

5.21., 30

# The District Health Department

Orange, Person, Caswell, Chatham, Lee Counties

## Water Supply and Sewage Disposal

5.21. 30

Map Block Lot

Owner Willie Lewis Date 4-10-75  
Location Highway 70

Contractor \_\_\_\_\_  
Water Supply Private \_\_\_\_\_ Public

Service Station

Sewage Disposal Facilities: No bedrooms \_\_\_\_\_ Dishwasher, Disposal, washing machine, other automatic appliances \_\_\_\_\_

Size of tank 1,000 Nitrification line 300 ft.  
3 ft. wide

Other disposal facility \_\_\_\_\_

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

Above recommendations based on information received and observed soil condition Septic tank and nitrification line **MUST BE INSPECTED AND APPROVED BY A MEMBER OF THE DISTRICT HEALTH DEPARTMENT STAFF** before any portion of the installation is covered and put into use

Date approved \_\_\_\_\_  
Well \_\_\_\_\_  
Sewage Disposal \_\_\_\_\_  
By \_\_\_\_\_

Signed C. A. Lewis  
Sanitarian

IMPROVEMENTS PERMI

C. A. Lewis

Countersigned

The District Health Department

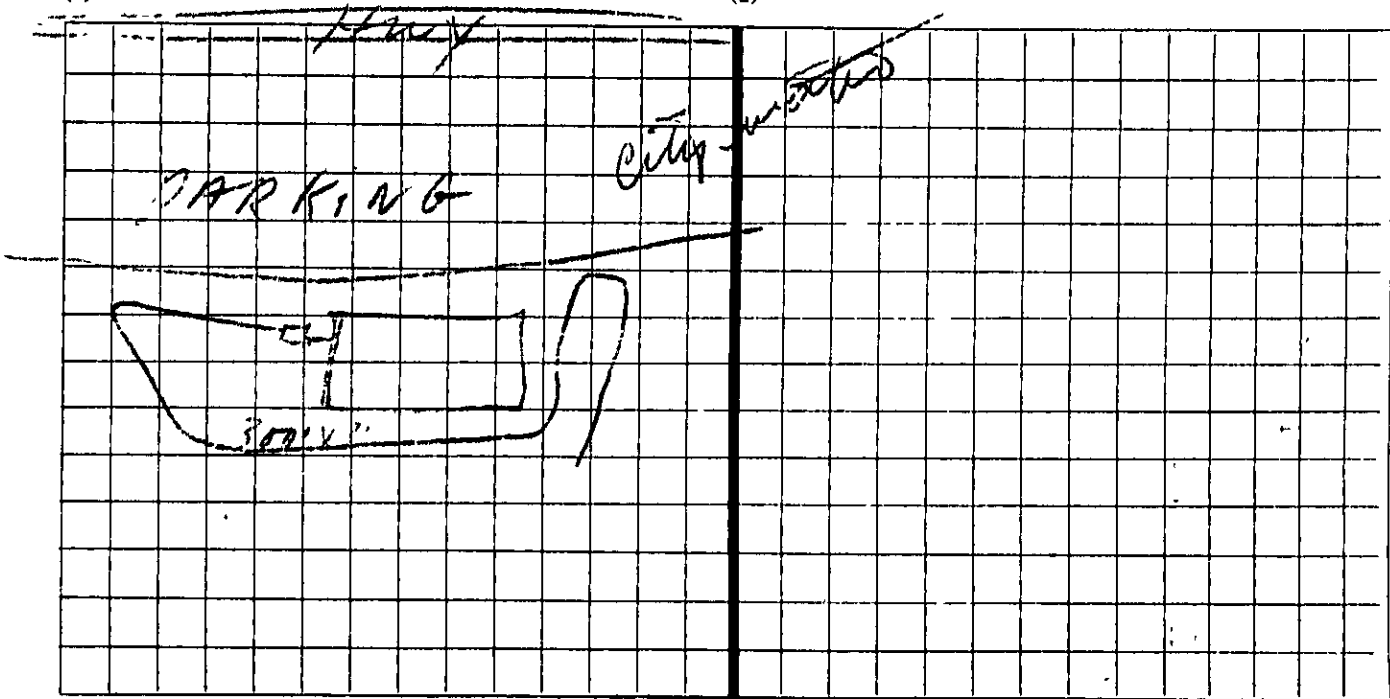
(OVER)

Location of well and sewage disposal facilities sketched on back

NOTE Make sketch of installation showing lot size and shape, location of house, septic tanks, privies, water supplies, etc Note special problems existing on lot Write in measurements in order that installations may be located at later date

(1)

(2)



# Orange County Health Department

Environmental Health Division

P.O. Box 8181, 131 West Margaret Lane, Suite 100

Hillsborough, NC 27278

Phone 245-2360 Fax 644-3006

www.co.orange.nc.us



## EXISTING WELL / SEPTIC SYSTEM AUTHORIZATION

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Parcel Pin	9883594310	TMBL	5
Application Date	07/24/2013	Permit #	XS13-00259
Request for	change of occupancy to office for max kendall		

---

Applicant	LAWS RUSSELL C HRS	Owner	LAWS RUSSELL C HRS
Address	3104 POPLAR DR EFLAND NC 27243-9261	Address	3104 POPLAR DR EFLAND NC 27243-9261
Phone		Phone	

---

Property Desc	NE INT HWY 70 & SR 1562	Lot Size	0.56
Prop Address	3202 US 70 E OCPL		
Permit Type			
Facility Type	BUSINESS		
Water Supply	PUBLIC		

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**Status: APPROVED**

**Authorization for: 1 Employee business**

**1: 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-----

\*

\*

- 
- \* 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: 07/26/2013

  
Environmental Health Specialist

EXPIRES: 07/26/2014

**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.**

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**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**

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

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

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

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**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**

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

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**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.**

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**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.**

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**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**

5.21.30

# The District Health Department

Orange, Person, Caswell, Chatham, Lee Counties

## Water Supply and Sewage Disposal

5 21 30

Lot

Block

Map

Owner William King Date 4-12-15

Location King St

Contractor \_\_\_\_\_  
Water Supply Private \_\_\_\_\_ Public

Issue of Station

Sewage Disposal Facilities: No bedrooms \_\_\_\_\_ Dishwasher, Disposal, washing machine, other automatic appliances \_\_\_\_\_

Size of tank 1000 Nitrification line 500

Other disposal facility \_\_\_\_\_

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

Above recommendations based on information received and observed soil condition Septic tank and nitrification line **MUST BE INSPECTED AND APPROVED BY A MEMBER OF THE DISTRICT HEALTH DEPARTMENT STAFF** before any portion of the installation is covered and put into use

Date approved \_\_\_\_\_

Well \_\_\_\_\_

Sewage Disposal \_\_\_\_\_

By \_\_\_\_\_

Signed C. A. Lewis  
Sanitarian

**IMPROVEMENTS PERMIT**

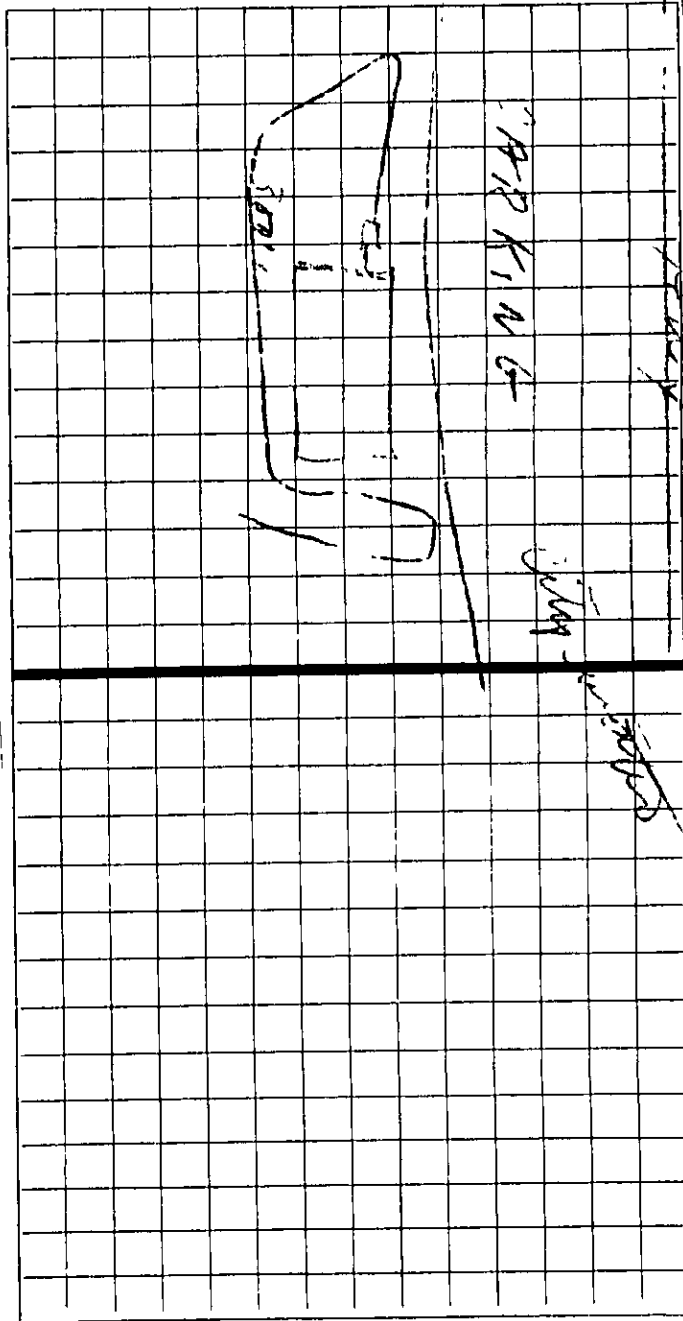
C. A. Lewis

Countersigned

The District Health Department

(OVER)

Location of well and sewage disposal facilities sketched on back



(1)

(2)

NOTE: Make \_\_\_\_\_ showing lot size and shape, location of house, septic tanks, privies, water supplies, etc. Note special problems existing on lot. Write in measurements in order that installations may be located at later date.

Site Assessment for PIN 9883594310/CB13-01014

Zoning NC2

Watershed Lower Eno Protected W/S (L-ENO-PW)

Plat None

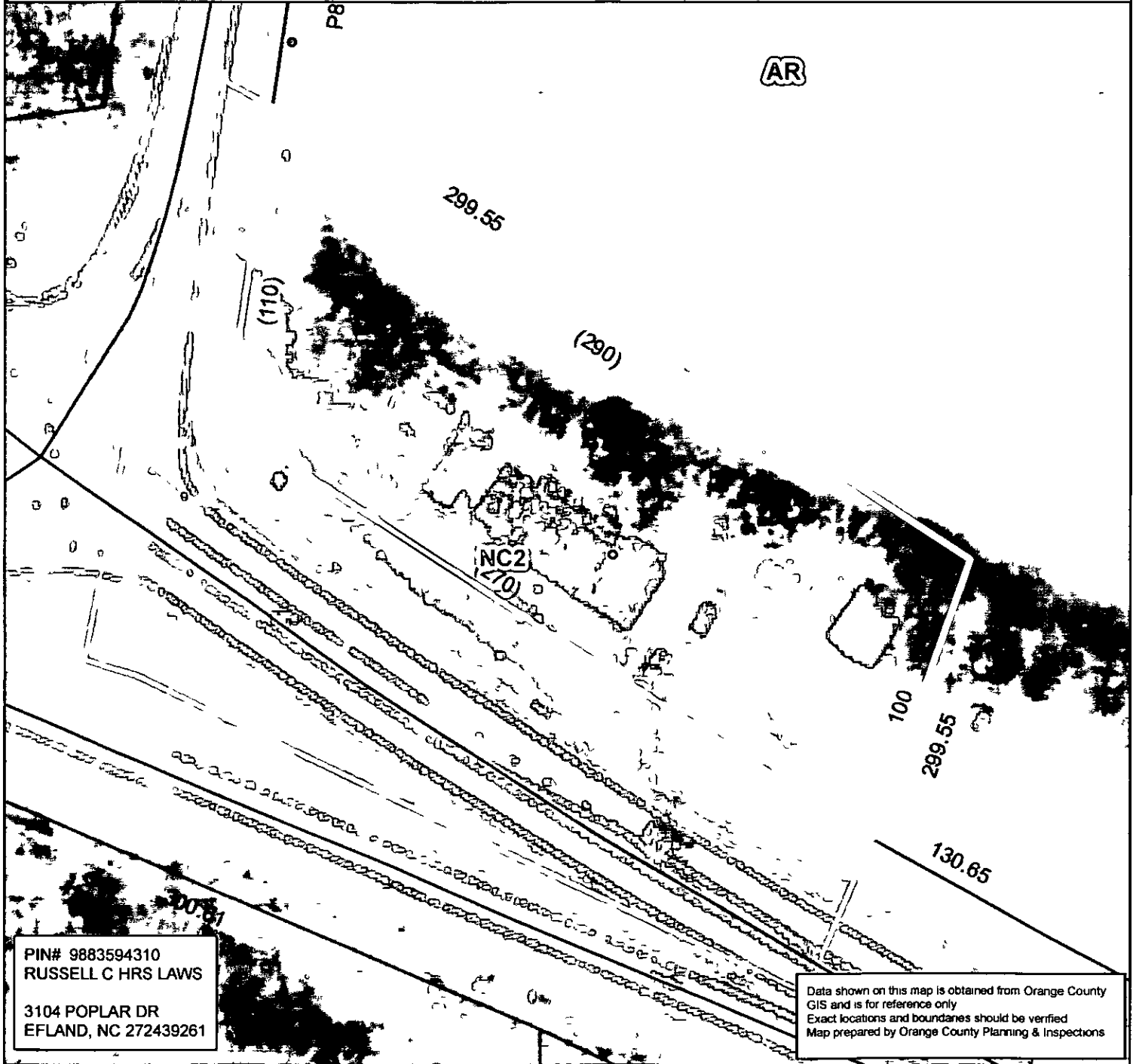
Setback Requirements per UDO FY = 50, RY = 20, & SY = 20

Impervious Surface 36%, 8,781 sq ft permitted based upon 0.56 acres

Land Disturbance Thresholds EC Permit required if disturbing more than 20,000 sq ft & Stormwater Management Permit required if disturbing more than 21,780 sq ft for residential structures

Notes Changing from merchantile to office use Building permit number has already been assigned previously

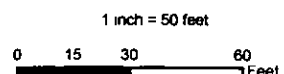
Date Site Assessment Completed 7/24/2013 by DMK



PIN# 9883594310  
 RUSSELL C HRS LAWS  
 3104 POPLAR DR  
 EFLAND, NC 272439261

Data shown on this map is obtained from Orange County GIS and is for reference only  
 Exact locations and boundaries should be verified  
 Map prepared by Orange County Planning & Inspections

- USGS Water Feature
- Soils Survey Water Feature
- OC Updated Water Feature
- Water Body
- River Basins
- Watershed
- Parcels
- Township
- School System Boundary
- Contours
- County Boundary
- Soils
- Zoning
- City Limits
- ETJ
- Conservation Easements Held by Others
- Orange County Conservation Easements
- 100 YR Floodplain (Effective 02/02/07)
- Floodway (Effective 02/02/07)
- 500 YR Floodplain (Effective 02/02/07)
- Buildings
- Water and Sewer Boundary



Site Assessment for PIN 9883594310/CB13-01014

Zoning NC2

Watershed Lower Eno Protected W/S (L-ENO-PW)

Plat None

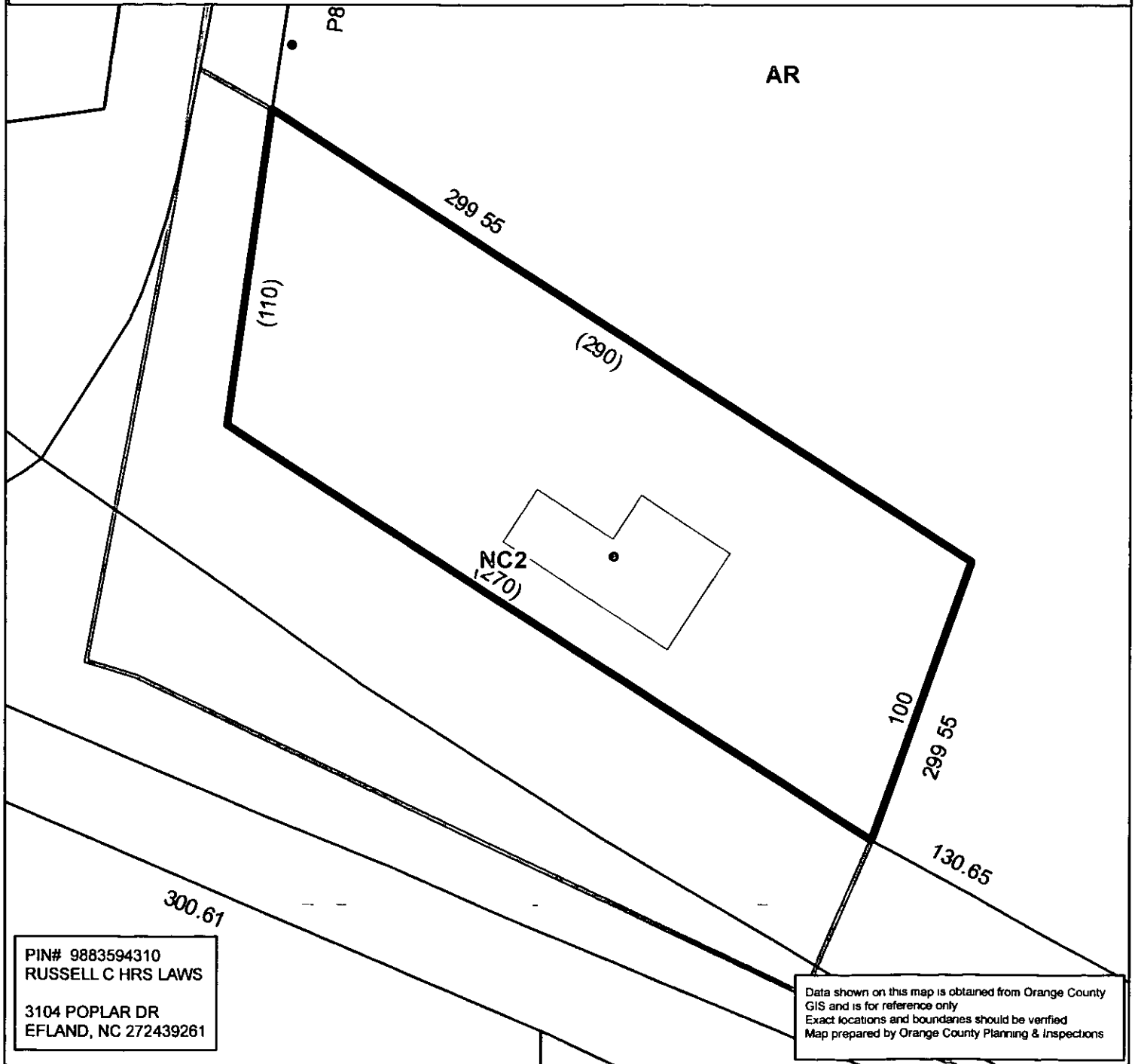
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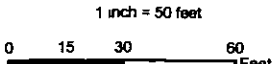
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PIN# 9883594310  
 RUSSELL C HRS LAWS  
 3104 POPLAR DR  
 EFLAND, NC 272439261

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- |   |   |   |  |   |
|---|---|---|--|---|
| <ul style="list-style-type: none"> <li>— USGS Water Feature</li> <li>— Soils Survey Water Feature</li> <li>— OC Updated Water Feature</li> <li>■ Water Body</li> <li>□ River Basins</li> <li>■ Watershed</li> </ul> | <ul style="list-style-type: none"> <li>□ Parcels</li> <li>□ Township</li> <li>■ School System Boundary</li> <li>— Contours</li> <li>□ County Boundary</li> <li>■ Soils</li> </ul> | <ul style="list-style-type: none"> <li>■ Zoning</li> <li>■ City Limits</li> <li>□ ETJ</li> <li>■ Conservation Easements Held by Others</li> <li>■ Orange County Conservation Easements</li> </ul> | <ul style="list-style-type: none"> <li>■ 100 YR Floodplain (Effective 02/02/07)</li> <li>■ Floodway (Effective 02/02/07)</li> <li>■ 500 YR Floodplain (Effective 02/02/07)</li> <li>□ Buildings</li> <li>■ Water and Sewer Boundary</li> </ul> |   <p>1 inch = 50 feet</p>  |
|---|---|---|--|---|



Orange County Health Department - Environmental Health Division

9883 59 4310  
PIN \_\_\_\_\_

APPLICATION FOR PERMITS

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.

GENERAL INFORMATION

APPLICANT SCOTT LAWS PROPERTY OWNER   
ADDRESS 3202 APT A Hwy 70E ADDRESS HILLSBOROUGH NC 27378  
EMAIL \_\_\_\_\_ EMAIL \_\_\_\_\_  
PHONE NUMBER 919 983 0994 PHONE NUMBER \_\_\_\_\_  
LOT SIZE \_\_\_\_\_ SUBDIVISION / LOT# \_\_\_\_\_ DATE LOT RECORDED \_\_\_\_\_  
LOCATION ADDRESS \_\_\_\_\_ DIRECTIONS / LOCATION \_\_\_\_\_

PROJECT INFORMATION

NEW BUILDING  EXPANSION TO EXISTING FACILITY  SEPTIC SYSTEM OR WELL REPAIR  
 WELL OR SEPTIC PERMIT RENEWAL  PERMIT REVISION  
 ABANDONMENT OF WELL OR SEPTIC SYSTEM  SUBDIVISION/RECOMBINATION OF PROPERTY  
PROJECT DESCRIPTION 3202 US 70E Unit A

SINGLE FAMILY HOME Size \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_ Number of occupants \_\_\_\_\_  
 APARTMENT / EFFICIENCY / GUEST HOUSE  
 BUSINESS/OTHER office for Max Kendall Lumber 1 employee  
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  
 FACILITY WILL HAVE A GARBAGE DISPOSAL OR WATER SOFTENER

REQUESTED SYSTEM TYPE

CONVENTIONAL  
 OTHER (SPECIFY)

or see REQUEST FORM

IMPORTANT: All applications must contain the following information in order to be processed:

A SITE PLAN OR PLAT SHOWING

EXISTING AND ANY PROPOSED PROPERTY LINES WITH DIMENSIONS BASEMENTS, RIGHTS-OF-WAY, AND BUFFERS  
 LOCATION OF ALL PROPOSED STRUCTURES, DRIVEWAYS, ADDITIONS, OR OTHER IMPROVEMENTS LABELED WITH SETBACKS

A FLOOR PLAN OF THE STRUCTURE

NOT REQUIRED FOR WELL OR IMPROVEMENT PERMIT APPLICATIONS FOR ADDITIONS, A CURRENT AND PROPOSED FLOOR PLAN MAY BE REQUIRED

THE FOLLOWING MUST BE STAKED ON SITE

LOCATION OF PROPOSED STRUCTURES  
 EXISTING AND PROPOSED PROPERTY LINES/CORNERS/EASEMENTS

Check All Sections That Apply

SITE EVALUATION / IMPROVEMENT PERMIT SECTION

(THIS IS AN EVALUATION OF THE SOIL FOR A SEPTIC SYSTEM)

IMPROVEMENT PERMIT (Up to 600 GPD) \_\_\_\_\_ NUMBER OF SITES X . . . \$ 150 PER SITE  
 INDIVIDUAL LOT  SUBDIVISION \*  RECOMBINATION \*  EXISTING SYSTEM  EXPANSION  
 SITE REVISIT TO REISSUE OR MODIFY A VALID IMPROVEMENT PERMIT (with no increase flow) . . . \$ 125 PER SITE

EACH SITE EVALUATION CONSISTS OF UP TO 2 ACRES

PROJECTS GREATER THAN 5 BEDROOMS AND NON-RESIDENTIAL PROJECTS (>600 gpd) REQUIRE ADDITIONAL FEES PLEASE SEE HEALTH DEPARTMENT FOR SPECIFIC INFORMATION

PROJECTS GREATER THAN 5 BEDROOMS, NON-RESIDENTIAL PROJECTS (>600 gpd), AND SUBDIVISIONS REQUIRE THAT THE APPLICANT PROVIDE A BACKHOE AND OPERATOR ON SITE TO DIG FITS.

\*FOR SUBDIVISIONS & RE-COMBINATIONS, A CONCEPT PLAN APPROVAL OR A PLAT PREPARED BY A SURVEYOR MUST BE SUBMITTED WITH THE APPLICATION

**CONSTRUCTION AUTHORIZATION SECTION** # \_\_\_\_\_

(A CONSTRUCTION AUTHORIZATION IS NEEDED TO OBTAIN A BUILDING PERMIT AND INSTALL A SEPTIC SYSTEM)

- CONSTRUCTION AUTHORIZATION 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)

\* CHANGES TO THE SITE PLAN, FLOOR PLAN, OR APPLICATION REQUIRE A NEW APPLICATION AND ADDITIONAL FEES  
 \* SYSTEMS WITH A DESIGN FLOW OVER 600 GALLONS PER DAY WILL REQUIRE ADDITIONAL FEES

**WELL PERMIT SECTION**

- NEW  REPLACEMENT\*\*  IRRIGATION\*\*
- MONITORING WELL (PER WELL FIELD)  GEOTHERMAL WELL (PER WELL FIELD) \$430

\*\* Well permit fee includes initial water samples for water supply wells  
 If the well will serve more than one purpose (example drinking water supply AND geothermal), indicate so on page 1 under "Describe your project"

- PERMIT RENEWAL, ALTERATION, OR SITE REVISIT .. \$125
- WELL REPAIR PERMIT (LINER INSTALLATION, DEEPENING OF EXISTING WELL, HYDRO-FRACTURING)
- WELL ABANDONMENT NO FEE

**PUBLIC WATER**  
 CHECK THE BOX AND SHOW ON THE SITE PLAN IF ANY OF THE FOLLOWING ARE ON OR ADJACENT TO THIS PROPERTY  
 EXISTING SEPTIC SYSTEMS OR SEWER LINES  CHEMICAL OR PETROLEUM STORAGE TANKS

**EXISTING SYSTEM / MOBILE HOME PARK AUTHORIZATION SECTION** XS/3-00259

- EXISTING SEPTIC SYSTEM / WELL AUTHORIZATION INSPECTION WITH NO INCREASE IN WASTE FLOW \$225
  - MOBILE HOME SPACE RECONNECTION INSPECTION - PER SPACE \$ 75
  - IN-OFFICE REVIEW FOR AUTHORIZATION \$ 20
- ORIGINAL OWNER \_\_\_\_\_ SYSTEMS  IN USE or  VACANT since \_\_\_\_\_ (date)

**SIGNATURE SECTION**

TOTAL AMOUNT DUE \$ 125.00 RECEIPT # R13-002530  
 Make checks payable to Orange County Health Department

PLEASE CHECK WITH ENVIRONMENTAL HEALTH STAFF TO DISCUSS THE AMOUNT OF ADDITIONAL FEES FOR NON-RESIDENTIAL PROJECTS AND HOMES LARGER THAN 5 BEDROOMS

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

I UNDERSTAND THAT I AM RESPONSIBLE FOR MAKING THE SITE ACCESSIBLE FOR THE EVALUATION/PERMITTING PROCESS

OWNER Scott Laws DATE 7-23-2013

APPLICATION # _____	OCED CONFIRMED _____
DATE RECEIVED _____	REVIEWED BY <u>CAR</u> ASSIGNED TO <u>JK</u>
NOTES <u>SEP ME IF YOU HAVE QUESTIONS</u>	

# Orange County Health Department

Environmental Health Division

P O. Box 8181, 131 West Margaret Lane, Suite 100

Hillsborough, NC 27278

Phone 245-2360 Fax 644-3006

www.co.orange nc us

## EXISTING WELL / SEPTIC SYSTEM INSPECTION REQUEST LOG

---

Parcel Pin	9883594310	TMBL	5
Application Date	07/24/2013	Permit #	XS13-00259
Request for	change of occupancy to office for max kendall		

---

Applicant	LAWS RUSSELL C HRS	Owner	LAWS RUSSELL C HRS
Address	3104 POPLAR DR EFLAND NC 27243-9261	Address	3104 POPLAR DR EFLAND NC 27243-9261
Phone		Phone	

---

Property Desc	NE INT HWY 70 & SR 1562	Lot Size	0 56
Prop Address	3202 US 70 E OCPL		
Permit Type			
Facility Type	1001 BUSINESS		
Water Supply	PUBLIC		
<b>Status:</b>	<b>APPLIED</b>		

*1 EMPLOYEE*

Comments / Activities

EHS DATE

NOTES

# Orange County Summary Information

PIN#:	9883594310
TMBL#:	5.21..30
TRACT#:	500433
Tax Account#:	156901
Street Address:	3202 US 70 E
Owner:	LAWS RUSSELL C
Additional Owner:	
Mailing Address:	2120 NEW SHARON CH RD
Mailing City:	HILLSBOROUGH
Mailing State/Zip:	NC,27278-7809
Legal Description:	NE INT HWY 70 & SR 1562
Legal Description 2:	
Assessed Land Size:	S24500
Rate Code:	09
Land Value:	\$28175
Building Value:	\$44637
Total Valuation:	\$72812

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## EXISTING WELL / SEPTIC SYSTEM AUTHORIZATION

---

Parcel Pin	9883594310	TMBL	5 21 .30
Application Date	04/20/2010	Permit #	XS10-00099
Request for	existing building -2 people convenient type store		

---

Applicant	PARKER GERALD	Owner	LAWS RUSSELL C
Address	4837 STAFFORD DR DURHAM NC 27705	Address	3202 US 70 E HILLSBOROUGH NC 27278-7809
Phone	919-384-7585	Phone	

---

Property Desc	NE INT HWY 70 & SR 1562	Lot Size	0
Prop Address	3202 US 70 E OCPL		
Permit Type			
Facility Type	1001	BUSINESS	
Water Supply	PUBLIC		
Status:	APPLIED		

### Comments / Activities

EHS    DATE

NOTES

*2 EMPLOYEES / IN USE / 300 L.F.*

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Property Desc	NE INT HWY 70 & SR 1562	Lot Size	0
Prop Address	3202 US 70 E OCPL		
Permit Type			
Facility Type	BUSINESS		
Water Supply	PUBLIC		

---

**Status: ISSUED**

**Authorization for: appliance store (2 employees)**

**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)**

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

\*

\*

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    - ORANGE COUNTY WASTEWATER SYSTEM SPECIFICATIONS, AND
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- 

ISSUED: 05/03/2010

  
Environmental Health Specialist

EXPIRES: 05/03/2011

**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
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(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	
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Orange County Health Department - Environmental Health Division  
**APPLICATION FOR PERMITS**

TMBL 5.21.030

PIN \_\_\_\_\_

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.

**GENERAL INFORMATION**

APPLICANT GERRARD PARKER PROPERTY OWNER SCOTT LAWS GATES MANAGEMENT (AGENT)  
 ADDRESS 4837 STAFFORD DR. DUCHAM NC 27705 ADDRESS 1203 SOUTH CLAYTON ST WELLSBOROUGH NC 27714  
 Email address CANDG@CANDG Appliance Repair.com  
 PHONE NUMBER 919-384-7585/919-697-2565 PHONE NUMBER (919) 732-5858  
 LOT SIZE \_\_\_\_\_ SUBDIVISION / LOT# \_\_\_\_\_ DATE LOT RECORDED \_\_\_\_\_  
 PARCEL ADDRESS 322A Hwy US 70 E DIRECTIONS / LOCATION TAKE HWY 70 towards DUCHAM - PROPERTY ON THE LEFT

- NEW BUILDING
  - WELL OR SEPTIC PERMIT RENEWAL
  - ABANDONMENT OF WELL OR SEPTIC SYSTEM
  - EXPANSION TO EXISTING FACILITY
  - PERMIT REVISION
  - SUBDIVISION/RECOMBINATION OF PROPERTY
  - SEPTIC SYSTEM OR WELL REPAIR
  - re-use of existing facility - no change of use*
- For a  SINGLE FAMILY HOME Size \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_ Number of occupants \_\_\_\_\_  
 APARTMENT/EFFICIENCY/GUEST HOUSE  
 BUSINESS/OTHER

DESCRIBE YOUR PROJECT EXISTING Building 2 people CONVENIENT TYPE SHOP MON-SAT 6:00-9:00 *No Food Prep.*

- | TYPE OF WATER SUPPLY                       | PLEASE CHECK IF APPLICABLE   | REQUESTED SYSTEM TYPE                        |
|--|--|--|
| <input checked="" type="checkbox"/> PUBLIC | <input type="checkbox"/> BASEMENT WITH PLUMBING                                  | <input type="checkbox"/> CONVENTIONAL        |
| <input type="checkbox"/> PRIVATE WELL      | <input type="checkbox"/> WASTEWATER OTHER THAN SEWAGE GENERATED                  | <input type="checkbox"/> OTHER (SPECIFY)     |
| <input type="checkbox"/> COMMUNITY WELL    | <input type="checkbox"/> PROPERTY CONTAINS DESIGNATED WETLANDS                   |  |
| <input type="checkbox"/> OTHER             | <input type="checkbox"/> SITE IS SUBJECT TO APPROVAL BY OTHER AGENCY             | <input type="checkbox"/> or see REQUEST FORM |
|  | <input type="checkbox"/> FACILITY WILL HAVE A GARBAGE DISPOSAL OR WATER SOFTENER |  |

- All applications must contain the following information in order to be processed
- A SITE PLAN OR PLAT SHOWING THE EXISTING AND ANY PROPOSED PROPERTY LINES WITH DIMENSIONS AND THE LOCATION OF ALL PROPOSED STRUCTURES, DRIVEWAYS, ADDITIONS, OR OTHER IMPROVEMENTS LABELED WITH SETBACKS
  - THE LOCATION OF PROPOSED STRUCTURES AND IMPROVEMENTS MUST BE STAKED ON SITE
  - THE EXISTING AND ANY PROPOSED PROPERTY LINES / CORNERS MUST BE CLEARLY MARKED ON SITE
  - A FLOOR PLAN OF THE STRUCTURE (NOT REQUIRED FOR WELL OR IMPROVEMENT PERMIT APPLICATIONS)
- FOR ADDITIONS THAT WILL RESULT IN AN INCREASE IN WASTEWATER FLOW OR RELOCATION OF THE EXISTING DRAINFIELD, A COPY OF THE CURRENT AND PROPOSED FLOOR PLAN MUST BE SUBMITTED FOR REVIEW
- EASEMENTS OR RIGHT OF WAYS ON THIS PROPERTY

Check All Sections That Apply

**SITE EVALUATION / IMPROVEMENT PERMIT SECTION** # \_\_\_\_\_

(AN IMPROVEMENT PERMIT TELLS YOU WHERE ON YOUR PROPERTY YOU CAN PLACE A SEPTIC TANK SYSTEM)

- 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 increase flow) \$ 125 PER SITE

EACH SITE EVALUATION CONSISTS OF UP TO 2 ACRES

FLOWS OVER 600 GALLONS PER DAY REQUIRE ADDITIONAL FEES

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

\*FOR SUBDIVISIONS & RE-COMBINATIONS, A CONCEPT PLAN APPROVAL OR A PLAT PREPARED BY A SURVEYOR MUST BE SUBMITTED WITH THE APPLICATION

APPLICATION # \_\_\_\_\_ OCPD CONFIRMED \_\_\_\_\_  
 DATE RECEIVED 4-20-10 REVIEWED BY CAC ASSIGNED TO DAVID  
 NOTES CHANGE OF OCCUPANCY. 2 EMPLOYEES

**CONSTRUCTION AUTHORIZATION SECTION** # \_\_\_\_\_

( A CONSTRUCTION AUTHORIZATION IS NEEDED TO OBTAIN A BUILDING PERMIT AND INSTALL A SEPTIC SYSTEM)

- 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)

- \* SUBSEQUENT CHANGES TO THE SITE PLAN, FLOOR PLAN, OR APPLICATION WILL REQUIRE A NEW APPLICATION AND ADDITIONAL FEES
- \* SYSTEMS WITH A DESIGN FLOW OVER 600 GALLONS PER DAY WILL REQUIRE ADDITIONAL FEES

**WELL PERMIT SECTION** # \_\_\_\_\_

If the well will serve more than one purpose (example drinking water supply AND geothermal), indicate so on page 1 under "Describe your project"

- NEW  REPLACEMENT\*\*  IRRIGATION\*\*
- MONITORING WELL (PER WELL FIELD)  GEOTHERMAL WELL (PER WELL FIELD) \$430

\*\* Well permit fee includes initial water samples for water supply wells

- PERMIT RENEWAL, ALTERATION, OR SITE REVISIT \$125

- WELL REPAIR PERMIT (LINER INSTALLATION, DEEPENING OF EXISTING WELL, HYDRO-FRACTURING)
- WELL ABANDONMENT NO FEE

CHECK THE BOX AND SHOW ON THE SITE PLAN IF ANY OF THE FOLLOWING ARE ON OR ADJACENT TO THIS PROPERTY

- EXISTING SEPTIC SYSTEMS OR SEWER LINES  CHEMICAL OR PETROLEUM STORAGE TANKS

**EXISTING WELL / WASTEWATER SYSTEM AUTHORIZATION/  
MOBILE HOME SPACE RE-CONNECTION SECTION** # \_\_\_\_\_

- EXISTING SEPTIC SYSTEM/WELL SETBACK VERIFICATION INSPECTION WITH NO INCREASE IN WASTE FLOW \$ 125
- MOBILE HOME SPACE RECONNECTION INSPECTION-PER SPACE \$ 75
- IN-OFFICE REVIEW FOR AUTHORIZATION \$ 20

ORIGINAL OWNER Wille Lowes SYSTEM IS  IN USE or  VACANT since \_\_\_\_\_ (date)

o EXISTING PROPERTY LINES, CORNERS, AND LOCATION OF PROPOSED STRUCTURES MUST BE CLEARLY MARKED ON THE SITE

**SIGNATURE SECTION**

TOTAL AMOUNT DUE \$ 125 RECEIPT # R10-001059

Make checks payable to Orange County Health Department

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

I UNDERSTAND THAT I AM RESPONSIBLE FOR MAKING THE SITE ACCESSIBLE FOR THE EVALUATION/PERMITTING PROCESS

OWNER *[Signature]* (ACCEPT FOR SITE USE)

DATE 4/20/2010

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