



Orange County Health Department

Environmental Health Section
PO Box 8181, 131 W. Margaret Lane, Suite 100
Hillsborough, NC 27278
Phone 919-245-2360 Fax 919-644-3006

www.co.orange.nc.us

Wastewater System Operation Permit

Parcel Pin: 9881355742
Property Description: E/S OLD FIELD DR P96/25
Property Address: 6024 OLD FIELD DR OCPL

TMBL: 7.16A..2D
Permit Number: CA10-00143
Lot Size: 16.191

Owner: HEFFNER THOMAS H
Address: 6024 OLD FIELD DR.
CHAPEL HILL NC
27514-8234

System Operator: HEFFNER THOMAS H
REQUIRED INSPECTIONS
ORC Inspection every: N/A N/A
ORC Report every: N/A
OCHD Inspection every: N/A Months

Phone:
Septic Contractor: GULICK EXCAVATING

Type of Facility: RES ADDITION

System Classification: IIg
System Type: Other Trench /

In accordance with NCGS 130A-11 and 15A NCAC 18A Section .1900, This Operation Permit is issued to:

HEFFNER THOMAS H

For the operation of a 360 GPD wastewater 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 also transfer to the subsequent owner.
3. The system shall be properly maintained and operated at all times 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 the repair area.
7. Appropriate permits shall be obtained from the OCHD prior to any repairs on the system.
8. The owner (and ORC) shall notify the OCHD of any system malfunction or necessary repairs.
9. The owner is responsible for keeping the plumbing system of the structure in good repair and eliminating leaks, drips, or excess flows as they are found.
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. Refer to the "as-built" 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 (scum & sludge) reach 1/3 of the liquid volume. Effluent filters shall be inspected and cleaned as necessary.
- * 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.
- * 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 and when it exceeds 8 inches in height. Lightweight mowers shall be 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. Stumps should not be removed.

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, V, AND VI SYSTEMS

1. 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.
2. 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, 131 W. Margaret Lane, Suite 100 Hillsborough, N.C. 27278

Type III systems and higher require an inspection by the OCHD on a periodic basis as indicated above. An inspection fee will be assessed for each inspection.

ISSUED:08/10/2010


ENVIRONMENTAL HEALTH SPECIALIST

OP 05/05 Pick-up _____

Mail _____ File _____

Reviewed CAE

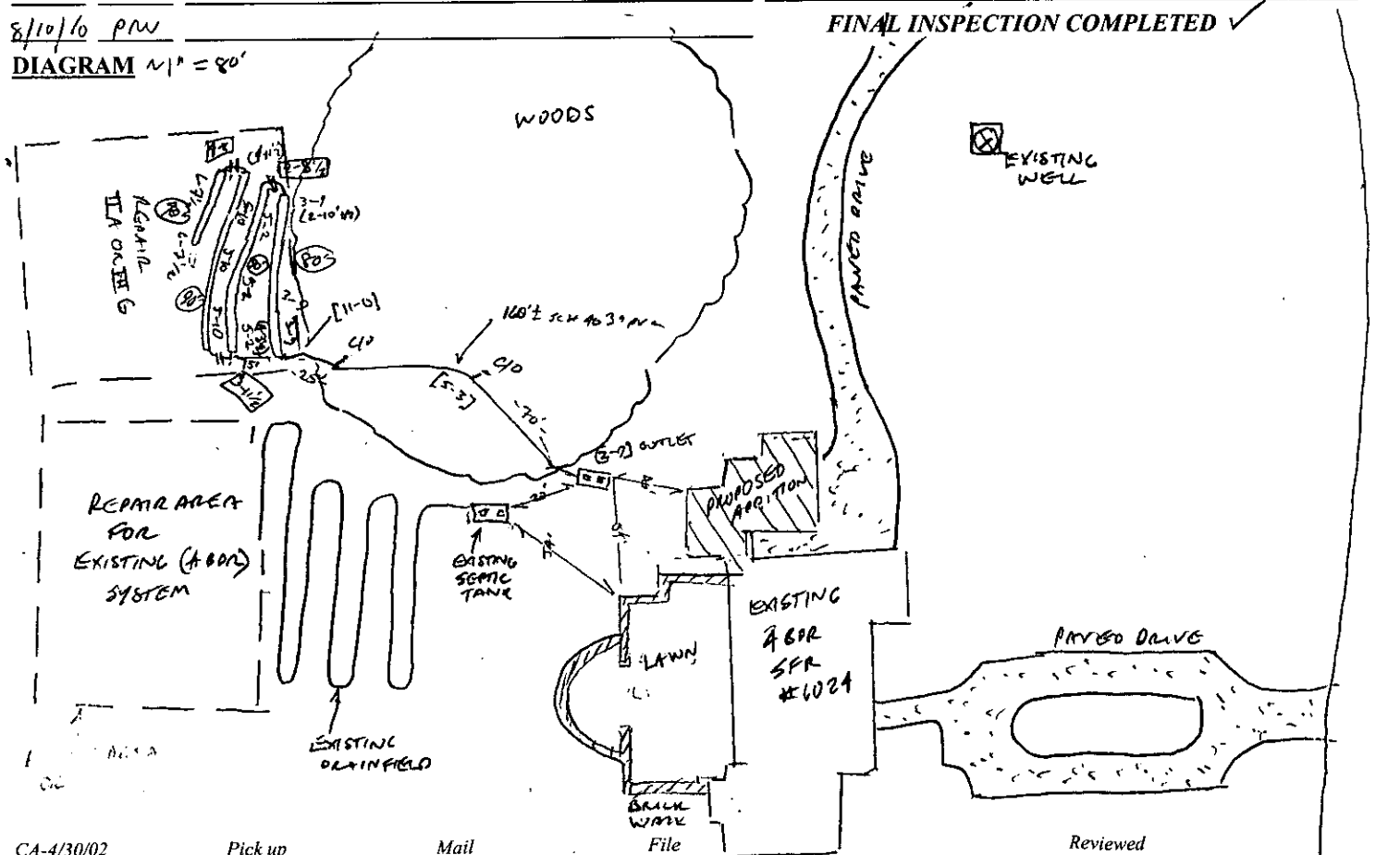
WASTEWATER SYSTEM INSTALLATION RECORD

Applicant: **HEFFNER THOMAS H** Property Description: **E/S OLD FIELD DR P96/25**

System Installer: **GULICK** System Type: **Conventional (<480 gpd)**

STB	MANU. <u>BJS</u>	PT	MANU. _____	CONTROL PANEL		PUMP	
	STB - <u>345</u>		PT _____	BRAND _____		BRAND _____	
	<u>1000</u> GAL		_____ GAL	MODEL _____		MODEL _____	
	DATE <u>8/17/06</u>		DATE _____	# FLOATS _____		ALARM OK _____	
	_____ PSI		_____ PSI			PULL ROPE _____	
	LEAK TEST _____		LEAK TEST _____	SUPPLY LINE		FLOAT SUPPORT _____	
	PRETEST # _____		PRETEST # _____	SIZE: _____		FLOAT ADJUSTED _____	
	RISERS: INLET _____ OUTLET _____		INLET RISER _____	OK TO COVER _____		ENCLOSURE/CONDUIT _____	
	EFFLUENT FILTER		OUTLET RISER _____	PRESSURE TEST _____		DUCT SEAL/GROUT _____	
	BRAND <u>POLYLOK</u>		GPI = _____	INITIAL: _____ "		_____ TIME	
	MODEL <u>PLW8</u>			ENDING: _____ "		_____ TIME	
	PIPE SEALS OK <input checked="" type="checkbox"/>			RESULT: _____ "		MINUTE = _____ GPM	
				PDR			
				Initial Meter Readings: ETM		Events	Date

DATE	EHS	NOTES	YET TO DO
8-3-10	PM	PRE-INST CONF W/ S. GULICK	INSTALL
9/10/10	PM	L ₁ =80', L ₂ =90', L ₃ =90', L ₄ =40'	FINAL BACKFILL / GRADES PER OP
↓	↓	(ADDITION NOT BUILT @ TIME OF INST)	↓



Environmental Health Division
P.O. Box 8181, 131 W Margaret Ln, Suite 100
Hillsborough, NC 27278
Phone 245-2360 Fax 644-3006
<http://www.co.orange.nc.us/envhlth/index.asp>



WASTEWATER SYSTEM CONSTRUCTION AUTHORIZATION

Parcel Pin: 9881355742
Application Date: 06/25/2010

TMBL: 7.16A..2D
Permit #: CA10-00143

Applicant: HEFFNER THOMAS H
Address: 6024 OLD FIELD DR.
CHAPEL HILL NC
27514-8234
Phone: 929-4637 /

Owner: HEFFNER THOMAS H
Address: 6024 OLD FIELD DR.
CHAPEL HILL NC
27514-8234
Phone: /

Property Desc.: E/S OLD FIELD DR P96/25
Prop Address: 6024 OLD FIELD DR OCPL
Permit Type: RESIDENTIAL NEW SYSTEM
Facility Type: RES ADDITION

Lot Size: 16.191

IP Number: IP10-00201 Expires: 12/31/2015
Water Supply: Private Well

SYSTEM SPECIFICATIONS

Wasteflow : 360 GPD
No.of Bedrooms: 3
Septic Tank: 1000 GAL
Min. Pump Tank: 0 GAL
Other:

Primary System Type: Conventional (<480 gpd)
Nitrification: 400 Ft. X 3 Ft. Wide
Maximum Trench Depth: 28 In.
Horiz. Trench Separation: 9 Ft.

System Class: IIa

Innovative System Type:
Repair System Type: Conventional (<480 gpd) System Class: IIa

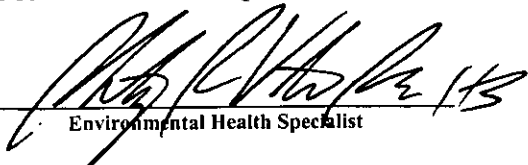
COMMENTS:

- 1: PERMIT FOR SYSTEM TO SERVE 3 BDR ADDITION.
PRECONSTRUCTION CONFERENCE REQUIRED.
- 2: THIS SYSTEM NOT DESIGNED FOR GARBAGE DISPOSAL!

PERMIT CONDITIONS

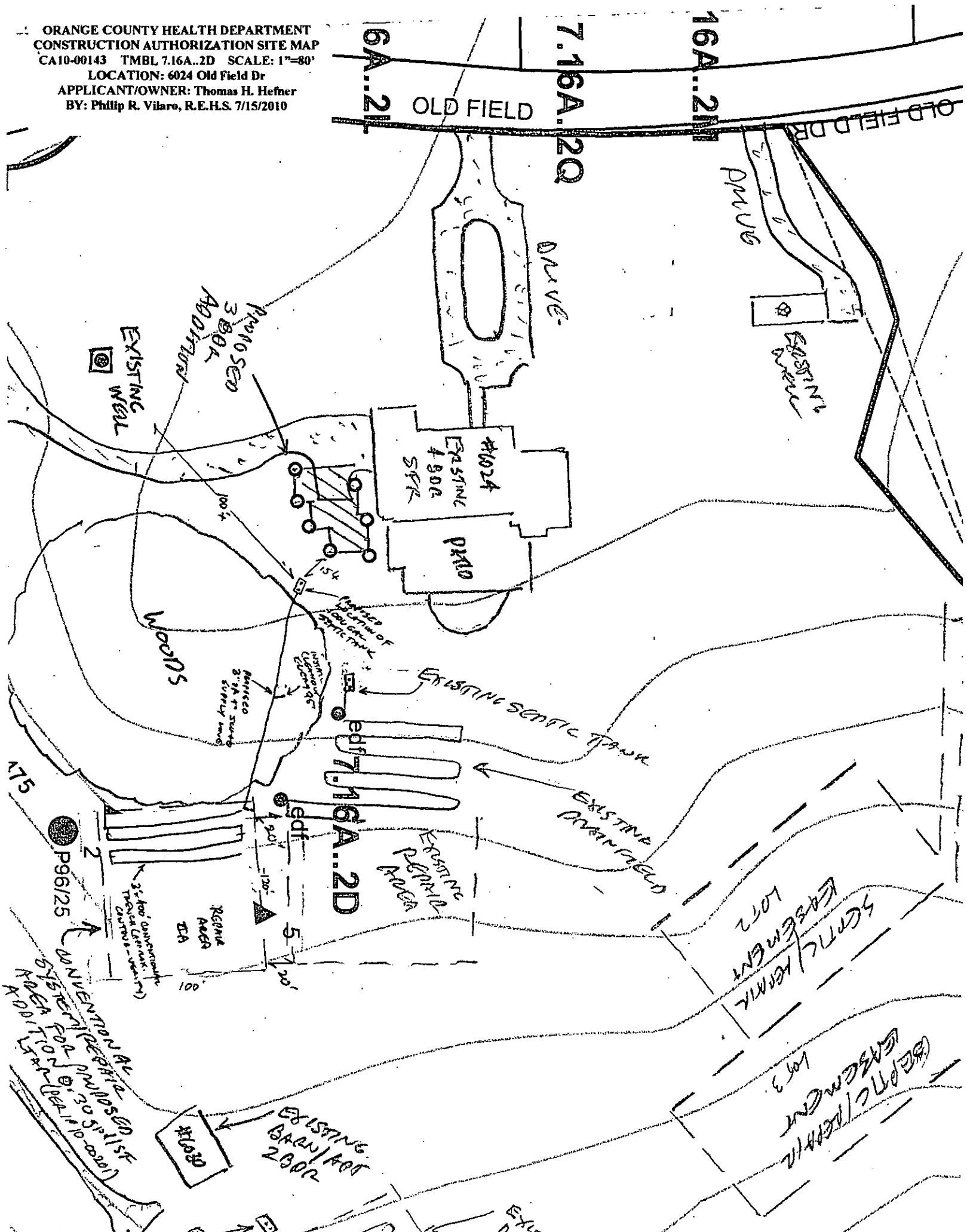
- * REFER TO THE ATTACHED SITE PLAN SHOWING THE SYSTEM AND FACILITY LOCATIONS AND OTHER SYSTEM SPECIFICATIONS
- * THIS AUTHORIZATION SHALL BECOME INVALID AND MAY BE REVOKED IF:
 - * THE INFORMATION SUBMITTED ON THE APPLICATION IS INCORRECT, FALSIFIED, OR CHANGES.
 - * THE SITE IS ALTERED, OR
 - * THE 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 OCHD POLICIES.
- * SYSTEMS WITH A CLASSIFICATION OF III OR HIGHER WILL REQUIRE PERIODIC INSPECTIONS BY THE O.C. HEALTH DEPARTMENT

ISSUED: 07/15/2010


Environmental Health Specialist

EXPIRES: 12/31/2015

ORANGE COUNTY HEALTH DEPARTMENT
 CONSTRUCTION AUTHORIZATION SITE MAP
 CA10-00143 TMBL 7.16A..2D SCALE: 1"=80'
 LOCATION: 6024 Old Field Dr
 APPLICANT/OWNER: Thomas H. Hefner
 BY: Philip R. Vilaro, R.E.H.S. 7/15/2010



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. An electrical permit must be obtained and a person with a valid North Carolina SP-PH Electrical license must provide electrical service to the pump controller and alarm.

*

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.

*

When the Construction Authorization is issued for a Conventional System or an Accepted System, the Owner may choose to substitute any Accepted System for the permitted system, provided there are no changes necessary in the specific line locations, depths, or distribution system. When a substitution is made, verification that the Owner made the system choice will be required prior to issuance of the Operation Permit.

Orange County Health Department



CONSTRUCTION AUTHORIZATION APPLICATION FIELD NOTES THIS IS NOT A PERMIT

Parcel Pin: 9881355742
Application Date: 06/25/2010

TMBL: 7.16A..2D

Permit #: CA10-00143

Applicant: HEFFNER THOMAS H
Phone: 929-4637 /

Owner: HEFFNER THOMAS H
Phone: /

Property Desc.: E/S OLD FIELD DR P96/25
Prop Address: 6024 OLD FIELD DR OCPL
Permit Type: RESIDENTIAL NEW SYSTEM
Facility Type: 1031 RES ADDITION
GPD Requested: 360

Lot Size: 16.191

Improv. #: IP10-00201 Expires

Water Supply: Private Well

ACTIVITY LOG AND NOTES

Wasteflow : _____ GPD	Primary System Type: _____	Sys Class _____
No. of Bedrooms: _____	Nitrification: _____ Ft. X _____ Ft. Wide	
STB Tank: _____ gal	Max. Trench Depth: _____ In.	
Pump Tank: _____ gal	Horz. Trench Sep: _____ Ft.	
	Repair System Type: _____	Sys Class: _____

Comments:

Date EHS Notes



Orange County Health Department

Environmental Health Division

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Hillsborough, NC 27278

Phone 919-245-2360 Fax 919-644-3006

www.co.orange.nc.us

IMPROVEMENT PERMIT

Parcel Pin: 9881355742
Application Date: 06/25/2010

TMBL: 7.16A..2D
Permit #: IP10-00201

Applicant: HEFFNER THOMAS H
Address: 6024 OLD FIELD DR.
CHAPEL HILL NC
27514-8234
Phone: 929-4637 /

Owner: HEFFNER THOMAS H
Address: 6024 OLD FIELD DR.
CHAPEL HILL NC
27514-8234
Phone: /

Property Desc.: E/S OLD FIELD DR P96/25
Prop Address: 6024 OLD FIELD DR OCPL
Permit Type: RESIDENTIAL NEW SYSTEM
Facility Type: RES SFD Square Footage:
Water Supply: PRIVATE WELL

Lot Size(Acres): 16.191
0 0

Initial System

Replacement System

Wasteflow : 360 GPD

System Type: Conventional (<480 gpd)

System Type: Conventional (<480 gpd)

No. of Bedrooms: 3

System Class: IIa

System Class: IIa

Site Classification

Useable Soil Depth: 40 "

Useable Soil Depth: 40 "

PROVISIONALLY SUITABLE

LTAR: 0.3 gpd/ft²

LTAR: 0.3 gpd/ft²

Conditions:

1: Permit for system to serve proposed 3 BDR addition to existing 4 BDR SFR.

Refer to the attached site plan for specific information regarding location of the designated area. Soil and site descriptions are located on file at Environmental Health.

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

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

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

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

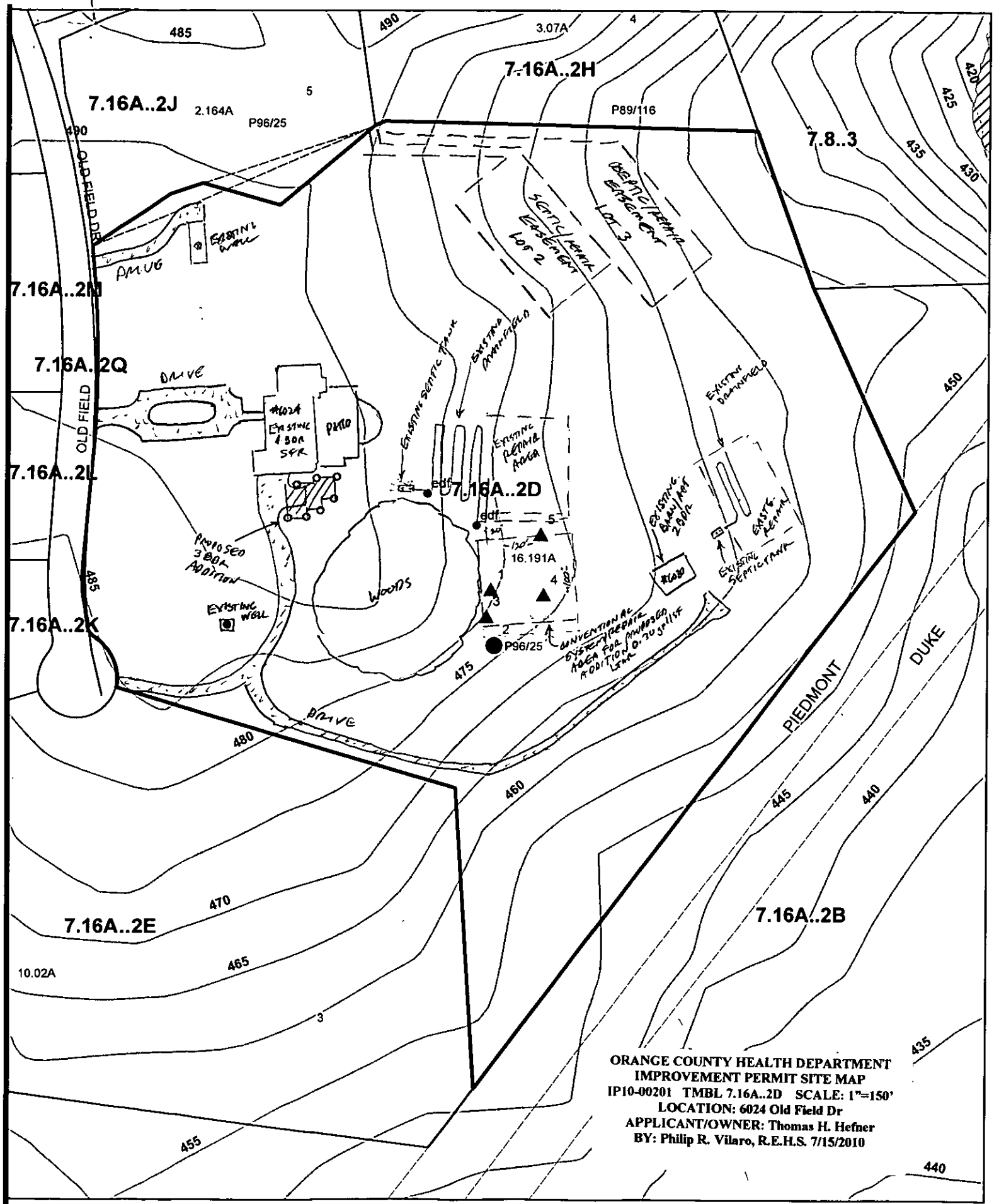
This permit is subject to revocation if the site plan, plat, or intended use changes or if the site is altered.

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

ISSUED: 07/15/2010

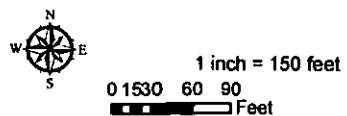

Environmental Health Specialist

EXPIRES: 12/31/2015



ORANGE COUNTY HEALTH DEPARTMENT
IMPROVEMENT PERMIT SITE MAP
 IP10-00201 TMBL 7.16A..2D SCALE: 1"=150'
 LOCATION: 6024 Old Field Dr
 APPLICANT/OWNER: Thomas H. Hefner
 BY: Philip R. Vilaro, R.E.H.S. 7/15/2010

Orange County Environmental Health



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



Parcel Pin: 9881355742

Orange County Health Department TMBL: 7.16A..2D

Environmental Health Division

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

Hillsborough, NC 27278

Phone 919-245-2360 Fax 919-644-3006

www.co.orange.nc.us

Application Date: 06/25/2010

Soil / Site Evaluation Field Sheet

Activity #: IP10-00201

Applicant: HEFFNER THOMAS H
 Address: 6024 OLD FIELD DR.
 CHAPEL HILL NC 27514-8234
 Prop Desc: E/S OLD FIELD DR P96/25

Owner: HEFFNER THOMAS H # Bedrooms Requested: 3
 Address: 6024 OLD FIELD DR. GPD requested: 360
 CHAPEL HILL NC 27514-8234 Lot Size: 16.191

SOIL BORING PROFILE INFORMATION

Factors	Rule	1	2	3	4	5	6	7	8	9	10
Landscape Position	.1940	S	L	S	→	L					
Slope (%)	.1940	5-10	→	→	→	→					
Horizon 1 Depth	.1943	0-24	0-6	0-12	→	0-12					
Texture	.1941(a)(1)	C	CL/WAT	CL	→	→					
Consistence	.1941	F/S/P									
Structure	.1941(a)(2)	2FS&X									
Clay Mineralogy	.1941(a)(3)	SE									
Horizon 2 Depth	.1943	24-48+	16"	12-48+	→	12-20					
Texture	.1941(a)(1)	C/M	A/C	C	→	C					
Consistence	.1941	F/S/P		F/S/P	→						
Structure	.1941(a)(2)	1-2FS&X		1-2FS&X	→						
Clay Mineralogy	.1941(a)(3)	SE		SE	→						
Horizon 3 Depth	.1943					20-40					
Texture	.1941(a)(1)					C+PM					
Consistence	.1941					F/S/P					
Structure	.1941(a)(2)					2-3FS&X					
Clay Mineralogy	.1941(a)(3)					SE					
Horizon 4 Depth	.1943					40+					
Texture	.1941(a)(1)					SM					
Consistence	.1941										
Structure	.1941(a)(2)					M/C					
Clay Mineralogy	.1941(a)(3)										
Soil Wetness	.1942										
Restrictive Horizon	.1944										
Saprolite	.1943/.1956										
Useable Soil Depth		48+		48+	48+	40					
Profile Classification	.1948	PS	JN5	PS	PS	PS					
LTAR (gpd/ft ²)	.1955	0.3		0.3	0.3	0.3					

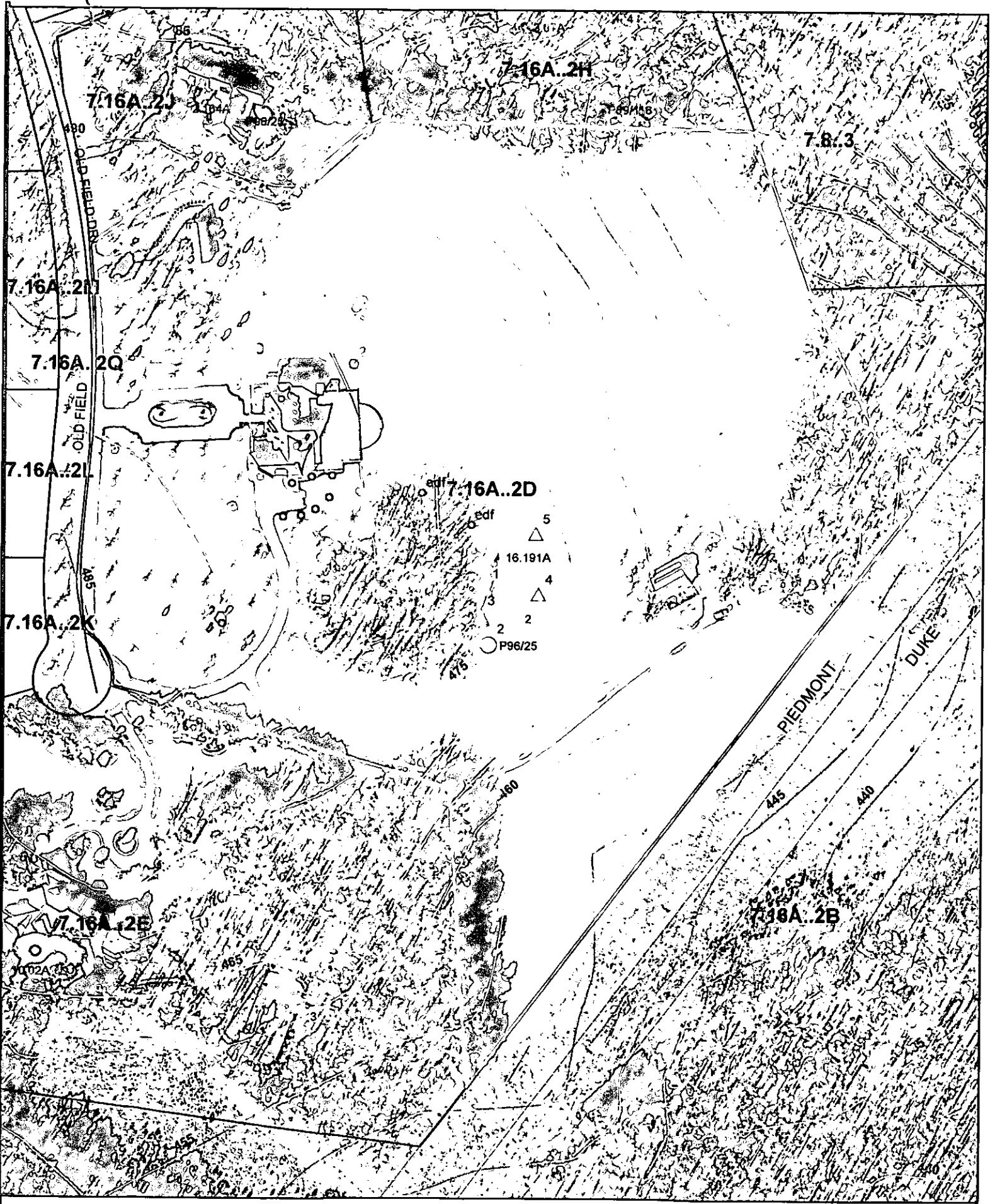
Available Space	.1945	S
Site Classification	.1948	PS

*Indicates Reclassified PS per .1956 .1957 .1969

Primary System LTAR	0.3	System Type	IIA	PS Soil Depth (in.)	40
Repair System LTAR	0.3	System Type	IIA	PS Soil Depth (in.)	40

Comments:

Evaluated By: P. VILANO Date: 7/14/10 Others Present: T. HEFFNER



Orange County Environmental Health



1 inch = 150 feet

0 1530 60 90

Feet

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

TMBL: 7,16A..2D

PIN: 9881354789

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: TOM HEFFNER PROPERTY OWNER: THOMAS H. & KATHIE M. HEFFNER
 ADDRESS: 6024 OLD FIELD DRIVE ADDRESS: 6024 OLD FIELD DRIVE
CHAPEL HILL, NC 27514 CHAPEL HILL, NC 27514
 Email address: heffner@chapelhillnc.com
 PHONE NUMBER: 919-929-4637 (R) PHONE NUMBER: 919-929-0518 (L)
 LOT SIZE: 16A. SUBDIVISION / LOT#: LOT 2 S/H DEVELOPMENT LLC PB 86/41 DATE LOT RECORDED: _____
 PARCEL ADDRESS: 6024 OLD FIELD DRIVE, CHAPEL HILL, NC DIRECTIONS / LOCATION: TURN ON TO MT. SINAI AT NC 86. GO .7 MILE ON MT. SINAI, OLD FIELD DRIVE IS ON THE RIGHT.

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: CONSTRUCTION OF 3392 SQUARE FOOT, THREE BEDROOM ADDITION

SINGLE FAMILY HOME Size 8000 EXISTING Number of Bedrooms 4 Number of occupants 2
 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:**
 PUBLIC BASEMENT WITH PLUMBING CONVENTIONAL
 PRIVATE WELL WASTEWATER OTHER THAN SEWAGE GENERATED OTHER (SPECIFY):
 COMMUNITY WELL PROPERTY CONTAINS DESIGNATED WETLANDS or see REQUEST FORM
 OTHER SITE IS SUBJECT TO APPROVAL BY OTHER AGENCY
 FACILITY WILL HAVE A GARBAGE DISPOSAL OR WATER SOFTENER

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 EASEMENTS, 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 \$ 350 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 PITS.

*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)

- 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)

* 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 ABANDONMENTNO 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 SYSTEM / MOBILE HOME PARK AUTHORIZATION SECTION

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

ORIGINAL OWNER _____ SYSTEM IS: IN USE or VACANT since _____ (date)

SIGNATURE SECTION

TOTAL AMOUNT DUE \$ _____ RECEIPT # _____

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: *Ann L. Heffer*

DATE: 6/24/2010

APPLICATION #: 1P10-00201 / CA10-00143

OCPD CONFIRMED: _____

DATE RECEIVED: 6-25-10

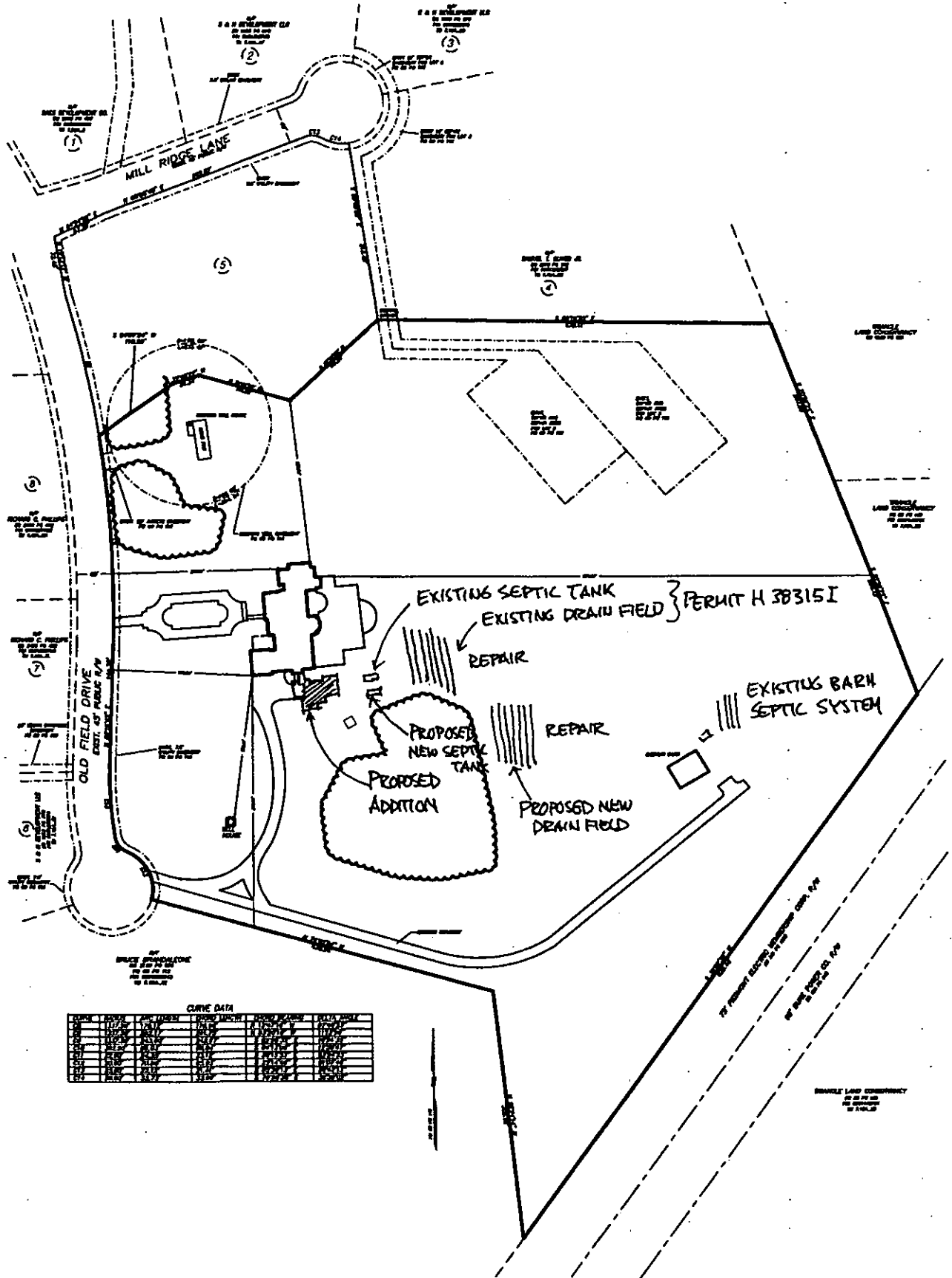
REVIEWED BY: AD

ASSIGNED TO: Phil

NOTES: 4 BR's existing. Addition of 3 BR's proposed.

SITE PLAN

6024 OLD FIELD DRIVE
CHAPEL HILL, NC 27514



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

MAIN HOUSE



EXISTING WELL / SEPTIC SYSTEM AUTHORIZATION

Parcel Pin: 9881355742 TMBL: 7.16A..2D
Application Date: 01/27/2006 Permit #: XS06-00024
Request for: new house location & Design

Applicant: HEFFNER THOMAS H Owner: HEFFNER THOMAS H
Address: 103 PORTER PLACE Address: 103 PORTER PLACE
CHAPEL HILL NC CHAPEL HILL NC
27514 27514
Phone: 929-0518 Phone:

Property Desc.: E/S OLD FIELD DR P96/25 Lot Size: 16.191
Prop Address: 6024 OLD FIELD DR
Permit Type:
Facility Type: RES SFD
Water Supply: COMMUNITY WELL

Status: ISSUED

Authorization for: Revised floor plan and site plan

1: Operation Permit was issued 01/13/2006 H383151

Revised house location and site plan are compatible with the existing septic system.

Applicant will need to assure that plumbing fall to the septic tank is achieved.

2: 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)

3: 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: 02/21/2006

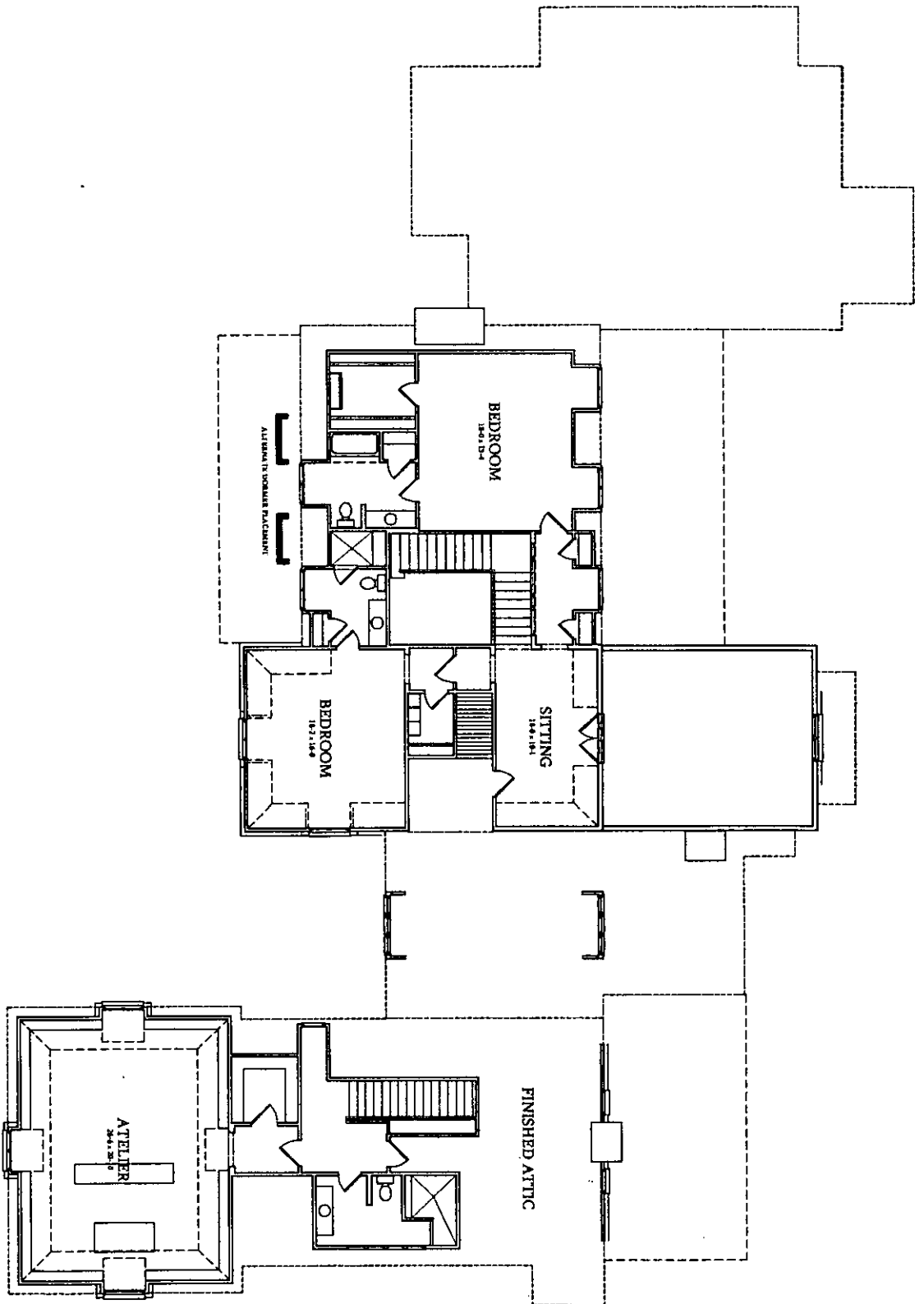

Mail _____ File _____

EXPIRES: 02/21/2007

EHEX 04/30/02

Pick up _____

Reviewed _____



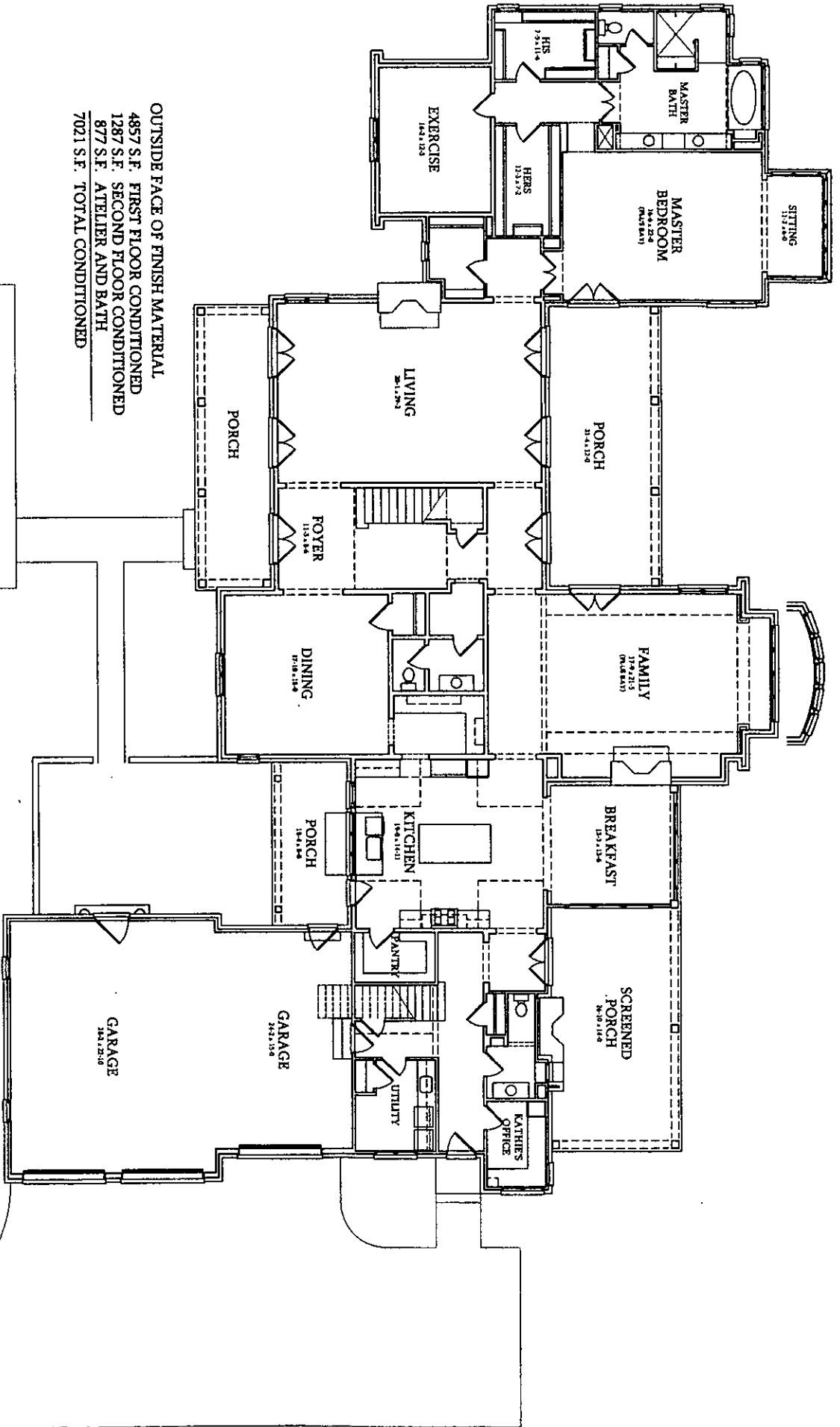
New Floor Plan
01-06

KDK Design Group, LLC
 11303 Oakcroft Drive
 Raleigh, North Carolina 27614
 919.422.7742 phone
 919.449.2895 fax
 kdksdesigngroup.com

Hefner Residence
 Chapel Hill, North Carolina



kdksdesign

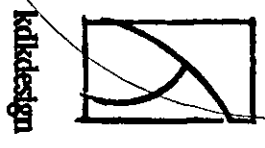


OUTSIDE FACE OF FINISH MATERIAL
 4857 S.F. FIRST FLOOR CONDITIONED
 1287 S.F. SECOND FLOOR CONDITIONED
 877 S.F. ATELLER AND BATH
 7021 S.F. TOTAL CONDITIONED

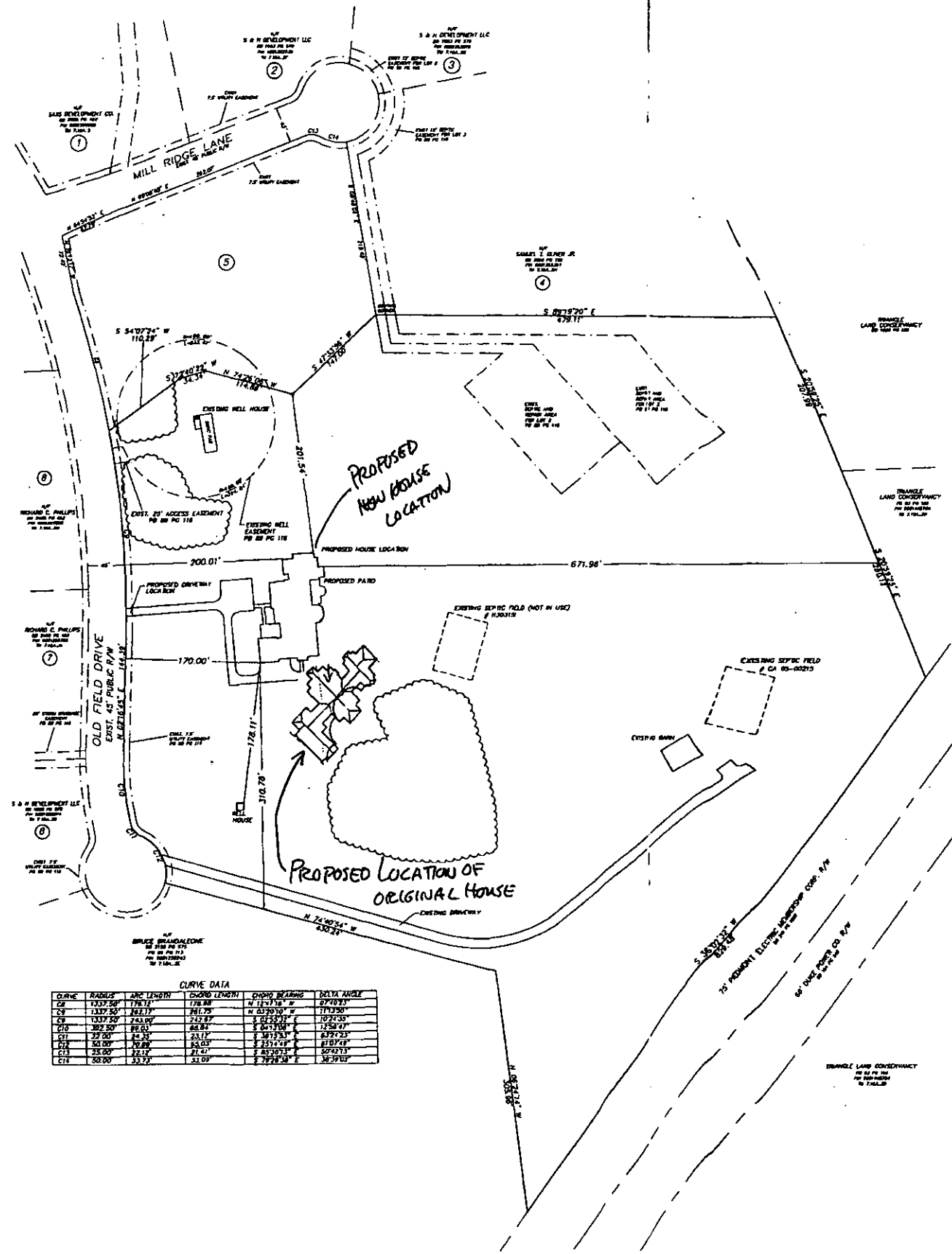
KDK Design Group, LLC
 11303 Oakcroft Drive
 Raleigh, North Carolina 27614
 919.422.7742 phone
 919.449.2895 fax
 kdkdesigngroup.com

Hefner Residence

Chapel Hill, North Carolina



kdkdesign



CURVE DATA

Curve	Radius	Arc Length	Chord Length	Chord Bearing	Delta Angle
C1	1000.00'	176.71'	176.98'	N 114° 15' 00" W	87° 40' 23"
C2	1100.00'	228.17'	228.75'	N 03° 30' 00" W	17° 25' 00"
C3	1000.00'	243.00'	242.87'	S 62° 52' 33" E	107° 35' 00"
C4	300.00'	88.00'	88.00'	S 04° 15' 00" E	175° 00' 00"
C5	100.00'	30.90'	31.07'	S 87° 15' 00" E	89° 25' 00"
C6	50.00'	10.89'	11.03'	S 25° 11' 00" E	87° 07' 00"
C7	25.00'	5.44'	5.51'	S 49° 25' 00" E	87° 07' 00"
C8	50.00'	31.77'	31.09'	S 74° 28' 00" E	36° 39' 00"

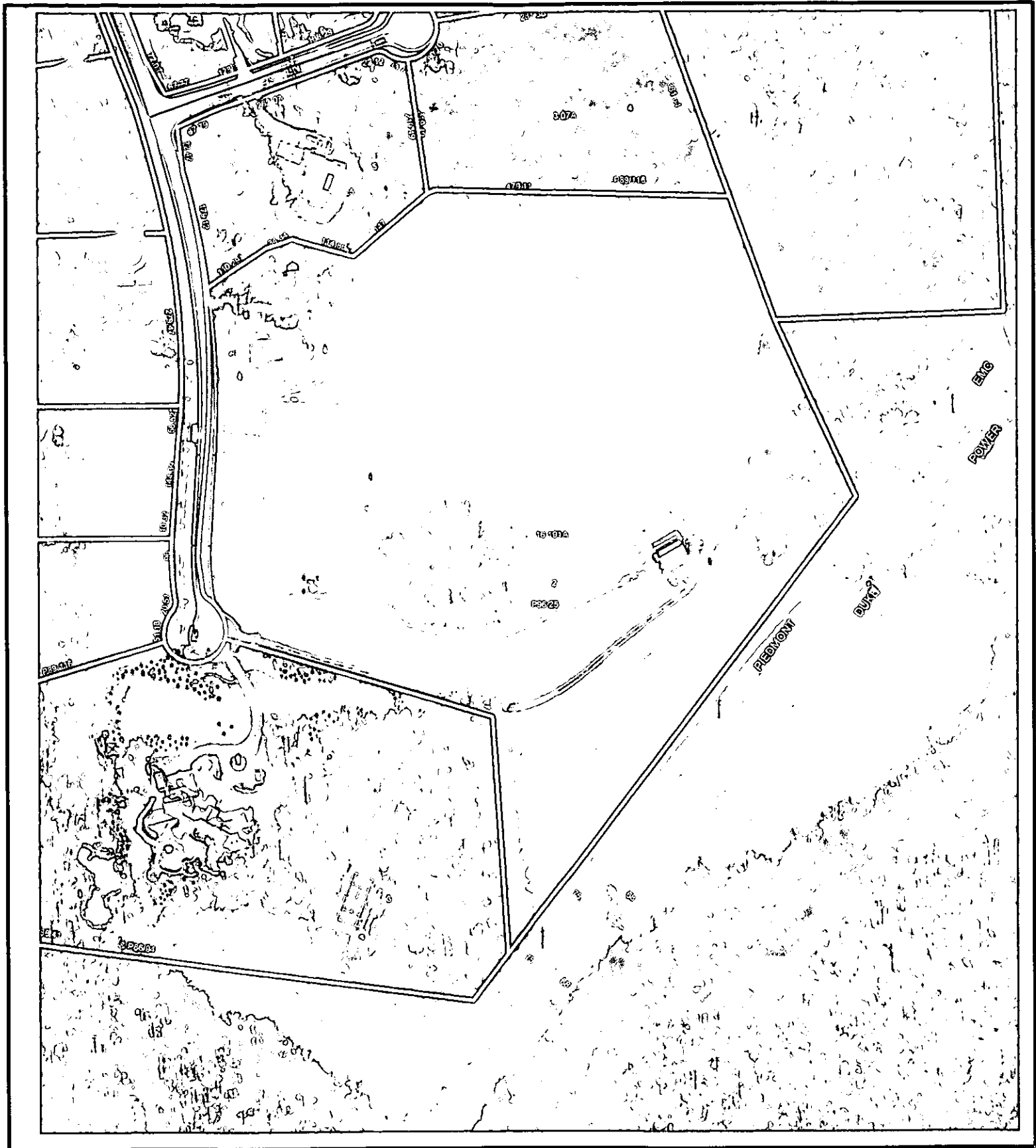
*New site plan
01-06*



HEFFNER RESIDENCE
Orange County, North Carolina
Site Plan

The Design Response, Inc.
1014 High House Road, Suite 100
Cary, NC 27513
(919) 469-2580 Fax: (919) 469-0633



DATE:	1/18/09
SCALE:	1"=60'
DRAWN BY:	EJC
JOB NO.:	107-008
SHEET NO.:	1
DATE:	REVISION
OF 1 SHEETS	



-  Well/Spot
-  Building
-  Text
-  Street Text
-  Block
-  Parcel Text
-  Parcel
-  Major Road
-  County
-  Township Text
-  Township
-  City Text

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



1:200

Orange County GIS

APPLICANT'S NAME

THOMAS H. HERRICK

TMBL

7.16A.2D

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 #:

X 506-00024

PIN #:

DATE RECEIVED:

1-27-06

OCPD CONFIRMED:

REVIEWED BY:

TL

ASSIGNED TO:

Phil

NOTES:

GENERAL INFORMATION

APPLICANT: _____ PROPERTY OWNER: THOMAS H. HEFFNER
 ADDRESS: _____ ADDRESS: 103 PORTER PL.
CHAPEL HILL, NC 27514
 PHONE NUMBER: _____ PHONE NUMBER: (919) 929-0518 (C) 880-6279 (C)
 LOT SIZE: 16.1A SUBDIVISION / LOT# Lot 2 SAH DBU. LLC / Lot 2R DATE LOT RECORDED: _____
 PARCEL ADDRESS: 6024 OLD FIELD DRIVE DIRECTIONS / LOCATION: _____
CHAPEL HILL, NC 27514

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

For a: SINGLE FAMILY DWELLING Size X Number of Bedrooms 4 Number of occupants 2

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 *CASTING*
- 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: NEW HOME LOCATION DESIGN.

ORIGINAL OWNER THOMAS H. HEFFNER SYSTEM IS: IN USE or VACANT since _____ (date)
NEVER PLACED IN USE

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

\$ 100.00

RECEIPT #

R06-000325

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:

1/27/2006

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 THOMAS H. HEFFNER

TMBL 7.16A..2D

**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: THOMAS H. HEFFNER PROPERTY OWNER: THOMAS H. HEFFNER
 ADDRESS 103 PORTER PL. ADDRESS 103 PORTER PL
CHAPEL HILL, NC 27514 CHAPEL HILL, NC 27514
 PHONE NUMBER 919-929-0518 PHONE NUMBER 919-929-0518; 919-880-6279 (cell.)

LOT SIZE 16.3A. SUBDIVISION / LOT# # 2 S+H DEV. LLC PB 86 P 41 DATE LOT RECORDED _____
 PARCEL ADDRESS: 6024 OLD FIELD DRIVE, CHAPEL HILL DIRECTIONS / LOCATION: FROM
HILLSBOROUGH, TURN LEFT ON MT. SINAI RD., TAKE FIRST ST. ON RIGHT (OLD FIELD
DRIVE). PROPERTY ON LEFT AT END OF CUL-DE-SAC

Is this application for: NEW REPAIR EXPANSION RENEWAL SUBDIVISION/RECOMB.
 For a: SINGLE FAMILY DWELLING Size 76' X 133' Number of Bedrooms 4 Number of occupants 2
 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 type="checkbox"/> BASEMENT WITH PLUMBING	<input checked="" type="checkbox"/> CONVENTIONAL
<input checked="" type="checkbox"/> PRIVATE WELL	<input type="checkbox"/> WASTEWATER OTHER THAN SEWAGE GENERATED	<input type="checkbox"/> OTHER (SPECIFY)
<input checked="" 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
Check All Sections That Apply	<input type="checkbox"/> FACILITY WILL HAVE A GARBAGE DISPOSAL OR WATER SOFTENER	

<input type="checkbox"/>	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:

- 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.

<input type="checkbox"/>	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:

- 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.

<input type="checkbox"/>	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:

- 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 (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:

- 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 (eg. SPOUSE, POWER OF ATTORNEY, EXECUTOR, OR PERSON WHO HAS ENTERED INTO A CONTRACT OR LEASE WITH THE PROPERTY OWNER)

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: *Rouen D. Heffer*

DATE: 10/21/2005

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	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:

WELL & SEPTIC HAVE BEEN INSTALLED, ORIGINAL HOUSE PLAN SUBMITTED
WAS NOT BUILT. APPLICATION FOR NEW HOUSE PLAN AND LOCATION ON LOT.