

DURHAM COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT, AUTHORIZATION FOR WASTEWATER SYSTEM  
CONSTRUCTION (G.S. 130A-336) AND OPERATION PERMIT

Owner Robert P. Wilson Location Highcross Court  
Contractor \_\_\_\_\_ Subdivision Mayfair II  
Tax Map Ref. No. 990-01-036 Surveyed Lot # 36 Lot Area 2.03 acres

House  Mobile Home \_\_\_\_\_ # of Bedrooms 3 Garbage Disposal yes \_\_\_\_\_ no   
Type of Business \_\_\_\_\_ # Employees \_\_\_\_\_ # Shifts \_\_\_\_\_  
New S.T.S.  Repair S.T.S. \_\_\_\_\_ Reconnection S.T.S. \_\_\_\_\_  
Water Supply: Individual  Public \_\_\_\_\_ Community \_\_\_\_\_

SYSTEM DESCRIPTION

Suitable \_\_\_\_\_ Provisionally Suitable  Unsuitable \_\_\_\_\_ [Abatement of a Public Health Nuisance (G.S. 130A-19)]  
Design Wastewater Flow 360 gpd LTAR .3 Nitrification field 1200 square feet  
Type of System Conv.  Pump Conv. \_\_\_\_\_ LPP \_\_\_\_\_ LPP in Fill \_\_\_\_\_ Other \_\_\_\_\_  
Size of Septic Tank 1200 gal Size of Pump Tank \_\_\_\_\_  
Trench Depth 20 inches Trench Length 400 feet Trench Width 36 in Depth of Stone 12 inches

Improvement Permit By Kristi Woody <sup>4/1/00</sup> Kristi Woody Article 11 Chapter 130A of the General Statutes)  
Authorization for Wastewater System Construction By A.E. Molyneux 7-12-00  
Date \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Operation Permit By Andrew G. M... .. Date 6-5-01  
System Installed By Barnettes Backhoe Service Date 10/30/00

Construction must comply with all other applicable state and local regulations, site plan on attached plat, any special conditions, and attached specification sheet(s). Contractor is to meet Environmental Health Specialist on-site prior to any construction or grading. **House site to be staked and location approved by Environmental Health Specialist prior to construction activity or other site disturbance. System has been flagged on the lot. No grading or construction traffic on septic system area. Installer must meet EHS on site prior to installation of system. System to be installed according to specifications on attached sheet. Before Construction Authorization can be issued, a grade fence is required to protect septic area, and site plan must be approved by building inspections and EHS** Actions of representatives of state or local health departments engaged in the evaluation and determination of measures required to effect compliance with the provisions of this section shall in no way be taken as a guarantee that sewage treatment and disposal systems approved and permitted will function in a satisfactory manner for any given period of time, or that such employees assume any liability for damages, consequential or direct which are caused, or which may be caused, by a malfunction of such systems (G.S. 130A-166.65).  
Note: This Permit is subject to revocation if site plans or the intended use changes, or if site and soil conditions are altered such that a septic system cannot be installed in compliance with this permit.



SPECIFICATIONS FOR CONVENTIONAL

SYSTEM FOR: Robert Wilson TAX MAP # 990-01-036

LOCATED AT: Lot 36 Mayfair II

ITEMS TO BE COMPLIED WITH:

- System to serve 3 bedroom residence or \_\_\_\_\_
- House grade line shall be \_\_\_\_\_ feet from as shown on site plan
- System shall be in area designated by Health Department, area for system and repair shall be left undisturbed unless confirmed by Environmental Health Specialist.
- Trenches shall not be installed deeper than 20" without prior approval.
- Riser on septic tank shall be a minimum of 12" above finished grade.
- Above grade access for effluent filter shall be a minimum 12" above finished grade.
- All utilities shall be brought around area for system and repair.
- Surface and subsurface water shall be diverted from site of system and tanks; site shall be stabilized and maintained after system is installed.
- The water supply must meet applicable Durham County Well Regulations prior to issuance of Operations Permit.
- NOTE: Durham Co. Inspections Dept. requires adherence to Zoning Ordinance setback requirements.
- Construction Authorization to be issued pursuant to site plan approval by Inspections Dept. and EHS.
- Other \_\_\_\_\_

Authorization for Wastewater System Construction shall be valid for 60 months from date of issuance. If the installation has not been completed during that time period, the authorization shall become invalid and must be renewed. If the site and soil conditions are altered, or the facility, design wastewater flow and wastewater characteristics are increased, the permit may become invalid.

This Improvements Permit is issued for the exact lot as evaluated on 4/10/00 and approved by the Durham County Health Department. Even the slightest change in the lot dimensions and/or configuration may void this permit. It is the owner's responsibility to notify the Durham County Health Department of any planned changes. Should the lot dimensions change, the lot must be re-evaluated by the department. All applicable fees must be paid and there is no guarantee by the Durham County Health Department that an Improvements Permit will be issued.

\*please call so  
Mr. Wilson can  
be there for  
evaluation

DURHAM COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR IMPROVEMENTS PERMIT

Name of Owner Robert P. Wilson Home Phone 919-598-1042  
Address 5216 Swisswood Dr Raleigh Work Phone 919-971-8587 Mobile \*PAGER 382-3807\*  
Property Location Highcross Court  
Tax Map Number 990 - 01 - 036 Subdivision MAYFAIR PHASE II  
Lot Dimensions \_\_\_\_\_ No. of Acres 2.03  
Facility to be Served: House  Mobile Home \_\_\_\_\_ Church \_\_\_\_\_ Business \_\_\_\_\_  
Water Supply: Individual Well  Community Well \_\_\_\_\_ Municipal Water \_\_\_\_\_  
Estimated Sewage Flow (120 gpd/bedroom) 360 gallons  
Business Property: Number of Employees \_\_\_\_\_ Number of Shifts \_\_\_\_\_  
Employees per Shift: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_  
Estimated Sewage Flow \_\_\_\_\_ gallons

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INSTRUCTIONS FOR APPLICATION FOR IMPROVEMENTS PERMIT

- 1) Each page is to be completed by property owner/authorized agent, signed and dated.
- 2) All property lines and corner irons shall be property marked in the field prior to the site evaluation.
- 3) A proposed house site shall be staked on the lot prior to the site evaluation.
- 4) The applicant shall submit, with the application, a site plan on a copy of the surveyed and/or recorded plat showing:
  - a) House location - including house, with garage and porch, if any; dimensions and distance from front property line and nearest sidelines
  - b) Proposed location of driveway and parking areas (including dimensions)
  - c) Location and dimensions of any other building or structure (storage sheds, swimming pools, etc.)

The Owner/Authorized Agent Signature indicates this material has been read and understood.

Date 4-3-00 Owner/Authorized Agent Robert P. Wilson

TM# 990-01-036

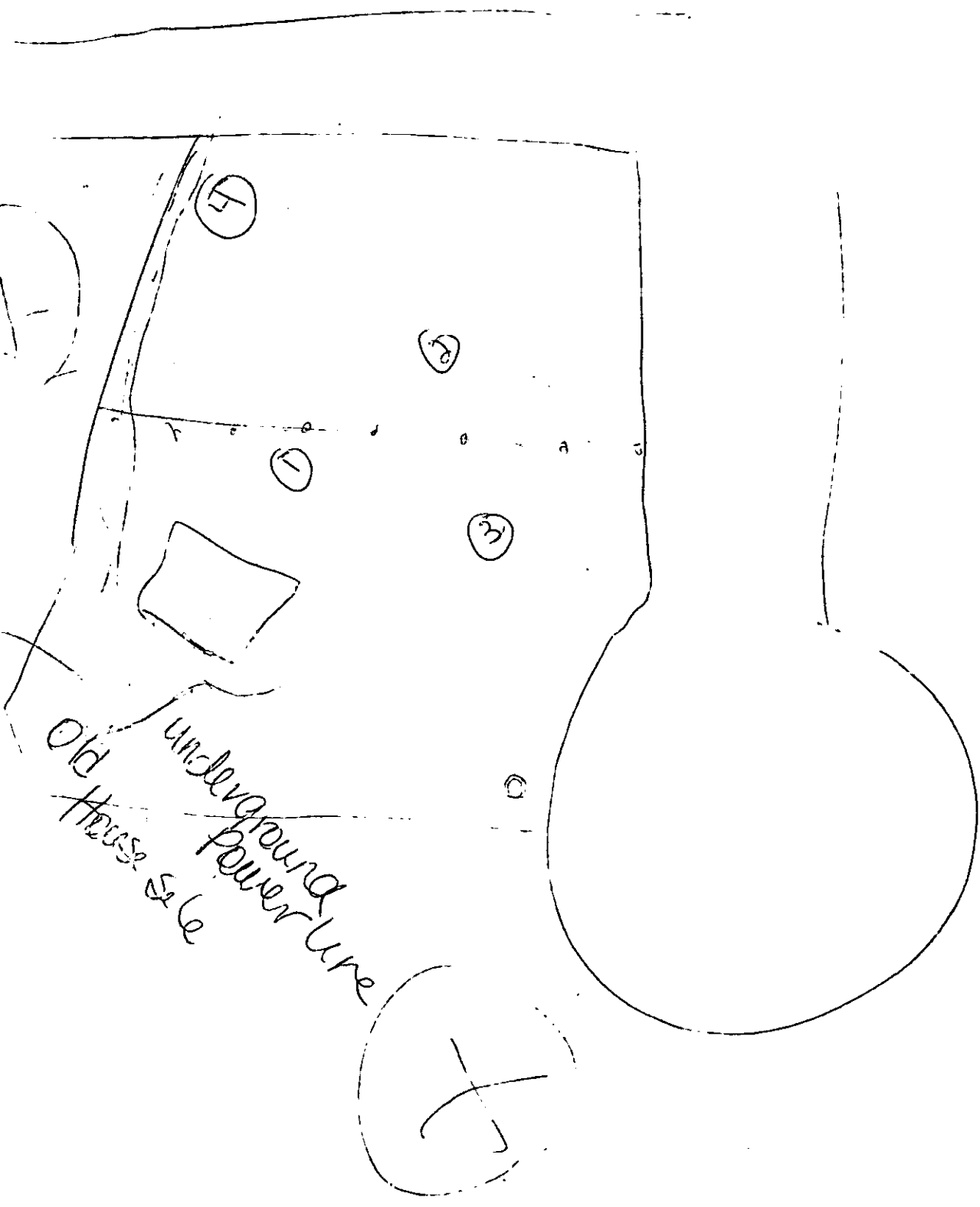
SOIL AND SITE EVALUATION for  
ON-SITE WASTEWATER SYSTEM

APPLICANT: Robert Wilson OWNER: \_\_\_\_\_ AGENT: \_\_\_\_\_ PHONE: \_\_\_\_\_ APPLICATION DATE: 4/3/00  
 ADDRESS: 5216 Swisswood PROPOSED FACILITY: \_\_\_\_\_  
 WATER SUPPLY: ON-SITE WELL: \_\_\_\_\_ COMM.: \_\_\_\_\_ PUBLIC: \_\_\_\_\_ OTHER: \_\_\_\_\_ COUNTY: \_\_\_\_\_ DATE EVAL: 4/11/00  
 LOCATION OF SITE: Lot 36 Mayfair Phase II EVAL. METHOD: AUGER: \_\_\_\_\_ PIT: \_\_\_\_\_

FACTORS	PROFILE 1	PROFILE 2	PROFILE 3	PROFILE 4	PROFILE 5	PROFILE 6	PROFILE 7	PROFILE
SLOPE (%)	>50%	>50%	73%					
HORIZON 1 DEPTH	0-6	0-6	0-36	0-34				
TEXTURE GROUP	CL	CL	CL	CL				
CONSISTENCE								
STRUCTURE								
MINERALOGY								
HORIZON 2 DEPTH	6-34	6-32	36+					
TEXTURE GROUP	C	CL	Sap					
CONSISTENCE								
STRUCTURE								
MINERALOGY								
HORIZON 3 DEPTH	34-38	32+						
TEXTURE GROUP	Silt	Sap						
CONSISTENCE								
STRUCTURE								
MINERALOGY								
HORIZON 4 DEPTH								
TEXTURE GROUP								
CONSISTENCE								
STRUCTURE								
MINERALOGY								
SOIL WETNESS								
RESTRICTIVE HORIZON								
SAPROLITE DEPTH								
CLASSIFICATION	PS	PS	PS	PS				
LTAR	0.3	.3	.3	.3				

AVAILABLE SPACE (1945): S OTHER FACTORS (1946): \_\_\_\_\_ SITE CLASSIFICATION (1948): S  
 SYSTEM TYPE: \_\_\_\_\_ LONG TERM ACCEPTANCE RATE: 3  
 EVALUATED BY: Kristi Woody OTHERS PRESENT: \_\_\_\_\_  
 LAY OUT: \_\_\_\_\_  
 COMMENTS: \_\_\_\_\_

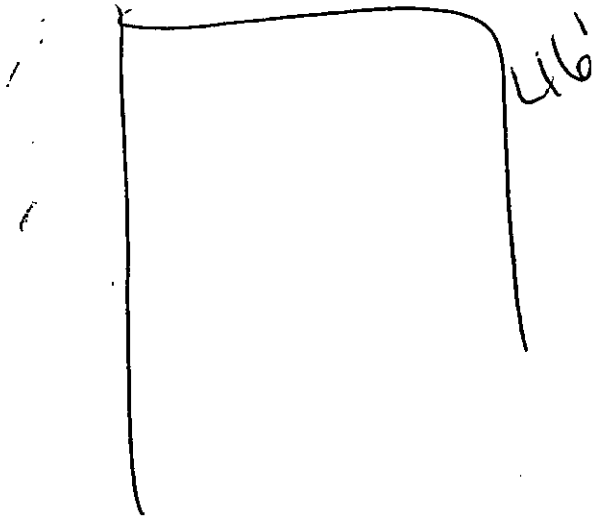
LANDSCAPE POSITION	TEXTURE	CONSISTENCE	STRUCTURE	MINERALO.
R- Ridge	s- sand	moist	wt	NEC-
S- Shoulder slope	ls- loamy sand	vf- very friable	Ns- non-sticky	non-expa
L- Linear slope	sl- sandy loam	f- friable	Ss- slightly sticky	
FS- Foot slope	l- loam	fi- firm	S- sticky	EC-
N- Nose slope	si- silt	vf- very firm	Vs- very sticky	expansive
H- Head slope	sil- silt loam	cf- extremely firm		
Cc- Concave slope	sic- silty clay loam		Np- non-plastic	
Cv- Convex slope	cl- clay loam		Sp- slightly plastic	
T- Terrace	scl- sandy clay loam		P- plastic	
FP- Flood plain	sc- sandy clay		Vp- very plastic	
	sic- silty clay			
	c- clay			



~~10~~ 7'8" Pink 120'  
~~10~~ 5'11" Blue 57'  
 5'4" Pink 100'  
~~10~~ 4'11" Blue 75'  
 4'6" Pink 140'  
 3'11" Blue 150'  
 3'8" Pink 110'  
 2'11" Blue

105060  
 217  
 75  
 140  
 432  
 310  
 742

217  
 75  
 140



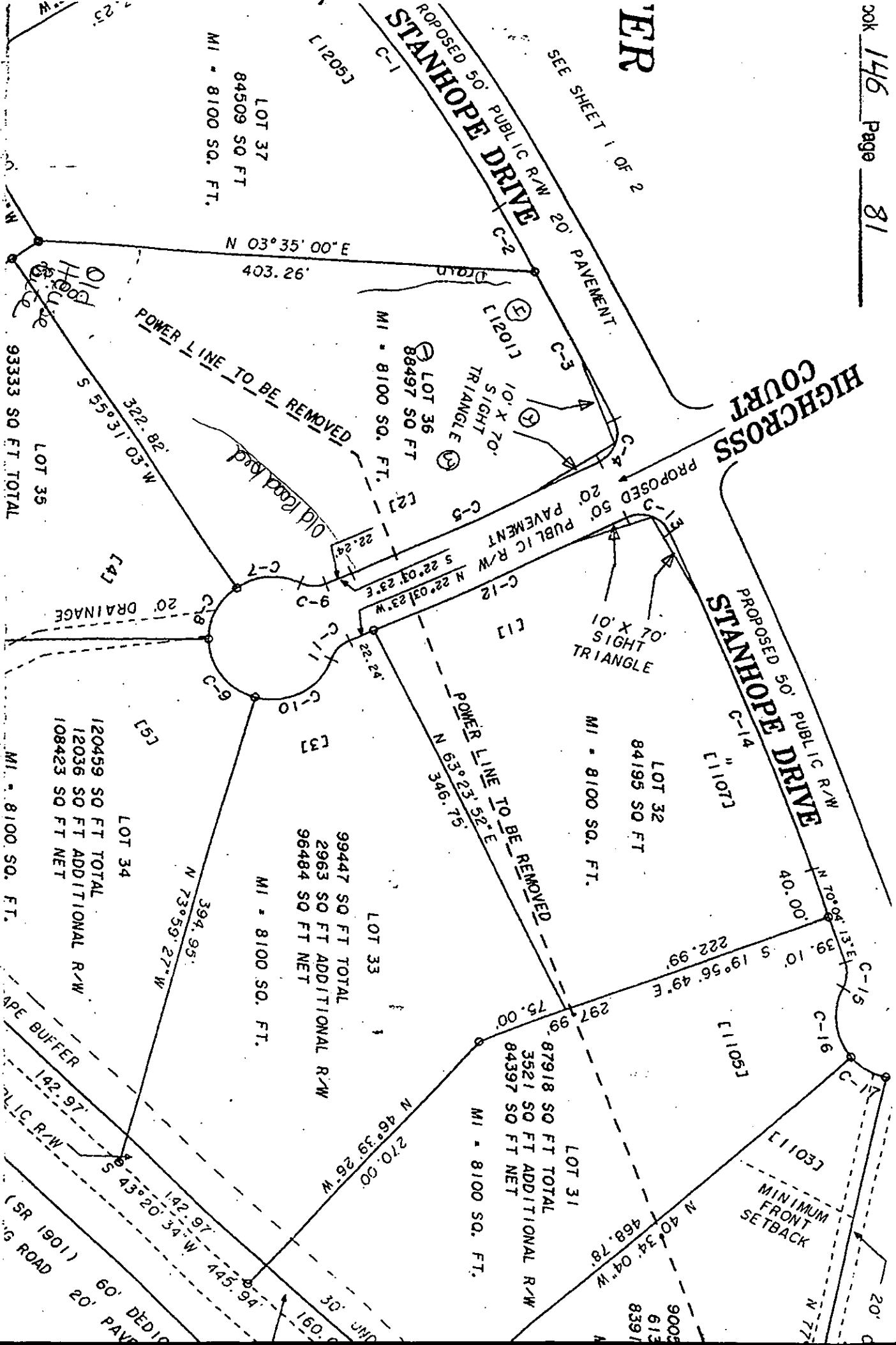
TER

SEE SHEET 1 OF 2

PROPOSED 50' PUBLIC R/W 20' PAVEMENT  
STANHOPE DRIVE

HIGHCROSS COURT

PROPOSED 50' PUBLIC R/W  
STANHOPE DRIVE



LOT 37  
84509 SQ FT  
MI - 8100 SQ. FT.

LOT 36  
88497 SQ FT  
MI - 8100 SQ. FT.

LOT 35  
93333 SQ FT TOTAL

LOT 34  
120459 SQ FT TOTAL  
12036 SQ FT ADDITIONAL R/W  
108423 SQ FT NET  
MI - 8100 SQ. FT.

LOT 33  
99447 SQ FT TOTAL  
2963 SQ FT ADDITIONAL R/W  
96484 SQ FT NET  
MI - 8100 SQ. FT.

LOT 32  
84195 SQ FT  
MI - 8100 SQ. FT.

LOT 31  
87918 SQ FT TOTAL  
3521 SQ FT ADDITIONAL R/W  
84397 SQ FT NET  
MI - 8100 SQ. FT.

LOT 30  
84509 SQ FT  
MI - 8100 SQ. FT.

LOT 29  
84509 SQ FT  
MI - 8100 SQ. FT.





DURHAM COUNTY HEALTH DEPARTMENT  
PERMIT TO CONSTRUCT, REPAIR OR ABANDON A WATER SUPPLY WELL

PERMIT ISSUED BY: A.E. Morgan DATE: 6-19-00  
Address: Nichols Ct. TM#: \_\_\_\_\_ Lot #: 36  
Owner: Robert Wilson Builder: Same Subdivision: Mayfair

NEW WELL: X REPLACEMENT WELL: \_\_\_\_\_

LAYOUT BY: A.E. Morgan DATE: 6-15-00

House: X Modular Home: \_\_\_\_\_ Mobile Home: \_\_\_\_\_ Business: \_\_\_\_\_

Driller: HUDSON Grout/Date: 6/26/00 Casing Length: 106' Log: 6/26/00

Well Tag: 6/26/00 Cover: 8/23/00 Slab: 8/23/00 Pump Tag: 8/23/00

Well Seal: 8/23/00 Vent Pipe: 8/23/00 Spigot: 8/23/00 Casing Height: 8/23/00

CERTIFICATE OF COMPLETION/DATE: V. Atlas 8/23/00

• DCHD RECOMMENDS SAMPLING OF WATER SUPPLY BEFORE USING WATER

REPAIR: \_\_\_\_\_

Slab: \_\_\_\_\_ Casing Extension: \_\_\_\_\_ Existing Casing Length: \_\_\_\_\_

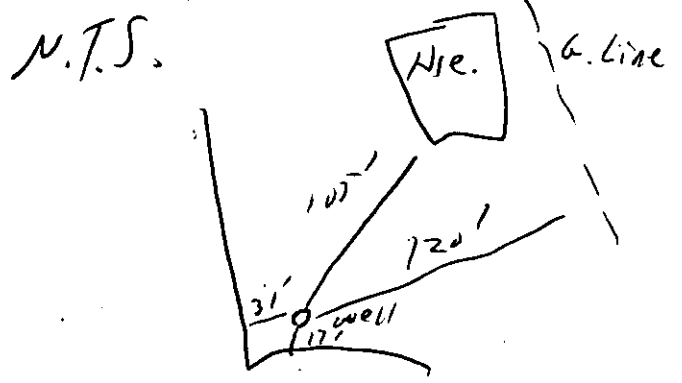
Liner (length/date): \_\_\_\_\_ Inspected By: \_\_\_\_\_

ABANDONMENT: \_\_\_\_\_

Method: \_\_\_\_\_ Aband. By: \_\_\_\_\_ Inspected By: \_\_\_\_\_

Water Sample Record:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sketch: (or copy of site map attached)



10:30

Cement Copy

WELL CONSTRUCTION RECORD

WELL CONTRACTOR: HUDSON WELL  
WELL CONTRACTOR CERTIFICATION #: #1  
STATE WELL CONSTRUCTION PERMIT#: \_\_\_\_\_

- 1. WELL USE (Check Applicable Box): Residential  Municipal  Industrial  Agricultural  Monitoring   
Recovery  Heat Pump Water Injection  Other  If Other, List Use: \_\_\_\_\_

2. WELL LOCATION: (Show sketch of the location below)  
Nearest Town: Durham County: Durham

HIGHCROSS MAYFAIR Lot # 36  
(Road Name and Numbers, Community, or Subdivision and Lot No.)

3. OWNER Robert Wilson  
Address \_\_\_\_\_  
(Street or Route No.)

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- 4. DATE DRILLED 6-24-00
- 5. TOTAL DEPTH 645
- 6. CUTTINGS COLLECTED YES  NO
- 7. DOES WELL REPLACE EXISTING WELL? YES  NO
- 8. STATIC WATER LEVEL Below Top of Casing: \_\_\_\_\_ FT.  
(Use "\*" if Above Top of Casing)

9. TOP OF CASING IS 1 FT. Above Land Surface\*

\*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118

10. YIELD (gpm): 1 METHOD OF TEST ARI

11. WATER ZONES (depth): 250' - 16 PM

DRILLING LOG		DEPTH
From	To	Formation Description
0	80	OB
80	90	shale
90	106	granite
106	249	granite
249	250	break
*250	645	granite

12. CHLORINATION: Type \_\_\_\_\_ Amount \_\_\_\_\_

13. CASING: 106

If additional space is needed use back of form

LOCATION SKETCH

(Show direction and distance from at least two State Roads, or other map reference points)

From H1 To 105 Ft. 645 Wall Thickness or Weight 10.88 Material gal steel

From \_\_\_\_\_ To \_\_\_\_\_ Ft. \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Ft. \_\_\_\_\_

14. GROUT:

From	To	Depth	Material	Method
_____	_____	_____ Ft.	_____	_____
_____	_____	_____ Ft.	_____	_____

15. SCREEN:

From	To	Depth	Diameter	Slot Size	Material
_____	_____	_____ Ft.	_____ in.	_____ in.	_____
_____	_____	_____ Ft.	_____ in.	_____ in.	_____
_____	_____	_____ Ft.	_____ in.	_____ in.	_____

16. SAND/GRAVEL PACK:

From	To	Depth	Size	Material
_____	_____	_____ Ft.	_____	_____
_____	_____	_____ Ft.	_____	_____

17. REMARKS: \_\_\_\_\_

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

FOR OFFICE USE ONLY

Quad No: \_\_\_\_\_

Serial No. \_\_\_\_\_

Wally Hudson 6-24-00  
SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE  
Submit original to Division of Water Quality, Groundwater Section within 30 days



\* 0 0 B R E A K 0 0 \*

**ADVANCED IMAGING SYSTEMS**  
ANY DOCUMENT, ANYWHERE, ANYTIME - (704) 525-4392

**DURHAM COUNTY DEPARTMENT OF  
HEALTH  
ENVIROMRNTAL HEALTH - EXISTING ADDRESS**

**ADDRESS** 2 HIGHCROSS COURT

**TM NUMBER** 990-01-036

**PIN  
NUMBER** \_\_\_\_\_

**PARCEL  
ID** \_\_\_\_\_

**OWNER NAME** WILSON, ROBERT P.

**ID** \_\_\_\_\_



\* 0 0 B R E A K 0 0 \*