

## SOIL / SITE EVALUATION REPORT

OWNER/APPLICANT: Jack Sowalsky  
TAX MAP REFERENCE: 4.6. B.7  
SITE NUMBER: \_\_\_\_\_

.1940 TOPOGRAPHY: (S) PS U  
(0-15%) (15-30%) (>30%)

.1940 LANDSCAPE POSITION: (S) U

.1941 SOIL CHARACTERISTICS (MORPHOLOGY):

(1) TEXTURE	S	<u>(PS)</u>		
(2) STRUCTURE	S	<u>(PS)</u>	U	PS (.1941(b))
(3) CLAY MINERALOGY	<u>(S)</u>		U	PS (.1941(b))

.1942 SOIL WETNESS CONDITIONS: S PS U PS  
\_\_\_\_\_ INCHES (>48") (36-48") (<36") UNDER .1942(b)

.1943 SOIL DEPTH: S PS U PS  
36 INCHES (>48") (36-48") (<36") UNDER .1943(b)

.1944 RESTRICTIVE HORIZONS: S PS U PS  
(>48") (36-48") (<36") UNDER .1944(b)

.1945 AVAILABLE SPACE (S) NEEDS LAYOUT U

.1946 OTHER APPLICABLE FACTORS: U

.1947 DETERMINATION OF OVERALL SITE SUITABILITY:  
S (PS) U

.1955/.1957 DESIGN CRITERIA LTAR: 0.3 GPD/FT2

J. E. J. 9/25/98  
ENVIRONMENTAL HEALTH SPECIALIST DATE

REMARKS: Reestablished area David Hecht look  
at on 11/15/96

SYSTEM TYPES: CONVENTIONAL w/Pump CONVENTIONAL w/SHALLOW PLACEMENT \_\_\_\_\_ PPBPS \_\_\_\_\_  
LPP \_\_\_\_\_ CHAMBER \_\_\_\_\_ EXPANDED POLYSTYRENE \_\_\_\_\_  
OTHER: \_\_\_\_\_

# ORANGE COUNTY HEALTH DEPARTMENT

REFERENCE NUMBER 427362D LAYOUT	DATE 11.01.96	PIN 9875-84-7585	MAP REFERENCE 4.6.B.7
APPLICANT: SCHRDER MICHAEL 2212 RUNNING PINE CT HILLSBOROUGH NC 27278 493-2307		OWNER: LANT JEFFREY L APT 507 50 FOLLEN ST CAMBRIDGE MA 02138	
SPECIFICATIONS: LAYOUT FOR 4 BR SFD		LOT SIZE / ACREAGE: 0.10.09	DESIGNATED WETLAND? YES _____ NO _____
LOCATION / DIRECTIONS: LOT 8 FOX HILL FARM			
FEE: 50	RECEIPT: 113882	SIGNATURE OF APPLICANT:	
CONFIRMED BY PLANNER:	PLANNER	DATE	CLERK

DW FLOW 480 gal LTAR .3 LIN FEET 530X3 TYPE. SYS CCW  
530X3  
PMP REQ UNK (HOUSE LOCATION) OTHER NO NET FTG 1000X3 SOIL DPT 36"  
REMARKS: RED CLAY 36" AS SHOWN. PUMP MAY BE  
REQUIRED PEND HOUSE LOCATION AND ~~PLUMBING~~  
PLUMBING LAYOUT.

DATE, LAYOUT 11-13-76

ENV HEALTH SPEC

**SEE IMPORTANT INFORMATION ON THE REVERSE SIDE**

## 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, Authorizations to Construct)

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

### II. Sewage Disposal Information

Permits and Authorizations are valid only with respect to the nature, frequency, and volume of wasteflow described in supporting documentation.

Issuance of permits do not preclude the owner from complying with all statutes, regulations, or ordinances which may be imposed by other government agencies which have jurisdiction, or any other permits issued by this department.

Authorizations shall be valid for 60 months from the date of issue. Authorizations and permits shall become invalid if information submitted in the application was falsified or changed, if the permits were based on inaccurate or incomplete information, or if the designated site is altered.

The OCHD may amend, revoke, or re-issue permits based on further data or information that may be available.

The owner shall be required to maintain the designated site and the repair area throughout the term of this permit. The areas shall not be disturbed or altered by excavation, removal of soil, or subject to vehicular traffic.

The installer shall be currently registered with the OCHD.

The contractor shall be responsible for notification of the OCHD for system inspection in stages as required and prior to backfilling any portion of the system. No portion of the system shall be backfilled or placed into use without prior approval of the OCHD.

The system shall be installed in accordance with approved plans and specifications, and with Orange County Health Department regulations and design requirements. Any changes or deviations from the approved plans will require prior approval from the OCHD.

The location and identification of all property lines, easements, water lines, and other appropriate utilities shall be the responsibility of the installer.

An Operation Permit shall be issued by the OCHD prior to placing the system in to use, or occupying the facility. The Operation Permit shall not be taken as a guarantee or indication that the system will function satisfactorily for any length of time.

Prior to issuance of the Operation Permit:

- The system shall be completed, installed, and tested in accordance with the approved design.
- Final landscaping, water diversion devices, and vegetative cover requirements and pressure adjustment shall be completed.
- Any necessary easements, plats, or documents shall be recorded with the register of deeds and copies submitted to the OCHD.
- The Owner shall acknowledge responsibility for monitoring and maintenance, and reporting of the system in accordance with the Schedule of Operation and Maintenance to be a part of the Operation Permit for the facility.
- Where required, the owner shall execute a contract with a management entity. The executed contract shall be submitted to the OCHD.

References:

- Article 11 of Chapter 130A of the General Statutes of North Carolina entitled "Wastewater Systems."
- Rules for Sewage Treatment and Disposal Systems 15A NCAC 18A.1900 As amended by the Orange County Board of Health.
- Design Specifications for On-Site Wastewater Systems in Orange County.

### 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  $4\frac{1}{2}' \times 4\frac{1}{2}'$  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 Setbacks\*

#### A. Sewage Disposal Systems

1. Private water supplies	100'
2. Public water supply sources tributaries	100'
3. A-11 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	40'
4. Building foundations	50'

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

\*Add 2.5' for a low pressure pipe system.

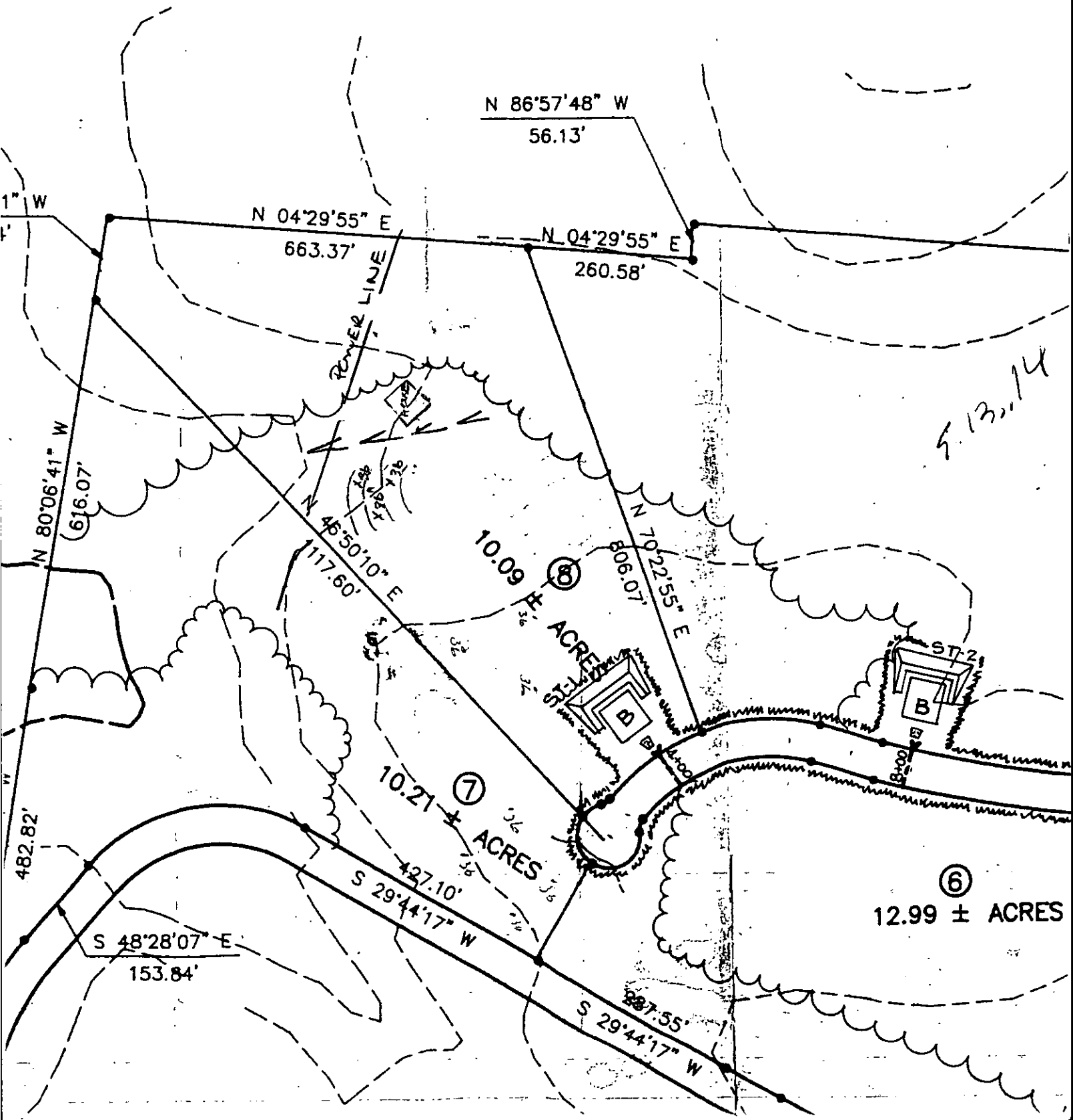
OLD SECTION

Fox Hill Farm

LOT

KETH LINER

1:30



# APPLICATION FOR WATER SAMPLES PRIVATE WATER SUPPLIES

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



PHONE: 732-8181  
967-9251  
688-7331  
227-2031  
FAX 644-3006

EXTENSION 2360

PIN #

TMBL

4.6.B.7

## APPLICATION

APPLICANT: REAL PROPERTY DEVELOPMENT PROPERTY OWNER: JACK + PEG SOWALSKY  
ADDRESS 405 W. FRANKLIN ST. ADDRESS \_\_\_\_\_  
CHAPEL HILL, NC 27516  
PHONE NUMBER (919) 933-0103 SUBDIVISION / LOT# FOX HILL FARMS  
DIRECTIONS / LOCATION \_\_\_\_\_ LOT #8  
MEADOW WIND

## WELL INFORMATION:

DATE DRILLED \_\_\_\_\_ DEPTH \_\_\_\_\_ GALLONS PER MINUTE \_\_\_\_\_  
CASING DEPTH \_\_\_\_\_ DRILLER ALL ON FILE OCHD NEW  
HAS THIS WELL BEEN SAMPLED BY OCHD BEFORE? N ☐ Y ☐ GIVE DATE AND RESULTS CONSTRUCTION  
DESCRIBE ANY CURRENT PROBLEMS WITH YOUR WATER. \_\_\_\_\_  
IS THERE A TREATMENT SYSTEM? N ☐ Y ☐ WHAT TYPE? \_\_\_\_\_  
IS THERE A SPIGOT NOT CONNECTED TO THE TREATMENT SYSTEM? IF SO, WHERE? \_\_\_\_\_

## TYPE OF SAMPLE REQUESTED:

PAYMENT MUST BE INCLUDED WITH THIS APPLICATION TO COMPLETE THE SERVICES.

☒ BACTERIOLOGIC SAMPLE \$10.00  
☐ INORGANIC CHEMICAL SAMPLE (INCLUDES FLUORIDE) \$15.00  
☐ OTHER \$ \_\_\_\_\_ ☐ RESAMPLE \$10.00

## OTHER INFORMATION:

WATER SAMPLES MUST BE REQUESTED BY THE OWNER OR TENANT OF THE PROPERTY.

THE SIGNATURE OF THE OWNER OR TENANT IS REQUIRED ON THIS FORM AUTHORIZING THE OCHD TO ENTER THE PROPERTY.

THE WELL HEAD AND SAMPLING SPIGOTS MUST BE EXPOSED AND MADE ACCESSIBLE TO THE OCHD.

THE RESULTS OF THE REQUESTED WATER SAMPLES ARE NOT INTENDED FOR USE IN PROPERTY TRANSACTIONS, LOAN APPROVALS, OFFERS TO PURCHASE, NOR REAL ESTATE CONTRACTS.

THE WELL SHOULD NOT BE CHLORINATED PRIOR TO SAMPLING UNLESS INSTRUCTED BY THE OCHD.  
WHEN WAS THE WELL LAST CHLORINATED? \_\_\_\_\_

I HEREBY AUTHORIZE THE OCHD TO ENTER THE PROPERTY AND PERFORM THE SERVICE REQUESTED.

OWNER/TENANT: [Signature]

DATE: 10/11/99

RETURN WITH PAYMENT TO: ORANGE COUNTY HEALTH DEPARTMENT, ENVIRONMENTAL HEALTH DIVISION  
P.O. BOX 8181, 306-C REVERE RD., HILLSBOROUGH, NC 27278

Sampled by: [Signature]  
Date: 11/9/99  
Protected? Y N

11/3 No Power

mailed  
11-18-99

RECEIPT  
VOUCHER

ORANGE COUNTY

187755

\$ 10.<sup>00</sup>

HILLSBOROUGH, N.C., Oct. 13 199 9

RECEIVED OF John Dowalsky  
Ten dollars & no/100 — DOLLARS

FOR Bacteria water sample

CHK# 6297  
BY B Borland

North Carolina State Laboratory of Public Health  
Department of Health and Human Services  
P. O. Box 28407 - 306 N. Wilmington St. - Raleigh, N. C. 27611-8047

---

**COLIFORM ANALYSIS - PRIVATE WATER SUPPLY**

---

Name of Owner or Tenant: Real Property Development County: Orange  
Address: 405 Franklin St. Chapel Hill, NC ZIP: 27516  
Source: Well Type of Sampling Point: Tap at holding tank  
Collected By: JJ Date: 11/9/99 Time: 11:59 AM  
Signed By: Jan Jackson

Report To: Orange Co. Environ. Health

Post Office Box 8181

Hillsborough, NC 27278

(919) 732-8181

**BACTERIOLOGIC ANALYSIS**

**CONTAMINANTS**

**RESULT**

Total Coliform (ColilertRoutine)

Absent

Sample No: AA30145 Date Received: 11/10/99 Time Received: 9:30:00 AM

Date Reported: 11/12/99 Today's Date: 11/12/99

Comments: Jack Sowalsky Lot 8

Orange Co. Environ. Health

ATTN: Jan Jackson

Post Office Box 8181

Hillsborough, NC 27278

Courier 17-50-13

## Explanations

### Coliform Analysis:

If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of *E. coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

### Inorganic Analysis:

Recommended limits for drinking water. Sample should not exceed levels listed below:

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.05 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

**North Carolina State Laboratory of Public Health  
Department of Health and Human Services  
P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047**

**INORGANIC CHEMICAL ANALYSIS - PRIVATE WATER SYSTEM**

**Name of System:** Sowalsky, Jack

**Source of Water:** ground

**Address:** 405 W. Franklin St.  
Chapel Hill, NC

**Zip:** 27516

**Source of Sample:**

**Type of Sample:** raw

**County:** ORANGE

**Type of Treatment:** none

**Report To:** Orange Co. Envr. Health  
Post Office Box 8181  
Hillsborough, NC 27278  
**Courier:** 17-50-13

**ATTN:** Jan Jackson  
(919) 732-8181

**Type of Analysis** PRIVATE

**Collected By:** JAN JACKSON

**Date:** 11/09/1999

**Time:** 10:10:00 AM

**Location of sampling point:** lot 8 Foxhill Farms

**Remarks:** Real Property Development

I.M. 4.6.B.7

Holding tank @ well Lot 8 Foxhill Farms

Parameters	Results	Units	Date Analyzed:
Alkalinity as CaCO <sub>3</sub>	94	mg/l	11/10/1999
Arsenic	<0.01	mg/l	11/10/1999
Calcium	28.7	mg/l	11/10/1999
Chloride	7	mg/l	11/10/1999
Copper	<0.05	mg/l	11/10/1999
Fluoride	0.17	mg/l	11/10/1999
Iron	0.47	mg/l	11/10/1999
Hardness as CaCO <sub>3</sub> (Ca,Mg)	98	mg/l	11/10/1999
Magnesium	6.3	mg/l	11/10/1999
Manganese	0.20	mg/l	11/10/1999
Lead	<0.005	mg/l	11/10/1999
pH	7.2	Std. unit	11/10/1999
Zinc	0.64	mg/l	11/10/1999

If you have any questions  
about these results, you may  
call Orange County Environmental  
Health at 732-8181 ext. 2360

**Date Received:** 11/10/1999

**Report Date:** 11/18/1999

**Reported By:** \_\_\_\_\_

**Today's Date:** 11/22/1999

**Ref:** 17303

**Sample Number:** AA26160

## Explanations

### Coliform Analysis:

If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of *E. coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

### Inorganic Analysis:

Recommended limits for drinking water. Sample should not exceed levels listed below:

Alkalinity	No established limits	Iron	0.30 mg/l
Arsenic	0.05 mg/l	Lead	0.015 mg/l
Calcium	No established limits	Magnesium	No established limits
Chloride	250 mg/l	Manganese	0.05 mg/l
Copper	1.3 mg/l	Nitrate	10 mg/l (as N)
Fluoride	4 mg/l	Nitrite	1.0 mg/l (as N)
Hardness	No established limits	pH	Not less than 6.5 units
		Zinc	5.0 mg/l

LOT #8  
FOX HILL FARM

DEV HOCÉ

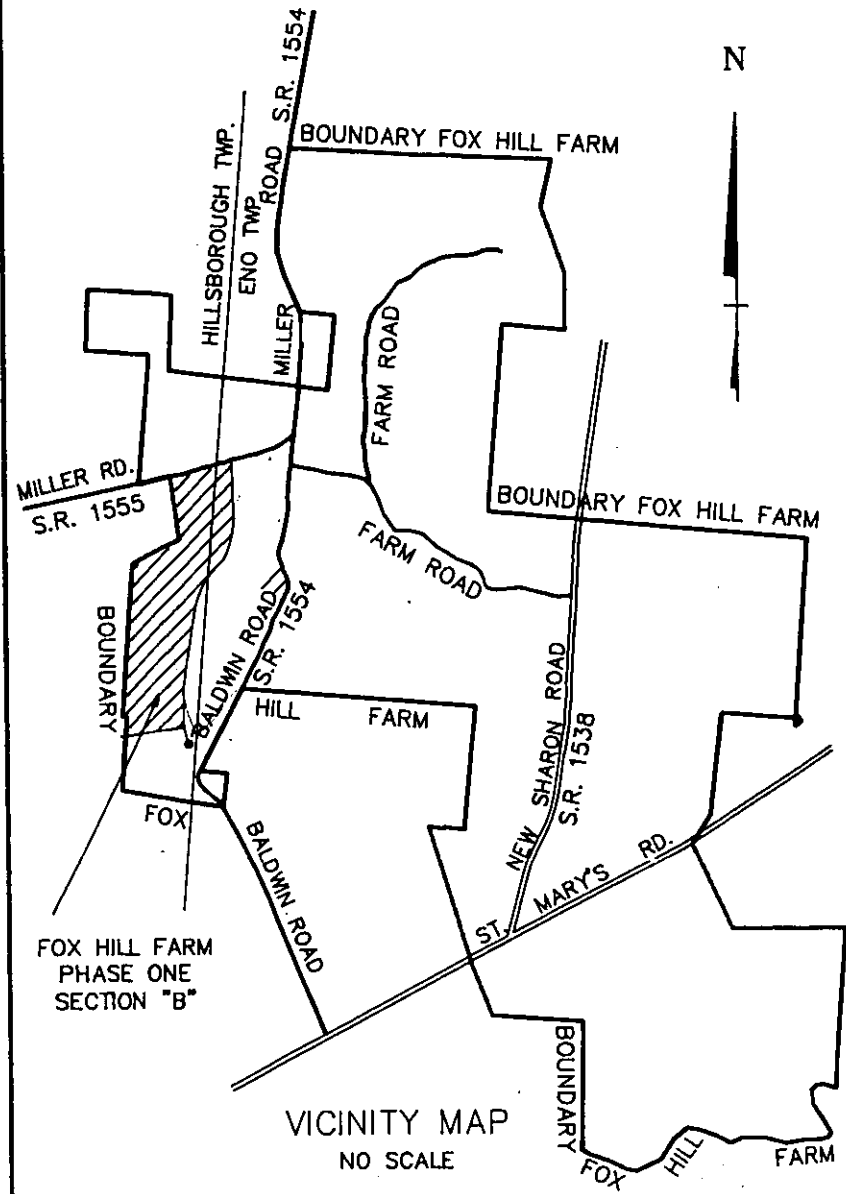
A BANDO MET

REAL PROPERTY DEV.

4.6.B.7

8-20-99

CAL



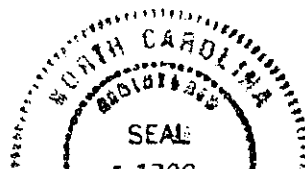
NOTES:

1. TOTAL AREA IN SECTION "B" 47.73± ACRES.
2. PARENT PIN IS 9875-86-7126 AND TAX MAP IS 4.4..22
3. DEED BOOK IS D.B. 872, P. 513 AND THE LAND IS ZONED AR.

- IRON FOUND
- IRON TO BE SET

SURVEYOR'S CERTIFICATE

I, Edward C. Ciedle do hereby certify that the attached plat and subdivision was made by me on the order and at the direction of Randolph Dudley Fox the owner of the lands included and that the subdivision as shown by the attached plat is located entirely within the boundaries of the land conveyed to said above named owner by deed dated the 30 day of August 1990 from Central Carolina Bank, Trust



ORANGE COUNTY HEALTH DEPARTMENT-ENVIRONMENTAL HEALTH DIVISION  
APPLICATION FOR IMPROVEMENT AND/OR WELL PERMIT

**PART I - GENERAL INFORMATION**

APPLICANT <u>MICHAEL S. SCHROEDER</u>	OWNER <u>SAME</u>
ADDRESS <u>2212 RUNNING PINE CT</u>	ADDRESS <u>SAME</u>
<u>HILLSBOROUGH, NC 27278</u>	
PHONE (DAYTIME) <u>919-493-2307</u>	PHONE (DAYTIME) <u>SAME</u>
TYPE OF PERMIT DESIRED - IMPROVEMENT (SEPTIC TANK) <input checked="" type="checkbox"/> ; WELL <input type="checkbox"/> ; BOTH <input type="checkbox"/>	
TAX MAP REFERENCE: TOWNSHIP <u>HILLSBOROUGH</u>	TAX MAP <u>6 BLOCK B LOT 7</u>
SUBDIVISION AND LOT NUMBER: <u>FOX HILL FARM LOT #8</u>	
DIRECTIONS TO PROPERTY (USE SPECIFIC ROAD NAMES OR NUMBERS WITH EXACT DISTANCES) <u>HWY 70 EAST FROM HILLSBOROUGH - NORTH (LEFT) ON MILLER ROAD -</u> <u>RIGHT INTO FOX HILL FARMS ON MEADOW WIND - END OF CUL-DE-SAC LOT #8.</u>	
WHAT IS THE EXACT ACREAGE OF THE EXISTING PROPERTY? <u>10.09 AC</u>	
ARE THE PROPERTY CORNERS AND LINES CLEARLY MARKED? <u>FRONT CORNERS MARKED</u>	

**PART II - IMPROVEMENT PERMIT INFORMATION**

WHAT IS THE DATE OF RECORDATION OF THE PLAT FOR THIS PROPERTY? <u>March '92</u>
WHEN WAS THE PROPERTY LAST SURVEYED? _____
PROPOSED USE OF PROPERTY: SINGLE FAMILY DWELLING <input checked="" type="checkbox"/> BUSINESS <input type="checkbox"/> OTHER <input type="checkbox"/>
LIST ALL ROOMS, NUMBER OF EMPLOYEES, BUILDING SQUARE FOOTAGE, ETC. <u>4 Bedroom residential</u>
WILL THERE BE A BASEMENT? <u>No</u> ; WILL THE BASEMENT BE FINISHED? <u>NA</u> ; LIST ALL THE PLUMBING FIXTURES IN THE BASEMENT: <u>NA</u>
TYPE OF WATER SUPPLY: WELL <input checked="" type="checkbox"/> ; PUBLIC <input type="checkbox"/> ; COMMUNITY <input type="checkbox"/> ; OTHER <input type="checkbox"/>

**PART III - REQUIREMENTS AND CONDITIONS FOR PERMIT ISSUANCE -**

- PLEASE ATTACH A FLOORPLAN OF THE PROPOSED STRUCTURE IF ONE WILL NOT BE PROVIDED ON SITE.
- A SITE PLAN SHOWING ALL EXISTING AND PROPOSED STRUCTURES, ALL EXISTING WELLS AND SEPTIC SYSTEMS, ALL WATER AND SEWER LINES, ANY PROPOSED IMPROVEMENTS (DECKS, PATIOS, PORCHES, SWIMMING POOLS, DRIVEWAYS, ETC.) AND ANY DESIGNATED WETLANDS MUST BE PROVIDED BEFORE THE IMPROVEMENT PERMIT CAN BE ISSUED.
- ANY PERMIT ISSUED PURSUANT TO THIS APPLICATION IS SUBJECT TO SUSPENSION OR REVOCATION IF THE SITE IS ALTERED, IF THE SITE PLANS OR THE INTENDED USE CHANGES, OR IF THE INFORMATION SUBMITTED IN THIS APPLICATION IS FALSIFIED OR CHANGED.
- IMPROVEMENT PERMITS ISSUED PURSUANT TO THIS APPLICATION SHALL BE VALID FOR 60 MONTHS AND WELL PERMITS SHALL BE VALID FOR 12 MONTHS FROM THE DATE OF ISSUANCE.

PLEASE FILL OUT ALL THE APPLICABLE INFORMATION AS COMPLETELY AS POSSIBLE. FAILURE TO DO SO MAY BE CONSIDERED AN INCOMPLETE APPLICATION AND COULD DELAY THE PROCESSING OF THE PERMIT. THE UNDERSIGNED HEREBY AGREES THAT HE/SHE HAS READ THIS APPLICATION AND THAT ALL THE INFORMATION IN THIS APPLICATION IS CORRECT AND ALSO THAT THE REPRESENTATIVE OF THE ORANGE COUNTY HEALTH DEPARTMENT HAS PERMISSION FROM THE PROPERTY OWNER TO CONDUCT ANY WORK DEEMED NECESSARY TO ISSUE THE PERMIT(S). UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.

Michael Schroeder  
OWNER/AUTHORIZED AGENT

DATE 10-28-96

PAYMENT MUST BE INCLUDED TO COMPLETE SERVICES. - IMPROVEMENT PERMIT - \$120 (INCLUDES SEPTIC LAYOUT AND INSPECTIONS);  
WELL PERMIT - \$125; SEPTIC LAYOUT ONLY - \$50 (THIS PAYMENT WILL APPLY TOWARDS IMPROVEMENT PERMIT FEE)  
RETURN TO: ORANGE COUNTY HEALTH DEPARTMENT, ENVIRONMENTAL HEALTH DIVISION  
P.O. BOX 8181, 306-C REVERE RD., HILLSBOROUGH, NC, 27278.

RECEIPT  
VOUCHER

ORANGE COUNTY

113882

\$ 50.<sup>00</sup>

HILLSBOROUGH, N.C.,

Nov 1

1996

RECEIVED OF

Michael D. Schroer

Fifty dollars & no/100

100

DOLLARS

FOR

Deposit

4.6.B.7

Chk# 2149

BY

B. Borland