

**IMPROVEMENT PERMIT**  
EXPIRES FIVE YEARS FROM DATE OF ISSUE

Lot Eval. No. LE-92-218  
Modifications Approved (Date) 5-92-12  
Improvement Permit No. 5-92-12  
Well Permit No. 9774  
File No. 9774

JOB ADDRESS/LOCATION 3637 Lynn Ave Lot 4

Owner/Contractor L. A. Gmyrek Address 3637 Lynn Ave Phone No. 675-0575

Residence  Duplex  Commercial/Industrial  Mobile Home

No. Occupants/Employees \_\_\_\_\_ No. Bedrooms 3 Zoning Class \_\_\_\_\_

Lot Size \_\_\_\_\_ Water Supply: Existing Private Public Name \_\_\_\_\_

NEW INSTALLATION  ADDITION  REPAIR   
Site/Soil Class II PS Soil Appl. Rate .6 GFt2D 0  
S/T Liquid Capacity 1000 Gal. Nitrification Field 3600 Ft2  
No. Lines 3 @ 60 ft. long each Trench width 36 in.  
Maximum Trench Bottom Depth 18 in. below ground surface

Soil Fabric Required

COMMENTS  
ISSUANCE OF A SEPTIC TANK PERMIT BY THIS OFFICE DOES NOT NECESSARILY MEAN THAT THE STRUCTURE OR USE OF THE SEPTIC TANK MEETS COUNTY ZONING AND LAND USE REGULATIONS. IF YOU ARE IN DOUBT ABOUT APPLICABLE ZONING REQUIREMENTS, PLEASE CONTACT THE NEW HANOVER COUNTY PLANNING DEPARTMENT.

I hereby certify application has been prepared and work will be done in accordance with New Hanover County Ordinances and Regulations, and State Laws and Rules.

Signed L. A. Gmyrek Date 2-20-92  
By \_\_\_\_\_ Date \_\_\_\_\_

MINIMUM HORIZONTAL SEPARATION OF NITRIFICATION TRENCHES TO NEAREST:

- WELL.....100 FT.
- WATERLINE..... 10 FT.
- FOUNDATION..... 5 FT.
- PROPERTY LINE..... 10 FT.
- DITCH/SUBSURFACE TILE (UPSLOPE).....10 FT.
- (DOWNSLOPE).....25 FT.

**FOR DEPARTMENT USE ONLY**

Improvement Permits By [Signature] Date 2-20-92  
Septic Tank System Contractor [Signature]  
Certificate of Completion By [Signature] Date 3-9-92

AREAS WHERE SEWAGE SYSTEMS ARE LOCATED SHALL NOT BE COVERED WITH ASPHALT, CONCRETE OR MARL AND SHALL NOT BE USED FOR DRIVEWAYS OR PARKING AREAS.

This certificate of completion does not constitute a warranty and is issued subject to the conditions of the Improvement Permit issued for this site.

LOCATION: REFER TO ATTACHED PLOT PLAN AND/OR SKETCH.

Well Grout Inspection By \_\_\_\_\_ Date \_\_\_\_\_  
Well Construction/Location Approved By \_\_\_\_\_ Date \_\_\_\_\_  
Negative Analysis For Coliform (Date) \_\_\_\_\_ Lab No. \_\_\_\_\_  
Released Electrical Service (Date) 3/10/92 m/mage

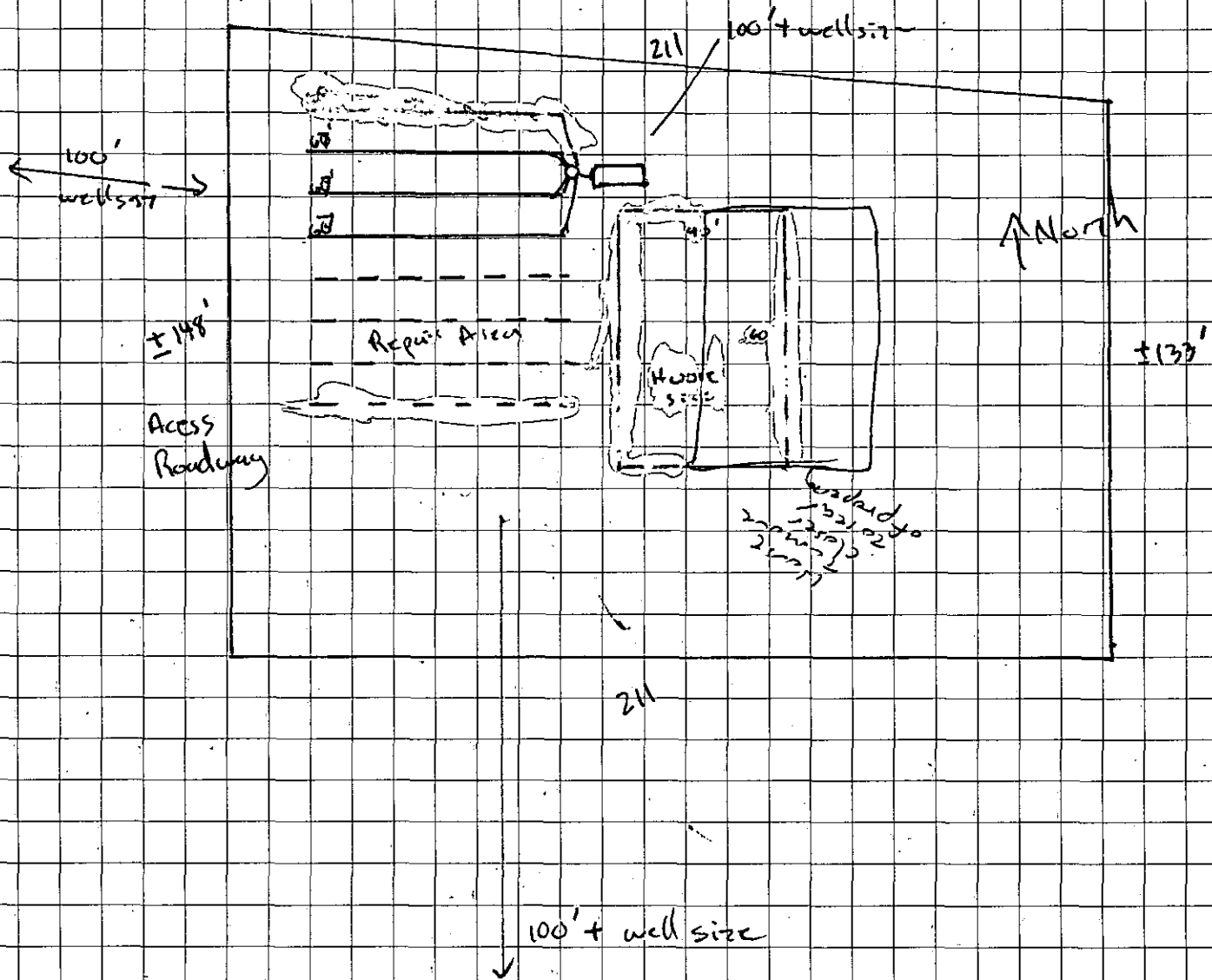
NO CHANGE MAY BE MADE IN LOCATION/SPECIFICATIONS WITHOUT PRIOR HEALTH DEPARTMENT APPROVAL. UNAUTHORIZED CHANGES SHALL INVALIDATE THIS IMPROVEMENT PERMIT.

NOTICE

NO CHANGE IN LOCATION OF WELL OR SEPTIC TANK SYSTEM WITHOUT PRIOR APPROVAL OF THE NEW HAMPSHIRE COUNTY HEALTH DEPARTMENT

FILE # \_\_\_\_\_ DATE 02-10-92

SIGNATURE Ken D. [Signature]



PROPERTY LOCATION

3637 Lynn Ave

VOLUME

360

GALS/DAY

See Attached Map/Plot Plan  
For Location on Property of:

SOIL TEXTURE

Group I Sandy  
1.2-0.8 Loamy Sand

Group II Sandy Loam  
0.8-0.6 Loam

Group III Silt Loam  
0.6-0.4 Silt  
Light Sandy Clay Loam  
Silty Clay Loam  
Clay Loam

Group IV Sandy Clay  
Silty Clay  
Clay

Area 1  
S PS U

104R 413 A  
104R 716 E  
104R 518 Bx  
104R 511  
mottles 48"

Area 2  
S PS U

104R 413  
104R 716  
104R 518  
511  
mottles 46"

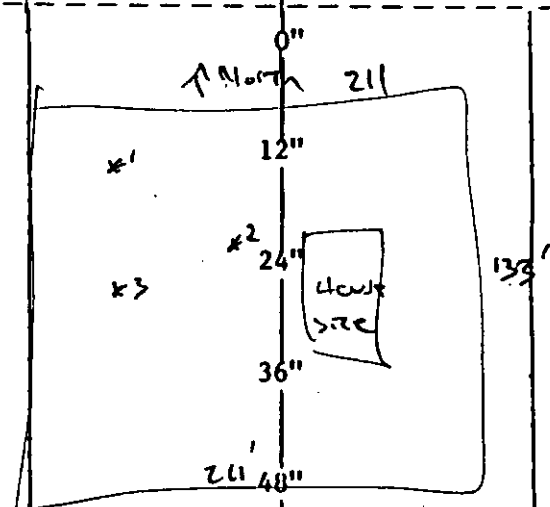
Area 3  
S PS U

104R 413  
104R 716  
104R 518  
511  
mottles  
N 42"

Area 4  
S PS U

148'

Area 5  
S PS U



Area 6  
S PS U

SOIL STRUCTURE

Granular  
Blocky  
Platy  
Massive

S PS U

S PS U

S PS U

S PS U

S PS U

S PS U

SOIL DRAINAGE

SHWT

S PS U

S PS U

S PS U

S PS U

S PS U

S PS U

RESTRICTIVE HORIZONS Depth  
Thickness

S PS U  
N/A

S PS U

S PS U

S PS U

S PS U

S PS U

TOPO/LANDSCAPE POSITION

1/2 Slope

AVAILABLE SPACE (Repair Area)

CLASSIFICATION

Provisionally Suitable

SOIL APPLICATION RATE

.5

G/Ft<sup>2</sup>/D

COMMENTS/RECOMMENDATIONS

240 linear Feet

DESCRIBED BY

*[Signature]*

DATE

2-20-92

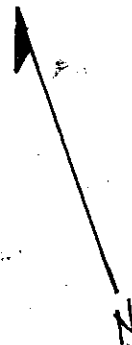
Unal. Subby

165'

CP&L POLES

211.0

COPY



FUTURE TRAILER SITE

EXISTING TRAILER 12X60

LOT # 4

LOT # 3

CEDAR LANE GRAVEL ROAD

345'

LOT # 2

18' DRIVEWAY GRAVEL

GARAGE 24X32

310'

LOT # 1



PROPOSED TRAILER

28X60

EXISTING TRAILER WITH ADDITION

345'

SEPTIC TANK

FARM HOUSE BEING TORN DOWN

CP&L POLE

97'

135'

93'

NAME: CEDAR LANE PARK

DEVELOPER: M. F. GMYTRUK

SCALE: 3" = 100' (APP.)

DATE: SEPTEMBER 1986

LYNN AVE

SR #1338

3000' TO US HIGHWAY 117

CP&L

AA-98-221

Skela

APPLICATION FOR ENVIRONMENTAL HEALTH SERVICES

FILE NO. NA

Application is hereby made to the New Hanover County Health Department for permit to construct and install the work hereby described. This application is made in compliance with New Hanover County Board of Health Rules and Regulations.

Owner Proposed Owner L.A. GMYTRUK Mailing Address P.O. Box 598 City/State/Zip CASTLE HAYNE NC 28409

Home Phone 675-2841 Business Phone 675-0575 Tax Map No. \_\_\_\_\_ Zoning \_\_\_\_\_

Street Address 3637 LYNN AVE Subdivision \_\_\_\_\_ Lot/Block No. \_\_\_\_\_

Directions to Property North on Highway 117 to Castle Hayne Turn Left on LYNN AVE  
Property is approx. 1 mi on Right

Installation for: Residence  Industrial/Commercial \_\_\_\_\_ (Type) \_\_\_\_\_ Mobile Home

Lot Size \_\_\_\_\_ Number of Bedrooms 3 Private Well (Yes) (No) Public System /Name \_\_\_\_\_

INDUSTRY OR BUSINESS: \_\_\_\_\_ Number of Employees \_\_\_\_\_ Number and type of water using fixtures \_\_\_\_\_

Environmental Health Services

- Lot Evaluation LE \_\_\_\_\_
- Mobile Home Replacement M \_\_\_\_\_
- \_\_\_\_\_ Building Addition/Conversion BA \_\_\_\_\_
- \_\_\_\_\_ Swimming Pool (private) BA \_\_\_\_\_
- \_\_\_\_\_ Septic Tank Repair Permit SR \_\_\_\_\_
- \_\_\_\_\_ Well Permit (new construction) W \_\_\_\_\_
- \_\_\_\_\_ Well Permit (replacement) W \_\_\_\_\_
- \_\_\_\_\_ Water Sample (bacteriological) WS \_\_\_\_\_
- \_\_\_\_\_ Water Sample (inorganic) WS \_\_\_\_\_

ITEMS REQUIRED TO MAKE APPLICATION FOR LOT EVALUATION AND WELL PERMIT (NEW CONSTRUCTION):

- (1) Surveyor's Map or County Tax Map
- (2) Plot plan drawn to scale.

The undersigned person hereby agrees that he has read the foregoing application and that the contents of same are true. It is understood that any permit applied for herein shall be void and of no effect if any of the above facts are not true.

ISSUANCE OF A SEPTIC TANK PERMIT BY THIS OFFICE DOES NOT NECESSARILY MEAN THAT THE STRUCTURE OR USE OF THE SEPTIC TANK MEETS COUNTY ZONING AND LAND USE REGULATIONS. IF YOU ARE IN DOUBT ABOUT APPLICABLE ZONING REQUIREMENTS, PLEASE CONTACT THE NEW HANOVER COUNTY PLANNING DEPARTMENT.

2-12-92

Date of Application

Owner/Agent



file # 9774

NEW HANOVER COUNTY HEALTH DEPARTMENT  
COLIFORM ANALYSIS - WATER SYSTEM

Laboratory Number: 276 Analysis Date: 7-12-99 Time: 11:30AM

Source: Larry Gray Truck  
3635 Lynn Ave.

Collected By: JMM Date: 7-12-99 Time: 10:15

Colilert Total Coliform Test Results: Absent

Colilert Fecal E. Coli Test Results: \_\_\_\_\_

Remarks: KITCHEN TAP

Technician: D Urosch

Date Reported: 7-13-99

Time Reported: 11:25AM

WELL  
IMPROVEMENT PERMIT

Lot Eval. No. \_\_\_\_\_  
Modifications Approved (Date) \_\_\_\_\_  
Improvement Permit No. \_\_\_\_\_  
Well Permit No. W 99-326  
File No. 9774

JOB ADDRESS/LOCATION 3635 LYNN AVE

Owner/Contractor Larry Gay Truck Address \_\_\_\_\_ Phone No. 675-2059

815-6909

Residence  Duplex  Commercial/Industrial  Mobile Home

No. Occupants/Employees \_\_\_\_\_ No. Bedrooms 3 Zoning Class \_\_\_\_\_

Lot Size \_\_\_\_\_ Water Supply: Private Public Name \_\_\_\_\_

~~NEW INSTALLATION  ADDITION  REPAIR   
Site/Soil Class \_\_\_\_\_ Soil Appl. Rate \_\_\_\_\_ GF12D  
S/T Liquid Capacity \_\_\_\_\_ Gal. Nitrification Field \_\_\_\_\_ Ft2  
No. Lines \_\_\_\_\_ @ \_\_\_\_\_ ft long each trench width \_\_\_\_\_ in.  
Maximum Trench Bottom Depth \_\_\_\_\_ in. below ground surface  
LOCATION: Refer to Attached plot/plan and / or sketch minimum horizontal separation of  
nitrification trenches to nearest: Well-100ft., Waterline-10ft., Foundation-5ft., Property line-  
10ft., Ditch/subsurface tile-10ft. upslope and 25ft. downslope~~

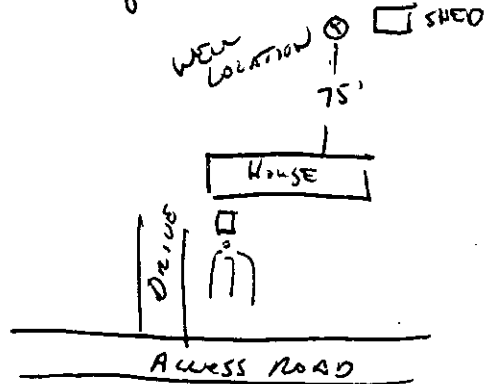
No change in location/specifications without prior Health Department approval.

SKETCH/COMMENTS  
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- Install New Well as per County Well Ordinance  
- Call for Well Inspection and Water Sample Prior to Domestic Use of Water 343-6667

I hereby certify application has been prepared and work will be done in accordance with New Hanover County Rules and Regulations, and State Laws and Rules.

Signed [Signature] Date 5-21-99  
By \_\_\_\_\_ Date \_\_\_\_\_



WELL FOR DEPARTMENT USE ONLY  
Improvement Permits By John N. Mc... Date 5-21-99  
Septic Tank System Contractor \_\_\_\_\_  
Certificate of Completion By \_\_\_\_\_ Date \_\_\_\_\_  
This certificate of completion does not constitute a warranty and is issued subject to the conditions of the improvement Permit issued for this site.  
Well Grout Inspection By \_\_\_\_\_ Date \_\_\_\_\_  
Well Construction/Location Approved By [Signature] Date 7-12-99  
Negative Analysis For Coliform (Date) 5/13/99 Lab No. 276  
Released Electrical Service (date) \_\_\_\_\_

Areas where sewage systems are located shall not be covered with asphalt, concrete or marl and shall not be used for driveways or parking areas.

yellow pgs proposed are

APPLICATION FOR ENVIRONMENTAL HEALTH SERVICES

FILE NO. 9774

Application is hereby made to the New Hanover County Health Department for permit to construct and install the work hereby described. This application is made in compliance with New Hanover County Board of Health Rules and Regulations.

PLEASE PRINT

Owner/ Proposed Owner LARRY GmyTRUK Mailing Address 3635 LYNN AVE City/State/Zip CASTLE HAYNE N.C. 28429

Home Phone 675-2059 Business Phone 815-6909 Tax Parcel # + Vicki Zoning \_\_\_\_\_

Street Address SAME AS ABOVE Zip \_\_\_\_\_ Subdivision \_\_\_\_\_ Lot/Block \_\_\_\_\_

Directions to Property TURN OFF CASTLE HAYNE RD. ON TO LYNN AVE GO 5/10 MILE TO 3635

NUMBERS ON MAILBOX TURN ON GRAVEL DRIVE JUST PASS MAILBOX County Sewer (Yes)  (No)   
1ST DOUBLE WIDE ON RIGHT

Installation for: Residence  Industrial/Commercial \_\_\_\_\_ (TYPE) \_\_\_\_\_ Mobile Home (SIZE) 28X53  
Duplex \_\_\_\_\_

Lot size \_\_\_\_\_ No. of bedrooms 3 Private Well  (Yes) (No) \_\_\_\_\_ Public System/Name \_\_\_\_\_

Industry or Business: \_\_\_\_\_ Number of Employees \_\_\_\_\_ Number and type of water using fixtures \_\_\_\_\_

Environmental Health Services

Lot Evaluation	LE
Mobile Home Replacement	M
Building Addition/Conversion	BA
Swimming pool (private)	BA
Septic Tank Repair Permit	SR
Well Permit (new construction)	W
<input checked="" type="checkbox"/> Well Permit (replacement)	<u>W 99-326</u>
Water Sample (Bacteriological)	WS
Water Sample (inorganic)	WS
Permit Revision	PR
Foster Care	FC

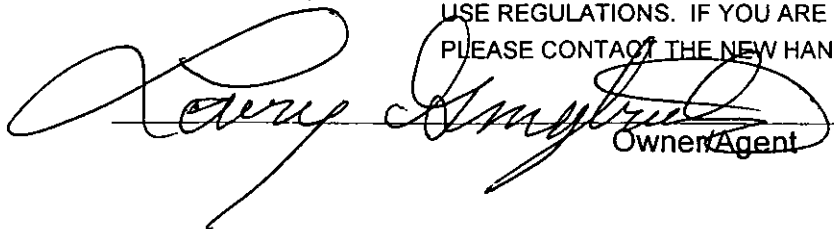
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5-19-99  
Date of Application

  
Owner/Agent

### NEW HANOVER COUNTY WELL RECORD

DRILLING CONTRACTOR Hill's Well Drilling  
 FILE NUMBER 9774  
 PERMIT NO. W 99-326  
 NHC REGISTRATION # 031

DATE 052199

OWNER LARRY GMYTRUC

USE OF WELL:  
 SINGLE FAMILY  
 MULTI-FAMILY  
 COMMERCIAL  
 OTHER

LOCATION 3635 LYNN AVE  
 STREET ADDRESS

CASTLE HAYNE  
 LOT # AND SUBDIVISION

#### WELL INFORMATION:

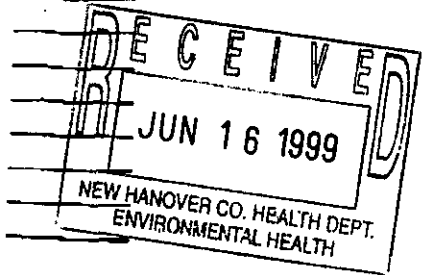
SIZE OF WELL 2"  
 DEPTH OF WELL 40'  
 CASING MATERIAL PVC  
 CASING DEPTH 40'  
 METHOD OF GROUTING PUMP  
 STATIC WATER LEVEL 5'  
 PUMPDOWN WATER LEVEL —  
 YIELD (GPM) 20  
 TYPE/AMOUNT CHLORINATION 5 TABS.

Depth		Formation Description
From	To	
<u>0</u>	<u>40'</u>	<u>SAND &amp; WATER</u>

#### LOCATION FROM:

SEWAGE DISPOSAL SYSTEM At Least  
 Single Family..... 80 FT  
 All other..... 100 FT  
 FOUNDATION  
 Single Family..... 25 FT  
 Multi-family..... 50 FT  
 Commercial..... 50 FT  
 ANIMAL BARNS..... 100 FT  
 SURFACE WATER BODIES..... 50 FT  
 HORIZONTAL DISTANCE FROM OVERHEAD POWER LINES.... 20 FT  
 WATER-TIGHT SEWAGE OR LIQUID WASTE COLLECTION OR TRANSFER FACILITY..... 50 FT

YES  NO



#### CONSTRUCTION:

CASING TERMINATED 8" ABOVE SLAB  
 SLAB 4" THICK, EXTENDING 2' FROM ALL SIDES OF CASING  
 SLAB 4" THICK, EXTENDING 3' FROM ALL SIDES OF CASING  
 IDENTIFICATION PLATE INSTALLED

#### REMARKS

\_\_\_\_\_

#### WELL IS:

APPROVED   
 NOT APPROVED

Inv Health Specialist J. H. M. M.  
 Date 7-12-99

I certify that this well was constructed in accordance with the "Rules Governing Water Supply Wells in New Hanover County" and that the above data is correct for this potable well.

Earl Hill 052199  
 Signature of Contractor Date