

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: 9769284168
Application Date: 08/05/2004
Request for: TO FINISH BASEMENT

TMBL: 7.111D..5
Permit #: XS04-00260

Applicant: MCCAIN SUSAN
Address: 704 BOWDEN ROAD
CHAPEL HILL NC
27516
Phone: 968-0446

Owner: MCCAIN GROVER
Address: 825 OXBOW CROSSING
CHAPEL HILL NC
27516
Phone:

Property Desc.: #5 OXBOW CROSSING P79/167
Prop Address: 825 OXBOW CROSSING RD
Permit Type:
Facility Type: RES ADDITION
Water Supply: PRIVATE WELL

Lot Size: 5

Status: ISSUED

Authorization for: TO FINISH BASEMENT - NO PLUMBING

- 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)

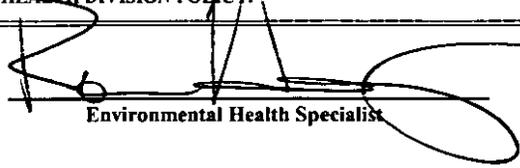
====The Following Conditions Shall Be Met Prior To The Issuance of The CERTIFICATE OF OCCUPANCY====

*

*

- * 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: 08/05/2004


Environmental Health Specialist

EXPIRES: 02/03/2005

Orange County Health Department

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



Phone: 245-2360 Fax: 644-3006

PIN # 9769284168

TMBL 7.111D..5

APPLICATION DATE 11.19.2001

APPLICATION# H38884W

WELL PERMIT

APPLICANT: MOUNT VERNON HOMES INC

PROPERTY OWNER: MOUNT VERNON HOMES INC / SUITE 207

ADDRESS 205 W MAIN ST
CARRBORO NC 27510

ADDRESS 205 W MAIN ST
CARRBORO NC 27510

PHONE # 929-7734

PHONE #

PROPERTY DESCRIPTION: #5 OXBOW CROSSING P79/167

LOT SIZE A5

PROPERTY ADDRESS/DIRECTIONS LOCATION / LOT 5 OXBOW CROSSING

- TYPE OF FACILITY: [X] PRIVATE WELL, [] COMMUNITY PWS, [] NON-COMMUNITY PWS, [] IRRIGATION, [] INDUSTRIAL/NON-DOMESTIC, [] GEOTHERMAL, [] closed loop, [] other
PERMIT TYPE: [X] NEW WELL, [] REPLACEMENT WELL, [] REPAIR/ABANDON, [] RENEWAL, [] REVISION
TYPE OF SEWAGE DISPOSAL: [X] ON-SITE SYSTEM, [] OFF-SITE SYSTEM

PERMIT CONDITIONS:

- REFER TO THE ATTACHED SITE PLAN SHOWING THE WELL AND FACILITY LOCATIONS AND OTHER SPECIFICATIONS
THIS PERMIT SHALL BECOME INVALID AND MAY BE REVOKED IF:
- The information submitted on the application is incorrect, falsified, or changes,
- The site is altered, or
- The well is not completed before the expiration date.
THE WELL SHALL BE CONSTRUCTED / REPAIRED IN ACCORDANCE WITH:
- Orange County Groundwater Protection Rules as adopted by the Orange County Board of Health.
- NC Well Construction Standards, as applicable, and
- Orange County Environmental Health Division Policies
THE WELL SITING 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 A WELL CONSTRUCTED IN THAT AREA.
OTHER:

PERMIT ATTACHMENTS:

[X] SITE PLAN

[] ADDITIONAL COMMENT SHEET(S)

ISSUED: 12-5-01 DATE

Signature of James R. Brown, ENVIRONMENTAL HEALTH SPECIALIST

EXPIRES: 12-5-06

WELL CONSTRUCTION INSPECTION

DEPTH, CASING DEPTH, STATIC WATER LEVEL, YIELDS, WATER ZONES, GROUT TYPE, LINER DEPTH, WELL CONTRACTOR, GPS FILE #

DATE APPROVED

ENVIRONMENTAL HEALTH SPECIALIST

Lot 7

Lot 5 Oxbow Crossing

SITE PLAN

1" = 100'-0"

MOUNT VERNON HOMES, Inc

11/17/01

Public Dedicated Passive R Area, Property of Orange Co

Orange County

45
2.69

4

100 Ac.

211'

38'

S 14° 03' 17" E
70.71

S 68° 29' 07" W
64.65

N 77° 21' 22" E
64.65

S 20° 06' 14" E
70.71

150'

100'

70'

100'

S 69° 26' 39" W 669.06

S 02° 36' 47" W 439.93
394.56

53.80

S 02° 39' 31" W 270.10
276.30

Repair Area

3' x 67' Repair

Hold tank stub high AND as costar!

6

5.000 Ac.

Stream Buffer

100 M (328') Wildlife Corridor

S 33° W 626.77

30' x 30' Drainage Easement

Well

Proposed Home

100'

140'

Oxbow Crossing Rd

50' Public R/W

C17

DEAD

DRIVE

100'

Typical Well Setbacks Required in Orange County unless otherwise specified in writing:

Property Line	40 ft*
Any part of a Septic System or Repair Area	100 ft. *
Building Foundation	50 ft.*
Sewer Line	50 ft*
Swimming Pool, Pump Room, Storage Area	50 ft
Storage Buildings w/ Potential Contaminants	50 ft
Other potential sources of contamination	100 ft

**Well must be located in well-drained areas that are not subject to flooding.
Ground surface should be maintained to direct surface water away from the well.
Setbacks for Public Water Supplies may be increased.**

*** If it is not possible to achieve these distances, a reduced setback may be granted provided specific conditions are met.**

Water samples may be taken upon request by submitting a proper application and appropriate fees.



All new or repaired wells must be thoroughly disinfected after construction. All traces of chlorine must be flushed out of the system at least 48 hours prior to sampling.



The Orange County Health Department does not provide water sampling for use as a condition of purchase, loan approval, or a property transaction. These services are provided by the private sector.



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



Wells must be constructed, repaired, and abandoned by a person who holds a valid certification from the State and who is also registered in Orange County for well construction.



A list of registered well drillers is available upon request.



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



You are responsible for obtaining the appropriate permits for the wiring of pump installations from the Orange County Building Inspection Office.



It is the responsibility of the well contractor to call the OCHD to schedule the installation inspections.



After the installation is completed, some settling of the grout material may take place. If it has settled substantially, please call the well contractor to complete the grouting.

Orange County Health Department Environmental Health Division



APPLICATION FOR PERMITS

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

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

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

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

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

www.co.orange.nc.us

APPLICATION #:	PIN #: <u>9769-28-4168</u>
DATE RECEIVED:	OCPD CONFIRMED:

TK

Jim

is there going to be pool? garden area? as on IP
Label repair area

GENERAL INFORMATION

APPLICANT: Mt Vernon Homes Inc PROPERTY OWNER: SAHNE

ADDRESS 205 W. MAIN ST STE 207 ADDRESS _____
CARRBORO NC 27510

PHONE NUMBER 919-929-7734 PHONE NUMBER _____

T SIZE SAC SUBDIVISION/LOT# LOT 5 OXBOW CROSSING DATE LOT RECORDED _____

RCEL ADDRESS: _____ DIRECTIONS / LOCATION: DAIRYLAND RD
TURN ONTO BETHEL HICKORY GROVE CH RD T/L INTO OXBOW CROSSING
LOT ON LEFT MT VERNON SIGN

this application for a: NEW SYSTEM REPAIR EXPANSION RENEWAL SUBDIVISION
or a: RESIDENCE Number of Bedrooms 5 Number of occupants _____
 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

REQUESTED SYSTEM TYPE:
 CONVENTIONAL
 OTHER (SPECIFY) _____

Check All Sections That Apply

WELL PERMIT SECTION # A38884W

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

CHECKLIST THE FOLLOWING ARE REQUIRED BEFORE PROCESSING THIS APPLICATION FOR A WELL PERMIT:
1) A SITE PLAN OR PLAT MUST BE PROVIDED SHOWING: THE LOCATION ANY STRUCTURES, PROPOSED ADDITIONS, EXCAVATIONS OR OTHER IMPROVEMENTS; AND PROPERTY LINES.
2) THE EXISTING AND PROPOSED PROPERTY LINES AND CORNERS MUST BE CLEARLY MARKED.

EXISTING WELL / WASTEWATER INSPECTION SYSTEM SECTION # _____

EXISTING SEPTIC SYSTEM INSPECTION \$ 100
DESCRIPTION OF PROPOSED CHANGES / REASON FOR INSPECTION: _____

CHECKLIST THE FOLLOWING ARE REQUIRED BEFORE PROCESSING THIS APPLICATION FOR AN INSPECTION:
1) A SITE PLAN OR PLAT MUST BE PROVIDED SHOWING: THE LOCATION OF ANY STRUCTURES, PROPOSED ADDITIONS, EXCAVATIONS OR OTHER IMPROVEMENTS; AND PROPERTY LINES.
2) FOR ADDITIONS, A COPY OF THE FLOOR PLAN MUST BE SUBMITTED FOR REVIEW.
3) 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:
1) A SITE PLAN OR PLAT MUST BE PROVIDED SHOWING: THE DIMENSIONS AND LOCATION OF THE PROPOSED MOBILE HOME.
2) THE CORNERS OF THE PROPOSED HOME MUST BE CLEARLY STAKED ON THE SITE.
3) A COPY OF THE FLOOR PLAN MUST BE SUBMITTED FOR REVIEW.

IMPROVEMENT PERMIT SECTION

#

- SITE EVALUATION / IMPROVEMENT PERMIT FOR AN INDIVIDUAL LOT (Up to 600 GPD) \$ 310 PER SITE
 SITE EVALUATION / IMPROVEMENT PERMIT FOR A SUBDIVISION / RECOMBINATION OF PROPERTY
(Up to 600 GPD):
NUMBER OF SITES IN SUBDIVISION / RECOMBINATION: _____ \$ 310 PER SITE

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

CHECKLIST

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

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

CONSTRUCTION AUTHORIZATION SECTION

H 38883I

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

CHECKLIST

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

- A FLOOR PLAN OF THE STRUCTURE MUST BE SUBMITTED. 5 Br. Revisions 11-19-01 JRS
- A SITE PLAN OR PLAT MUST BE PROVIDED SHOWING: THE LOCATION OF THE PROPOSED STRUCTURES, DRIVEWAYS, ADDITIONS, EXCAVATIONS OR OTHER IMPROVEMENTS; PROPERTY LINES; DIMENSIONS; AND SETBACKS TO REFERENCE POINTS.
- THE EXISTING AND ANY PROPOSED PROPERTY LINES / CORNERS MUST BE CLEARLY MARKED ON SITE.
- THE LOCATION OF PROPOSED STRUCTURES AND IMPROVEMENTS MUST BE STAKED ON SITE.

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

SIGNATURE SECTION

TOTAL AMOUNT DUE

\$ 390.00

RECEIPT #

227149

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

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

ONLY ORIGINAL SIGNATURES CAN BE ACCEPTED.

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

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

OWNER:

DATE:

11/19/01

GENERAL INFORMATION

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

EXPIRATION OF PERMITS / AUTHORIZATIONS

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

8/6/98

Dear sir,

We are under contract to purchase this property & need to know that we can site a 5 bedroom house with a conventional septic system prior to closing. We would like to go with you, as we are not completely committed to 1 house site & would like to have maximum flexibility for house placement. It would be easier to discuss the various options while on site with you. Please call us rather than John Hartley to schedule a time. Thank you.

Sincerely

Debbie + Chris Fixsen
383-5492 (home)
997-4415 (business Chris)

DEPARTMENT OF ENVIRONMENT,
HEALTH & NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

SHEET _____ OF _____

PROPERTY I.D. # _____
DATE: _____
COUNTY: ORANGE
TAX #: 7.111..
SEPTIC #: _____
WELL # _____
BUILDING PERMIT # _____

SUBDIVISION: OXBOW CROSSING
SECTION/PHASE: _____
LOT #: _____

FACTORS		PROFILES									
		1	2	3	4	5	6	7	8	9	10
LANDSCAPE POSITION	.1940	R	R	R							
SLOPE (%)	.1940	S	S	S							
HORIZON 1 DEPTH		0-8	0-7	0-8							
Texture Group	.1941(A)(1)	sid	sid	sid							
Consistence	.1941	f	f	f							
Structure	.1941(A)(2)										
Mineralogy	.1941(A)(3)	1'1	1'1	1'1							
HORIZON 2 DEPTH		8-33	7-31	8-24							
Texture Group	.1941(A)(1)	C	C	C							
Consistence	.1941	f	f	f							
Structure	.1941(A)(2)										
Mineralogy	.1941(A)(3)	1'1	1'1	1'1							
HORIZON 3 DEPTH		33-12	31-36	24-36							
Texture Group	.1941(A)(1)	SAP	C+S	C+S							
Consistence	.1941		f	f							
Structure	.1941(A)(2)										
Mineralogy	.1941(A)(3)		1'1	1'1							
HORIZON 4 DEPTH											
Texture Group	.1941(A)(1)										
Consistence	.1941										
Structure	.1941(A)(2)										
Mineralogy	.1941(A)(3)										
SOIL WETNESS	.1942										
RESTRICTIVE HORIZON	.1944										
SAPROLITE	.1943/1956										
CLASSIFICATION	.1948	P.S.	P.S.	P.S.							
LONG TERM ACCEPTANCE RATE	.1955	S.T.									
AVAILABLE SPACE (1945):		275	.3	.3							
OTHER FACTORS (1946):											
SITE CLASSIFICATION (1948):			P.S.								
EVALUATED BY: CAC	4-29-97										
OTHERS PRESENT:											
COMMENTS:											

SITE LONG TERM ACCEPTANCE RATE: .3
SYSTEM TYPE: CONV.

ORANGE COUNTY

161127

RECEIPT
VOUCHER

\$ 130.⁰⁰ RECEIVED OF Debbie Fyfen HILLSBOROUGH, N.C., Aug 24 1998

One hundred and thirty & no/100 DOLLARS
FOR Site evaluation

7-111D-5 CR# 2508
BY B. Barland

Chris Fixsen
5705 Cascade Dr.

CH 27514

John Brown needed ~~the~~
address

COMPANY

t.
14

1-5850



8-27-98

Ji
Debbie Fixsen

had mailed \$130 - went to tax office
tax office cashed it - can't get it
back

She mailed another \$130 ~~was~~
we received it on the 24th
Please give her priority since she was
misinformed by us. (\$60 vs \$190)

Please call 383-5492 (h)
997-4415 (w) husband (Chris)
to arrange appointment

For emergency call collect (910) 584-8903

Thanks
Tom

Orange County Health Department

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



Phone: 245-2360 Fax: 644-3006

PIN # **9769 28 4168**

TMBL **7.111D..5**

APPLICATION DATE **11.19.2001**

APPLICATION# **H 38883 I**

OPERATION PERMIT

PROPERTY OWNER: **MOUNT VERNON HOMES INC**
ADDRESS **205 W MAIN ST**
CARRBORO NC 27510

PHONE #

PROPERTY DESCRIPTION #5 **OXBOW CROSSING P79/167**

LOT SIZE **5.0 ACRES**

PROPERTY ADDRESS/DIRECTIONS LOCATION **825 OXBOW CROSSING RD**

In accordance with NCGS 130A-11 AND 15A NCAC 18A section .1900, this operation permit is issued to

MOUNT VERNON HOMES INC
TYPE OF FACILITY SFD SYSTEM TYPE II-C
for the operation of a 600 GPD sanitary sewage treatment and disposal system.

CONDITIONS

1. This permit shall be effective only with respect to the nature and volume of the waste specified. Water softener backwash is not allowed in the system.
2. This permit is transferable, however any conditions imposed on this permit shall transfer to the subsequent owner.
3. The system shall be properly maintained and operated at all times by the owner or ORC as applicable in accordance with *The Schedule of Operation and Maintenance*
4. The owner is responsible for compliance with 15A NCAC 18A section .1900 - Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal as amended by the Orange County Board of Health.
5. In the event of failure of the system to perform satisfactorily (as determined by the OCHD), the owner shall take such corrective actions as required by the Department within the specified period of time.
6. No traffic, vehicles, or excavation shall be allowed on the system or repair area.
7. Appropriate permits shall be obtained from the OCHD prior to any repairs to the system.
8. The owner and ORC shall notify the OCHD of any system malfunctions or necessary repairs.
9. The owner is responsible for keeping the plumbing system of the house in good repair and eliminating leaks, drips, or excess flows as they are found. The owner shall also test the alarm panel monthly to insure proper operation.
10. A useable repair area as designated by the OCHD, shall be maintained and reserved for the addition to or replacement of the initial system drainfield.
11. All monitoring data and maintenance records shall be kept on file by the ORC and a copy submitted to the owner and the OCHD as specified: Orange County Health Department, Environmental Health Division, 306-C Revere Rd. Hillsborough, NC 27278
Inspection record on file at OCHD for system installation specifications.

SCHEDULE OF OPERATION AND MAINTENANCE

FOR ALL SYSTEMS :

- Every 12 months: Septic tank shall be inspected for influent/effluent line blockage, tank /riser leakage, and solids accumulation. Blockages or leaks shall be repaired. Septic tanks shall be pumped when solids reach 1/4 to 1/3 of the liquid volume.
- Every 6 months: Drainfield shall be inspected for seepage or saturation, settled ground surface, broken pipes, maintenance of vegetation, protection from traffic, and diversion 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 areas, stabilization, and final landscaping of the ground surface.**
- Every 6 months: Ground surface around the tanks and drainfield shall be inspected for areas of depression or ponding.
- For grassed sites - Grass shall be cut regularly or when it exceeds 8 inches in height. Light weight mowers shall used for cutting grass.
- For wooded sites - Saplings, briars, brush, and grass shall be eliminated by hand cutting and/or herbicides as often as necessary. Dead trees shall be removed by cutting at or near ground level.

FOR SYSTEMS WITH PUMPS (Type III or IV Systems):

- Every 6 months: Pump tank shall be inspected for leaks and solids accumulation. Leaks shall be repaired and solids removed as necessary. Pump, controls, floats, and alarm shall be checked for proper operation. All components of the pump/control system shall be kept in compliance with the current design standards.
- Every 6 months: A pump delivery rate shall be determined. Pipe and fittings shall be checked for leakage.
- Every 6 months: Drainlines shall be flushed of solids accumulation with the valves opened. Pressure head adjustment shall be made to obtain the designed delivery rate. Pressure head measurements shall be recorded.
- Every 6 months: Water meters, pump meters and counters shall be read and recorded.
- Additional O & M Requirements attached.

FOR TYPE IV SYSTEMS AND ABOVE:

- The permittee, as well as any subsequent owners, shall keep an operator (ORC) under contract who is certified for subsurface wastewater treatment and disposal systems. The permittee or owner shall notify any future or subsequent system owners of the requirements contained in this permit, including the requirement for a management entity contract. Notification of any changes to the owner's contract with the system ORC or a change of ORC shall be submitted in writing to the OCHD at least 30 days in advance of the change.

THIS SYSTEM REQUIRES:

- **OGHD INSPECTION EVERY N/A MONTHS**
- **OPERATOR INSPECTION EVERY N/A MONTHS**
- **SUBMITTAL OF MONITORING REPORTS TO OCHD EVERY N/A MONTHS**

THE DESIGNATED SYSTEM OPERATOR (ORC) IS MOUNT VERNON HOMES INC (Owners)

June 25, 2003
DATE ISSUED

ENVIRONMENTAL HEALTH SPECIALIST

CAC

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

Phone: 245-2360
 FAX: 644-3006

PIN# _____ TMBL 7.110.5
 CONSTRUCTION AUTHORIZATION # H 38853 F

WASTEWATER SYSTEM INSTALLATION RECORD

APPLICANT/OWNER MT VERNON HOMES INC PROPERTY DESCRIPTION LOT 5 OXBOW CROSSING / 525' x 120' CROSSING RD
 SYSTEM INSTALLER GULICK DATE OF FIRST INSPECTION 6-25-03

SYSTEM TYPE CONVENTIONAL INNOVATIVE PUMP MANIFOLD LPP
 TYPE OF INNOVATIVE _____

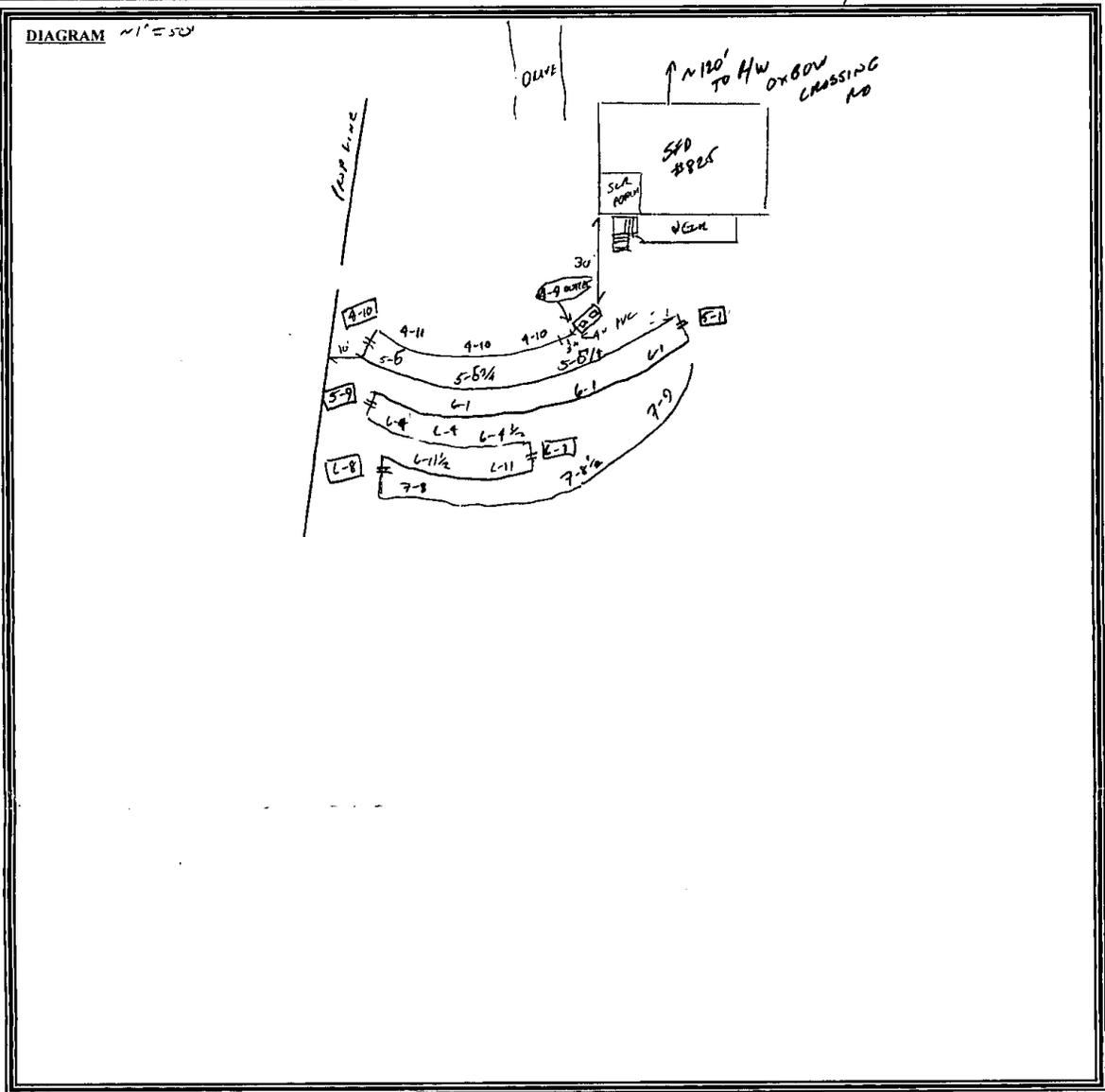
STB
 MANU. BTS
 STB - 395
1500 GAL.
 DATE 3-7-03
 PSI
 LEAK TEST _____
 PRETEST # _____
 INLET RISER _____
 OUTLET RISER _____

PT
 MANU. _____
 PT - _____
 _____ GAL.
 DATE _____
 PSI
 LEAK TEST _____
 PRETEST # _____
 INLET RISER _____
 OUTLET RISER _____

EFFLUENT FILTER
 BRAND POLYLOK
 MODEL RED/BLUE
 PIPE SEALS OK
SURPLY LINE
 SIZE: _____"
 OK TO COVER
 PRESSURE TEST

PUMP REQUIREMENTS
 _____ gpm @ _____ tdh
 BRAND _____
 MODEL _____
 ALARM OK
 PULL ROPE
 FLOAT SUPPORT
 FLOATS ADJUSTED
 ENCLOSURE/CONDUIT
 DUCT SEAL/GROUT

DATE	EHS	NOTES	YET TO DO
6-25-03	PMW	412 472 535 $L_1 = 100'$, $L_2 = 155'$, $L_3 = 147'$, $L_4 = 70'$, $L_5 = 60'$, $L_6 = 147'$	(6/25)
6-25-03	PMW	FINAL INSPECTION COMPLETED	FINAL BACKFILL / LANDSCAPING PER DP.



Orange County Health Department

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



Phone: 245-2360 Fax: 644-3006

PIN # 9769284168

TMBL 7.111D..5

APPLICATION DATE 11.19.2001

APPLICATION# H388831

WASTEWATER SYSTEM
CONSTRUCTION AUTHORIZATION

APPLICANT: MOUNT VERNON HOMES INC

PROPERTY OWNER: MOUNT VERNON HOMES INC / SUITE 207

ADDRESS 205 W MAIN ST
CARRBORO NC 27510

ADDRESS 205 W MAIN ST
CARRBORO NC 27510

PHONE # 929-7734

PHONE #

PROPERTY DESCRIPTION: #5 OXBOW CROSSING P79/167

LOT SIZE A5

PROPERTY ADDRESS/DIRECTIONS LOCATION / LOT 5 OXBOW CROSSING 825 OXBOW CROSSING RD

SUBDIVISION Oxbow LOT#: 5 DATE LOT RECORDED

PERMIT TYPE [X] NEW SYSTEM [] REPAIR [] EXPANSION [] RENEWAL [] REVISION

TYPE OF FACILITY SFD # BEDROOMS 5 [X] FLOOR PLAN REVIEW (JRB)

THIS AUTHORIZATION IS BASED ON IP # H 31613V WHICH EXPIRES 9-8-2004

TYPE OF WATER SUPPLY [X] PRIVATE WELL [] PUBLIC [] COMMUNITY WELL [] OTHER

SYSTEM SPECIFICATIONS:

WASTEFLOW: 600 GPD PRIMARY SYSTEM TYPE: CONU. SYSTEM CLASS: IIC

STB TANK 1500 GAL NITRIFICATION 670 FT X 3 FT WIDE

PUMP TANK N/A GAL MAX. TRENCH DEPTH 21 IN HORIZONTAL TRENCH SEP. 9 FT

OTHER REPAIR SYSTEM TYPE: CONU. REPAIR CLASS: IIC

SURFACE/SUBSURFACE WATER DIVERSION []

CAP / FILL MATERIAL REQUIRED []

GRAVITY FLOW SPLITTING DEVICE []

MANIFOLD (See design) []

PRECONSTRUCTION CONFERENCE REQUIRED

[X] YES PLAN w/ GULICK 6/25/03

PERMIT CONDITIONS:

- REFER TO THE ATTACHED SITE PLAN SHOWING THE SYSTEM AND FACILITY LOCATIONS AND OTHER SYSTEM SPECIFICATIONS
THIS AUTHORIZATION SHALL BECOME INVALID AND MAY BE REVOKED IF:
- The information submitted on the application is incorrect, falsified, or changes,
- The site is altered, or
- The system installation is not completed before the expiration date.
THE SYSTEM SHALL BE INSTALLED IN ACCORDANCE WITH:
- Orange County Rules for Wastewater Treatment and Disposal Systems as adopted by the Orange County Board of Health,
- Orange County Wastewater System Specifications, and
- Orange County Environmental Health Division Policies.

OTHER: Plumb house high and on contain or pump will be required!!!

PERMIT ATTACHMENTS: [X] SITE PLAN [] ADDITIONAL COMMENT SHEET(S) [] INNOVATIVE SYSTEM REQUEST
[] EASEMENT/DECLARATION [] SYSTEM DESIGN SHEET [] OTHER

ISSUED: 12-5-01 DATE James L. Brown ENVIRONMENTAL HEALTH SPECIALIST EXPIRES: 9-8-2004 DATE

Will Pick up

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 644-3005
TMBL 7-1110-5

PIN # 9769-28-4168

APPLICATION

APPLICANT: HARTLEY CONST PROPERTY OWNER: HARTLEY CONST

ADDRESS: 302 W. WEAVER ST ADDRESS: SAME
CARRBORO NC 27510

PHONE NUMBER: 942 0077 LOT SIZE: 5AC SUBDIVISION / LOT#: OKBOX 1075

DATE LOT RECORDED: 23 DEC 97 DIRECTIONS / LOCATION: FROM CALVANDER - DAIRY LN
WEST TO BETHEL HICKORY GR CH RD TO OKBOX CROSSING

NEW SYSTEM REPAIR EXPANSION RENEWAL SUBDIVISION (# OF SITES)
 RESIDENCE NUMBER OF BEDROOMS: 5 NUMBER OF OCCUPANTS:
 BUSINESS / OTHER (PLEASE DESCRIBE)

DESCRIPTION / SIZE OF THE STRUCTURE

TYPE OF WATER SUPPLY PLEASE CHECK IF APPLICABLE:
 PUBLIC BASEMENT WITH PLUMBING
 PRIVATE WELL WASTEWATER OTHER THAN SEWAGE TO BE GENERATED
 COMMUNITY WELL PROPERTY CONTAINS DESIGNATED WETLANDS
 OTHER SITE IS SUBJECT TO APPROVAL BY OTHER AGENCY

OTHER INFORMATION

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

SITE EVALUATION / IMPROVEMENT PERMIT \$100.00 PER SITE (INCLUDES LAYOUT) 60.00 + 130.00

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: [Signature] DATE: 8-4-98

DO NOT WRITE BELOW THIS LINE

RECEIPT # 161046 161127
IP # H31552V H31613V

SITE CLASSIFICATION ACTION TAKEN

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 600 GPD TYPE SYSTEM CONU LTAR .3 GPD/FT² P.S. SOIL DEPTH 33 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: plumbing stub and final floor elevation will
determine if pump may be required

* 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.

DATE 9-8-98

James R. Brown
ENVIRONMENTAL HEALTH SPECIALIST

Public Dedicated Passive Recre-
Area, Property of Orange County

Lo'

S 01° 37' 13" E 167.69
S 61° 54' 36" E 84.48
45.37

S 02° 36' 47" W 439.93
394.56

60' Public Greenway
Easement

150'

100'

100'

53.80

S 02° 39' 31" W 270.10
216.30

70'

4
5.000 Ac.

DRAINAGE

Reserve for
pool 5
&
garden
5,000 AC.
adm
house

System to follow contour!
(0.28') Wld.

S 82° 56' 08" W 572.50

S 69° 36' 39" W 669.06

190'

garden

100' 4

Private Trail Esmt.
along Old Rd. Bed

Drainage
Easement

30' x 30'
Drainage
Easement

Well

150'

DRIVE

6
SITE PLAN
LOT 5
5.000 AC.

SCALE: 1" = 100'
PIN 9769-28-4168
TAX MAP: 7-111D-5

C4
10' Public)

S 14° 03' 17" E 70.71

S 20° 06' 14" E 70.71

N 03° 13' 11" E 210.00
Drainage
Easement

18
2.000 Ac.

C27

S 68° 29' 07" W 64.65
Ct. (45' Public)

C18

13
2.000 Ac.

C17

S 03° 13' 11" W 210.00
145.45

210.00
64.55

C6

C16

APPLICANT'S NAME Susan G. McCall TMBL 7-111D-5

**Orange County Health Department
Environmental Health Division**



APPLICATION FOR PERMITS

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

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

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

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

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

www.co.orange.nc.us

APPLICATION #: _____

PIN #: _____

DATE RECEIVED: _____

OCPD CONFIRMED: _____

REVIEWED BY: _____

ASSIGNED TO: _____

NOTES: _____

GENERAL INFORMATION

APPLICANT: Suzanne G. McGehee PROPERTY OWNER: Graham C. McGehee
 ADDRESS 704 Bonair Rd ADDRESS 825 Oxbow Crossing Rd
Chapel Hill, NC 27514 Chapel Hill, NC 27514
 PHONE NUMBER 919-523-0446 PHONE NUMBER 919-523-0446
 LOT SIZE 5 SUBDIVISION / LOT# Oxbow Crossing - #5 DATE LOT RECORDED _____
 PARCEL ADDRESS: 825 Oxbow Crossing Rd 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

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

TYPE OF WATER SUPPLY	PLEASE CHECK IF APPLICABLE:	REQUESTED SYSTEM TYPE:
<input type="checkbox"/> PUBLIC	<input checked="" type="checkbox"/> BASEMENT WITH PLUMBING <u>without</u>	<input type="checkbox"/> CONVENTIONAL
<input checked="" 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	
Check All Sections That Apply	<input type="checkbox"/> FACILITY WILL HAVE A GARBAGE DISPOSAL OR WATER SOFTENER	

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

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

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

- CHECKLIST THE FOLLOWING ARE REQUIRED BEFORE PROCESSING THIS APPLICATION FOR AN INSPECTION:**
- A SITE PLAN OR PLAT MUST BE PROVIDED SHOWING: THE DIMENSIONS AND LOCATION OF THE PROPOSED MOBILE HOME.
 - THE CORNERS OF THE PROPOSED HOME MUST BE CLEARLY STAKED ON THE SITE.
 - A COPY OF THE FLOOR PLAN MUST BE SUBMITTED FOR REVIEW.

SITE EVALUATION / IMPROVEMENT PERMIT SECTION

#

IMPROVEMENT PERMIT (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 (Up to 600 GPD) \$ 100 PER SITE
EACH SITE EVALUATION CONSISTS OF UP TO 2 ACRES. FLOWS OVER 600 GPD REQUIRE ADDITIONAL FEES.

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

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

CONSTRUCTION AUTHORIZATION SECTION

#

AUTHORIZATION TO CONSTRUCT FOR NEW CONSTRUCTION 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:

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

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

SIGNATURE SECTION

TOTAL AMOUNT DUE \$ _____ 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 (eg. SPOUSE, POWER OF ATTORNEY, EXECUTOR, OR PERSON WHO HAS ENTERED INTO A CONTRACT OR LEASE WITH THE PROPERTY OWNER)

ONLY ORIGINAL SIGNATURES CAN BE ACCEPTED.

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

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

OWNER: Susan D. McCar

DATE: 7/30/04

General Contractor

GENERAL INFORMATION

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

EXPIRATION OF PERMITS / AUTHORIZATIONS

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

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

NOTES:

Orange County Health Department

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



Phone: 245-2360 Fax: 644-3006

PIN # 9769284168

TMBL 7.111D..5

APPLICATION DATE 11.19.2001

APPLICATION# H38884W

WELL PERMIT

APPLICANT: MOUNT VERNON HOMES INC

PROPERTY OWNER: MOUNT VERNON HOMES INC / SUITE 207

ADDRESS 205 W MAIN ST
CARRBORO NC 27510

ADDRESS 205 W MAIN ST
CARRBORO NC 27510

PHONE # 929-7734

PHONE #

PROPERTY DESCRIPTION: #5 OXBOW CROSSING P79/167

LOT SIZE .A5

PROPERTY ADDRESS/DIRECTIONS LOCATION / LOT 5 OXBOW CROSSING 825 OXBOW KING RD

- TYPE OF FACILITY: [X] PRIVATE WELL, [] COMMUNITY PWS, [] NON-COMMUNITY PWS, [] IRRIGATION, [] INDUSTRIAL/NON-DOMESTIC, [] GEOTHERMAL, [] closed loop, [] other
PERMIT TYPE: [X] NEW WELL, [] REPLACEMENT WELL, [] REPAIR/ABANDON, [] RENEWAL, [] REVISION
TYPE OF SEWAGE DISPOSAL: [X] ON-SITE SYSTEM, [] OFF-SITE SYSTEM

PERMIT CONDITIONS:

- REFER TO THE ATTACHED SITE PLAN SHOWING THE WELL AND FACILITY LOCATIONS AND OTHER SPECIFICATIONS
THIS PERMIT SHALL BECOME INVALID AND MAY BE REVOKED IF:
- The information submitted on the application is incorrect, falsified, or changes,
- The site is altered, or
- The well is not completed before the expiration date.
THE WELL SHALL BE CONSTRUCTED / REPAIRED IN ACCORDANCE WITH:
- Orange County Groundwater Protection Rules as adopted by the Orange County Board of Health.
- NC Well Construction Standards, as applicable, and
- Orange County Environmental Health Division Policies
THE WELL SITING 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 A WELL CONSTRUCTED IN THAT AREA.
OTHER: GROUTING BEGUN ON 6-2-03 - 12 BAGS - NOT COMPLETED (ARV)

PERMIT ATTACHMENTS:

[X] SITE PLAN

[] ADDITIONAL COMMENT SHEET(S)

ISSUED: 12-5-01 DATE

Signature of James R. Brown, ENVIRONMENTAL HEALTH SPECIALIST

EXPIRES: 12-5-06

WELL CONSTRUCTION INSPECTION

DEPTH 305' CASING DEPTH 85' STATIC WATER LEVEL 25'
YIELDS 15, 5, , WATER ZONES 235', 200', GROUT TYPE SAND CEM. / GRANT
LINER DEPTH WELL CONTRACTOR RMC GPS FILE #

6-10-03 DATE APPROVED

Signature of Environmental Health Specialist

Lot 7

Lot 5 Oxbow Crossing

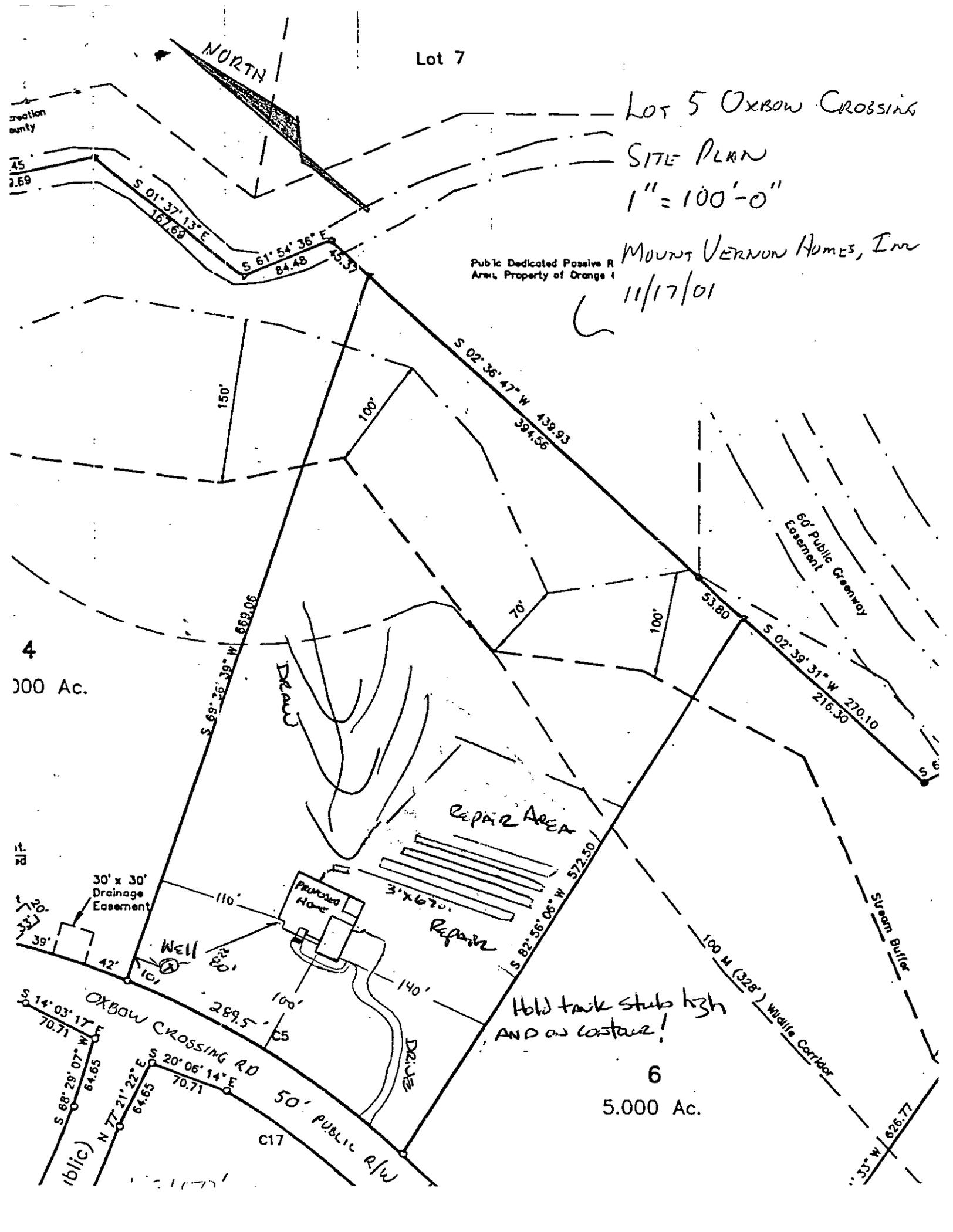
Site Plan

1" = 100'-0"

Mount Vernon Homes, Inc

11/17/01

Public Dedicated Passive R Area, Property of Orange Co



creation empty

45
2.69

4

100 Ac.

211'

39'

42'

S 14° 03' 17" E
70.71

S 88° 29' 07" W
64.65

N 77° 21' 22" E
64.65

S 20° 06' 14" E
70.71

S 88° 29' 07" W
64.65

S 14° 03' 17" E
70.71

S 01° 37' 13" E
167.89

S 61° 54' 36" E
84.48

150'

100'

S 02° 36' 47" W 439.93
394.36

70'

100'

53.80

S 02° 39' 31" W 270.10
216.30

Drain

Repair Area

Repair

3' x 6' 70'

Well

30' x 30'
Drainage Easement

110'

100'

140'

289.5'

65'

Hold tank stubs high
AND on costars!

6

5.000 Ac.

100 M (328') Wildlife Corridor

Stream Buffer

60' Public Greenway Easement

S 33° W 626.7'

ORANGE COUNTY
WELL REPORT AND LOG

OWNER NAME: MOUNT VERNON Homes PHONE: _____

ADDRESS: _____

REQUESTEE NAME: Same PHONE: _____

LOCATION: LOT # 5 Oxbow Crossing (825 OXBOW CROSSING RD)

PERMIT REFERENCE NUMBER: 7. 111D., 5

DRILLING CONTRACTOR: CHARLES CARTER (Acme Well Co Inc)

CERTIFIED DRILLER ON SITE: 2949

N.C. REGISTRATION NUMBER: 2949 PHONE: 919-544-1940

TYPE OF WELL: RESIDENTIAL OTHER (SPECIFY) _____

DATE STARTED: 5/29/03 DATE COMPLETED: 5/30/03

IS THIS WELL A REPLACEMENT WELL? NO

DISTANCE OF WELL FROM:

NEAREST WASTEWATER DISPOSAL SYSTEM: 100'

NEAREST BUILDING FOUNDATION: 50'

NEAREST PROPERTY LINE: 40'

OTHER POTENTIAL SOURCES OF CONTAMINATION: 100'

SPECIFY: _____

TOTAL DEPTH: 305

WATER ZONES:

CASING DEPTH: 85

15 GPM AT 235 FT.

TOTAL FLOW (GPM): 20

5 GPM AT 280 FT.

STATIC WATER LEVEL: 25

_____ GPM AT _____ FT.

LINER DEPTH: _____ PACKER BRAND: _____

SCREEN INSTALLED? _____ SCREEN INTERVAL: _____ SLIT SIZE: _____

TYPE AND BRAND OF DRIVE SHOE USED: Larkin (Beveled)

TYPE AND LENGTH OF TEST FOR WELL YIELD: 1 Hr. Drawdown

TYPE AND AMOUNT OF CHLORINE USED: None

COMMENTS _____

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

CERTIFIED DRILLER Charles Carter

DATE: 6/2/03