

CHATHAM COUNTY RECEIPT

Date 10 31 2005 50362

Received from John Gray

Address 123 Cub Creek Ext., Chapel Hill

Amt. Four thousand two hundred Dollars \$ 4,200.00

For 14 ~~8~~ JP SBR - Mt. Gilthead Ch. Rd.

HOW PAID	
CASH	
CHECK	<input checked="" type="checkbox"/> #2432
MONEY ORDER	

CHATHAM COUNTY

By SB

CHATHAM COUNTY HEALTH DEPARTMENT

80 EAST STREET, P.O. BOX 130 • PITTSBORO, NC 27312-0130
 Phone 919-542-8208 • Fax 919-542-8288

OFFICE USE ONLY

TPN _____

Permit No. _____

Date Rec'd: 10-31-05

Amt. Rec'd: \$3000/2052

E.H.S. Thomas

Application for

- Improvement Permit \$ 300
(valid for 60 months from date issued)
- Construction Authorization \$ _____
- Improvement Permit \$ _____
(Perpetual - plat (1" = 60')
required within 30 days of site approval)
- Repair Permit \$ _____
- Well Permit \$ _____
- Revise Operation Permit \$ _____
- Well Re-site Permit \$ _____

If the information in the Application for an Improvement Permit is falsified, changed, or the site is altered, then the Improvement Permit and/or Authorization to Construct shall become invalid.

OWNER'S NAME: Karl Thomas Mailing Address: PO Box 88 Work Phone: _____
Road / Street

Pittsboro NC Home Phone: 542-2117
City State Zip Code

APPLICANT'S NAME: John Gray Mailing Address: 12300 Creek Evl Work Phone: 215-6618
(If different than Owner) Road / Street

Chapel Hill NC Home Phone: 921-4105
City State Zip Code

PROPERTY ADDRESS: 111 Gilroad Ch. Rd. Subdivision: _____ Lot Number: _____
Road / Street

Pittsboro Tax Parcel Number: 2760
City

Acres Existing: _____ Proposed: _____

DIRECTIONS: _____

DEVELOPMENT INFORMATION

- New Single Family Residence
- Expansion or Alteration of Existing Septic System
- Repair to Existing Subsurface Sewage Disposal System
- Repair Area
- Non-Residential Type of Structure

Residential Specifications:

Max. number of bedrooms (2 people/bedroom) 5
 Max. number of occupants (if more than 2 people/bedroom) _____
 Basement? Yes _____ No _____
 List basement plumbing fixtures _____

NON-RESIDENTIAL SPECIFICATIONS

Type of Business: _____ Total Square Footage of Building: _____
 Max number of employees: _____ Max number of seats: _____ Other: _____

WATER SUPPLY

Is public water available? Yes No Unknown

Planned source of water: New Well Existing Well Community Well Public

For Construction Authorization Applications Only: Rank sewage system in order of preference:

Conventional Modified Conventional Alternative (LLP etc.) Innovative Other (specify) _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

Is the site located in any designated wetlands? Yes _____ No _____

Is any wastewater going to be generated on the site other than domestic sewage? Yes _____ No _____

Is the site subject to approval by any other public agency? Yes _____ No _____

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The issuance of a permit in no way guarantees the issuance of other permits (I.e. Building Permits)

Signature _____
 Property owner's or owner's legal representative** signature (Required)

11/31/05
 Date

**Must provide documentation to support claim as owner's legal representative

CHATHAM COUNTY HEALTH DEPARTMENT

80 EAST STREET, P.O. BOX 130 • PITTSBORO, NC 27312-0130
 Phone 919-542-8208 • Fax 919-542-8288

OFFICE USE ONLY

TPN _____
 Permit No. _____
 Date Rec'd: 10-31-05
 Amt. Rec'd: 300.00
 E.H.S. Thomas

Application for

- Improvement Permit \$ 300 (valid for 60 months from date issued) Construction Authorization \$ _____
 Improvement Permit \$ _____ [Perpetual - plat (1" = 60') required within 30 days of site approval] Repair Permit \$ _____
 Well Permit \$ _____ Revise Operation Permit \$ _____
 Well Re-site Permit \$ _____

If the information in the Application for an Improvement Permit is falsified, changed, or the site is altered, then the Improvement Permit and/or Authorization to Construct shall become invalid.

OWNER'S NAME: Earl Thomas Mailing Address: PO Box 88 Work Phone: _____
Road / Street
Pittsboro NC Home Phone: 919 2171
City State Zip Code
 APPLICANT'S NAME: John Wynn Mailing Address: 123 Cub Creek Work Phone: 919-6618
(If different than Owner) Road / Street
Chapel Hill NC Home Phone: 919-4105
City State Zip Code
 PROPERTY ADDRESS: M. Gilman Cr Rd. Subdivision: _____ Lot Number: _____
Road / Street
 _____ City Tax Parcel Number: 2966
 Acres Existing: _____ Proposed: _____

DIRECTIONS: _____

DEVELOPMENT INFORMATION

- New Single Family Residence
 Expansion or Alteration of Existing Septic System
 Repair to Existing Subsurface Sewage Disposal System
 Repair Area
 Non-Residential Type of Structure

Residential Specifications:

Max. number of bedrooms (2 people/bedroom) 5
 Max. number of occupants (if more than 2 people/bedroom) _____
 Basement? Yes _____ No _____
 List basement plumbing fixtures _____

NON-RESIDENTIAL SPECIFICATIONS

Type of Business:		Total Square Footage of Building:	
Max number of employees:	Max number of seats:	Other:	
WATER SUPPLY Is public water available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Planned source of water: <input type="checkbox"/> New Well <input type="checkbox"/> Existing Well <input type="checkbox"/> Community Well <input type="checkbox"/> Public			
For Construction Authorization Applications Only: Rank sewage system in order of preference:			
<input type="checkbox"/> Conventional	<input type="checkbox"/> Modified Conventional	<input type="checkbox"/> Alternative (LLP etc.)	<input type="checkbox"/> Innovative <input type="checkbox"/> Other (specify)

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

Is the site located in any designated wetlands? Yes _____ No _____

Is any wastewater going to be generated on the site other than domestic sewage? Yes _____ No _____

Is the site subject to approval by any other public agency? Yes _____ No _____

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. *I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.* The issuance of a permit in no way guarantees the issuance of other permits (i.e. Building Permits)

Signature: _____ Date: 11/1/05
 Property owner's or owner's legal representative** signature (Required)

**Must provide documentation to support claim as owner's legal representative

CHATHAM COUNTY HEALTH DEPARTMENT

80 EAST STREET, P.O. BOX 130 • PITTSBORO, NC 27312-0130

Phone 919-542-8208 • Fax 919-542-8288

OFFICE USE ONLY

TPN _____

Permit No. _____

Date Rec'd: 10-31-05

Amt. Rec'd: \$300 #12632

E.H.S. Thomas

Application for

Improvement Permit \$ 300
(valid for 60 months from date issued)

Construction Authorization \$ _____

Improvement Permit \$ _____
[Perpetual - plat (1" = 60')
required within 30 days of site approval]

Repair Permit \$ _____

Well Permit \$ _____

Revise Operation Permit \$ _____

Well Re-site Permit \$ _____

If the information in the Application for an Improvement Permit is falsified, changed, or the site is altered, then the Improvement Permit and/or Authorization to Construct shall become invalid.

OWNER'S NAME: Earl Thomas Mailing Address: PO Box 86 Work Phone: _____
Road / Street

Pittsboro NC Home Phone: 342-2377
City State Zip Code

APPLICANT'S NAME: John King Mailing Address: 14300 W. K. Rd. Work Phone: 215-0698
(If different than Owner) Road / Street

Thomasville NC Home Phone: 729-4105
City State Zip Code

PROPERTY ADDRESS: 141 G. Street N. Rd. Subdivision: _____ Lot Number: _____
Road / Street

Pittsboro Tax Parcel Number: 2900
City

Acres Existing: _____ Proposed: _____

DIRECTIONS: _____

DEVELOPMENT INFORMATION

- New Single Family Residence
- Expansion or Alteration of Existing Septic System
- Repair to Existing Subsurface Sewage Disposal System
- Repair Area
- Non-Residential Type of Structure

Residential Specifications:

Max. number of bedrooms (2 people/bedroom) 5

Max. number of occupants (if more than 2 people/bedroom) _____

Basement? Yes No

List basement plumbing fixtures _____

NON-RESIDENTIAL SPECIFICATIONS

Type of Business: _____ Total Square Footage of Building: _____

Max number of employees: _____ Max number of seats: _____ Other: _____

WATER SUPPLY

Is public water available? Yes No Unknown

Planned source of water: New Well Existing Well Community Well Public

For Construction Authorization Applications Only; Rank sewage system in order of preference:

Conventional Modified Conventional Alternative (LLP etc.) Innovative Other (specify) _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

Is the site located in any designated wetlands? Yes _____ No _____

Is any wastewater going to be generated on the site other than domestic sewage? Yes _____ No _____

Is the site subject to approval by any other public agency? Yes _____ No _____

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The issuance of a permit in no way guarantees the issuance of other permits (i.e. Building Permits)

Signature _____

Property owner's or owner's legal representative** signature (Required)

Date 10/31/05

**Must provide documentation to support claim as owner's legal representative

CHATHAM COUNTY HEALTH DEPARTMENT

80 EAST STREET, P.O. BOX 130 • PITTSBORO, NC 27312-0130

Phone 919-542-8208 • Fax 919-542-8288

OFFICE USE ONLY

TPN _____

Permit No. _____

Date Rec'd: 10-9-05

Amt. Rec'd: \$300.00

E.H.S. Thomas

Application for

- Improvement Permit \$ 300
(valid for 60 months from date issued)
- Construction Authorization \$ _____
- Improvement Permit \$ _____
(Perpetual - plat (1" = 60')
required within 30 days of site approval)
- Repair Permit \$ _____
- Well Permit \$ _____
- Revise Operation Permit \$ _____
- Well Re-site Permit \$ _____

If the information in the Application for an Improvement Permit is falsified, changed, or the site is altered, then the Improvement Permit and/or Authorization to Construct shall become invalid.

OWNER'S NAME: Carl Thomas Mailing Address: PO Box 58 Work Phone: _____
Road / Street

Pittsboro NC Home Phone: _____
City State Zip Code

APPLICANT'S NAME: John Gray Mailing Address: 123 Blue Creek Rd. Work Phone: _____
(If different than Owner) Road / Street

Chatham NC Home Phone: _____
City State Zip Code

PROPERTY ADDRESS: 111.5424 Ch Rd. Subdivision: _____ Lot Number: _____
Road / Street

City _____ Tax Parcel Number: _____

Acres Existing: _____ Proposed: _____

DIRECTIONS: _____

DEVELOPMENT INFORMATION

- New Single Family Residence
- Expansion or Alteration of Existing Septic System
- Repair to Existing Subsurface Sewage Disposal System
- Repair Area
- Non-Residential Type of Structure

Residential Specifications:

Max. number of bedrooms (2 people/bedroom) 5

Max. number of occupants (if more than 2 people/bedroom)

Basement? Yes No

List basement plumbing fixtures _____

NON-RESIDENTIAL SPECIFICATIONS

Type of Business: _____ Total Square Footage of Building: _____

Max number of employees: _____ Max number of seats: _____ Other: _____

WATER SUPPLY Is public water available? Yes No Unknown

Planned source of water: New Well Existing Well Community Well Public

For Construction Authorization Applications Only: Rank sewage system in order of preference:

Conventional Modified Conventional Alternative (LLP etc.) Innovative Other (specify)

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

Is the site located in any designated wetlands? Yes _____ No _____

Is any wastewater going to be generated on the site other than domestic sewage? Yes _____ No _____

Is the site subject to approval by any other public agency? Yes _____ No _____

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. *I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.* The issuance of a permit in no way guarantees the issuance of other permits (i.e. Building Permits)

Signature _____
Property owner's or owner's legal representative** signature (Required) _____ Date _____

**Must provide documentation to support claim as owner's legal representative

CHATHAM COUNTY HEALTH DEPARTMENT

80 EAST STREET, P.O. BOX 130 • PITTSBORO, NC 27312-0130

Phone 919-542-8208 • Fax 919-542-8288

OFFICE USE ONLY

TPN _____

Permit No. _____

Date Rec'd: 10-21-05

Amt. Rec'd: \$300 + 2032

E.H.S. Thomas

Application for

- Improvement Permit \$ 300 (valid for 60 months from date issued)
- Construction Authorization \$ _____
- Improvement Permit \$ _____ (Perpetual - plat (1" = 60') required within 30 days of site approval)
- Repair Permit \$ _____
- Well Permit \$ _____
- Revise Operation Permit \$ _____
- Well Re-site Permit \$ _____

If the information in the Application for an Improvement Permit is falsified, changed, or the site is altered, then the Improvement Permit and/or Authorization to Construct shall become invalid.

OWNER'S NAME: Earl Thomas Mailing Address: PO Box 86 Work Phone: _____
Road / Street

Pittsboro NC 27312 Home Phone: 542-2177
City State Zip Code

APPLICANT'S NAME: John D. Gray Mailing Address: 103 W. Cook St Work Phone: 919-6678
(If different than Owner) Road / Street

Pittsboro NC 27317 Home Phone: 919-4105
City State Zip Code

PROPERTY ADDRESS: 111 Gilead Ch Rd Subdivision: _____ Lot Number: _____
Road / Street

City: _____ Tax Parcel Number: 2760

Acres Existing: _____ Proposed: _____

DIRECTIONS: _____

DEVELOPMENT INFORMATION

- New Single Family Residence
- Expansion or Alteration of Existing Septic System
- Repair to Existing Subsurface Sewage Disposal System
- Repair Area
- Non-Residential Type of Structure

Residential Specifications:

Max. number of bedrooms (2 people/bedroom) 5

Max. number of occupants (if more than 2 people/bedroom) _____

Basement? Yes _____ No _____

List basement plumbing fixtures _____

NON-RESIDENTIAL SPECIFICATIONS

Type of Business: _____ Total Square Footage of Building: _____

Max number of employees: _____ Max number of seats: _____ Other: _____

WATER SUPPLY

Is public water available? Yes No Unknown

Planned source of water: New Well Existing Well Community Well Public

For Construction Authorization Applications Only: Rank sewage system in order of preference:
 Conventional Modified Conventional Alternative (LLP etc.) Innovative Other (specify) _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

Is the site located in any designated wetlands? Yes _____ No _____

Is any wastewater going to be generated on the site other than domestic sewage? Yes _____ No _____

Is the site subject to approval by any other public agency? Yes _____ No _____

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The issuance of a permit in no way guarantees the issuance of other permits (I.e. Building Permits).

Signature: [Signature] Date: 10/21/05
 Property owner's or owner's legal representative** signature (Required)

**Must provide documentation to support claim as owner's legal representative

CHATHAM COUNTY HEALTH DEPARTMENT

80 EAST STREET, P.O. BOX 130 • PITTSBORO, NC 27312-0130

Phone 919-542-8208 • Fax 919-542-8288

OFFICE USE ONLY

TPN _____

Permit No. _____

Date Rec'd: 10-31-05

Amt. Rec'd: \$300 #2632

E.H.S. Thomas

Application for

- Improvement Permit \$ 300
(valid for 60 months from date issued)
- Construction Authorization \$ _____
- Improvement Permit \$ _____
(Perpetual - plat (1" = 60')
required within 30 days of site approval)
- Repair Permit \$ _____
- Well Permit \$ _____
- Revise Operation Permit \$ _____
- Well Re-site Permit \$ _____

If the information in the Application for an Improvement Permit is falsified, changed, or the site is altered, then the Improvement Permit and/or Authorization to Construct shall become invalid.

OWNER'S NAME: Karl Thomas Mailing Address: PO Box 88 Work Phone: _____
Pittsboro, NC 27312 Home Phone: 919-542-2177
City State Zip Code

APPLICANT'S NAME: John Gray Mailing Address: 123 Cedar Creek Rd. Work Phone: 919-0698
(If different than Owner) Chapel Hill, NC Home Phone: 919-4105
City State Zip Code

PROPERTY ADDRESS: 141. Gilead Ch Rd Subdivision: _____ Lot Number: _____
Road / Street

City Tax Parcel Number: 2960

Acres Existing: _____ Proposed: _____

DIRECTIONS: _____

DEVELOPMENT INFORMATION

<input checked="" type="checkbox"/> New Single Family Residence	Residential Specifications:
<input type="checkbox"/> Expansion or Alteration of Existing Septic System	
<input type="checkbox"/> Repair to Existing Subsurface Sewage Disposal System	
<input type="checkbox"/> Repair Area	
<input type="checkbox"/> Non-Residential Type of Structure	
Max. number of bedrooms (2 people/bedroom) <u>3</u>	
Max. number of occupants (if more than 2 people/bedroom)	
Basement? Yes No	
List basement plumbing fixtures	

NON-RESIDENTIAL SPECIFICATIONS

Type of Business:	Total Square Footage of Building:
Max number of employees:	Max number of seats:
Other:	

WATER SUPPLY Is public water available? Yes No Unknown

Planned source of water: New Well Existing Well Community Well Public

For Construction Authorization Applications Only: Rank sewage system in order of preference:

Conventional Modified Conventional Alternative (LLP etc.) Innovative Other (specify)

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

- Is the site located in any designated wetlands? Yes _____ No _____
- Is any wastewater going to be generated on the site other than domestic sewage? Yes _____ No _____
- Is the site subject to approval by any other public agency? Yes _____ No _____

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The issuance of a permit in no way guarantees the issuance of other permits (i.e. Building Permits)

Signature _____ Date: 10/31/05

Property owner's or owner's legal representative** signature (Required)

**Must provide documentation to support claim as owner's legal representative

CHATHAM COUNTY HEALTH DEPARTMENT

80 EAST STREET, P.O. BOX 130 • PITTSBORO, NC 27312-0130
 Phone 919-542-8208 • Fax 919-542-8288

OFFICE USE ONLY

TPN _____

Permit No. _____

Date Rec'd: 10-21-05

Amt. Rec'd: \$300 # 26-32

E.H.S. Thomas

Application for

- Improvement Permit \$ 300
 (valid for 60 months from date issued)
- Construction Authorization \$ _____
- Improvement Permit \$ _____
 [Perpetual - plat (1" = 60')
 required within 30 days of site approval]
- Repair Permit \$ _____
- Well Permit \$ _____
- Revise Operation Permit \$ _____
- Well Re-site Permit \$ _____

If the information in the Application for an Improvement Permit is falsified, changed, or the site is altered, then the Improvement Permit and/or Authorization to Construct shall become invalid.

OWNER'S NAME: Karl Thomas Mailing Address: PO Box 88 Work Phone: _____
Road / Street

Pittsboro NC 27312 Home Phone: 542-2177
City State Zip Code

APPLICANT'S NAME: John Gray Mailing Address: 125 Club Creek East Work Phone: 415-0698
 (If different than Owner) Road / Street

City State Zip Code Home Phone: 729-4105

PROPERTY ADDRESS: Mc Gilbreath Ch Rd. Subdivision: _____ Lot Number: _____
Road / Street

City Tax Parcel Number: 29100

Acres Existing: _____ Proposed: _____

DIRECTIONS: _____

DEVELOPMENT INFORMATION

- New Single Family Residence
- Expansion or Alteration of Existing Septic System
- Repair to Existing Subsurface Sewage Disposal System
- Repair Area
- Non-Residential Type of Structure

Residential Specifications:

Max. number of bedrooms (2 people/bedroom)

Max. number of occupants (if more than 2 people/bedroom)

Basement? Yes No

List basement plumbing fixtures

NON-RESIDENTIAL SPECIFICATIONS

Type of Business: _____ Total Square Footage of Building: _____

Max number of employees: _____ Max number of seats: _____ Other: _____

WATER SUPPLY

Is public water available? Yes No Unknown

Planned source of water: New Well Existing Well Community Well Public

For Construction Authorization Applications Only: Rank sewage system in order of preference:

Conventional Modified Conventional Alternative (LLP etc.) Innovative Other (specify)

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

Is the site located in any designated wetlands? Yes _____ No _____

Is any wastewater going to be generated on the site other than domestic sewage? Yes _____ No _____

Is the site subject to approval by any other public agency? Yes _____ No _____

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The issuance of a permit in no way guarantees the issuance of other permits (i.e. Building Permits)

Signature [Signature] Date 10/21/05
 Property owner's or owner's legal representative** signature (Required)

**Must provide documentation to support claim as owner's legal representative

CHATHAM COUNTY HEALTH DEPARTMENT

80 EAST STREET, P.O. BOX 130 • PITTSBORO, NC 27312-0130

Phone 919-542-8208 • Fax 919-542-8288

OFFICE USE ONLY

TPN _____

Permit No. _____

Date Rec'd: 10-31-05

Amt. Rec'd: \$3001.2632

E.H.S. Thomas

Application for

- Improvement Permit \$ 300 (valid for 60 months from date issued)
- Construction Authorization \$ _____
- Improvement Permit \$ _____ [Perpetual - plat (1" = 60') required within 30 days of site approval]
- Repair Permit \$ _____
- Well Permit \$ _____
- Revise Operation Permit \$ _____
- Well Re-site Permit \$ _____

If the information in the Application for an Improvement Permit is falsified, changed, or the site is altered, then the Improvement Permit and/or Authorization to Construct shall become invalid.

OWNER'S NAME: Earl Thomas Mailing Address: PO Box 88 Work Phone: _____
Road / Street

Pittsboro NC Home Phone: _____
City State Zip Code

APPLICANT'S NAME: John Gray Mailing Address: 123 Cub Creek Ext. Work Phone: _____
(If different than Owner) Road / Street

Chapel Hill NC Home Phone: _____
City State Zip Code

PROPERTY ADDRESS: MT. Gilbreath Ch. Rd Subdivision: _____ Lot Number: _____
Road / Street

City Tax Parcel Number: _____

Acres Existing: _____ Proposed: _____

DIRECTIONS: _____

DEVELOPMENT INFORMATION

- New Single Family Residence
- Expansion or Alteration of Existing Septic System
- Repair to Existing Subsurface Sewage Disposal System
- Repair Area
- Non-Residential Type of Structure

Residential Specifications:

Max. number of bedrooms (2 people/bedroom) 5

Max. number of occupants (if more than 2 people/bedroom) _____

Basement? Yes _____ No _____

List basement plumbing fixtures _____

NON-RESIDENTIAL SPECIFICATIONS

Type of Business: _____ Total Square Footage of Building: _____

Max number of employees: _____ Max number of seats: _____ Other: _____

WATER SUPPLY

Is public water available? Yes No Unknown

Planned source of water: New Well Existing Well Community Well Public

For Construction Authorization Applications Only: Rank sewage system in order of preference:

Conventional Modified Conventional Alternative (LLP etc.) Innovative Other (specify) _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

Is the site located in any designated wetlands? Yes _____ No _____

Is any wastewater going to be generated on the site other than domestic sewage? Yes _____ No _____

Is the site subject to approval by any other public agency? Yes _____ No _____

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. *I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.* The issuance of a permit in no way guarantees the issuance of other permits (i.e. Building Permits).

Signature [Signature] Date 10/31/05
 Property owner's or owner's legal representative** signature (Required)

**Must provide documentation to support claim as owner's legal representative

CHATHAM COUNTY HEALTH DEPARTMENT

80 EAST STREET, P.O. BOX 130 • PITTSBORO, NC 27312-0130
 Phone 919-542-8208 • Fax 919-542-8288

OFFICE USE ONLY

TPN _____

Permit No. _____

Date Rec'd: 11-3-05

Amt. Rec'd: 1500.00

E.H.S. Thomas

Application for

- Improvement Permit \$ 300
 (valid for 60 months from date issued)
- Construction Authorization \$ _____
- Improvement Permit \$ _____
 (Perpetual - plat (1" = 60')
 required within 30 days of site approval)
- Repair Permit \$ _____
- Well Permit \$ _____
- Revise Operation Permit \$ _____
- Well Re-site Permit \$ _____

If the information in the Application for an Improvement Permit is falsified, changed, or the site is altered, then the Improvement Permit and/or Authorization to Construct shall become invalid.

OWNER'S NAME: Earl Thomas Mailing Address: P.O. Box 68 Work Phone: _____
Road / Street

Pittsboro NC 27312 Home Phone: 919-542-2177
City State Zip Code

APPLICANT'S NAME: John D Gray Mailing Address: 123 Park Creek Rd. Work Phone: 919-542-6658
 (If different than Owner) Road / Street

Pittsboro NC 27312 Home Phone: 919-542-4105
City State Zip Code

PROPERTY ADDRESS: 114. Gilbreath Rd. Subdivision: _____ Lot Number: _____
Road / Street

Pittsboro NC 27312 Tax Parcel Number: 27100
City

Acres Existing: 41.5 Proposed: _____

DIRECTIONS: _____

DEVELOPMENT INFORMATION

- New Single Family Residence
- Expansion or Alteration of Existing Septic System
- Repair to Existing Subsurface Sewage Disposal System
- Repair Area
- Non-Residential Type of Structure

Residential Specifications:

Max. number of bedrooms (2 people/bedroom) 2

Max. number of occupants (if more than 2 people/bedroom) _____

Basement? Yes _____ No _____

List basement plumbing fixtures _____

NON-RESIDENTIAL SPECIFICATIONS

Type of Business: _____ Total Square Footage of Building: _____

Max number of employees: _____ Max number of seats: _____ Other: _____

WATER SUPPLY

Is public water available? Yes No Unknown

Planned source of water: New Well Existing Well Community Well Public

For Construction Authorization Applications Only: Rank sewage system in order of preference:

Conventional Modified Conventional Alternative (LLP etc.) Innovative Other (specify) _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

Is the site located in any designated wetlands? Yes _____ No _____

Is any wastewater going to be generated on the site other than domestic sewage? Yes _____ No _____

Is the site subject to approval by any other public agency? Yes _____ No _____

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. *I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.* The issuance of a permit in no way guarantees the issuance of other permits (i.e. Building Permits)

Signature: _____ Date: 11/3/05
 Property owner's or owner's legal representative** signature (Required)

**Must provide documentation to support claim as owner's legal representative

CHATHAM COUNTY HEALTH DEPARTMENT

80 EAST STREET, P.O. BOX 130 • PITTSBORO, NC 27312-0130
 Phone 919-542-8208 • Fax 919-542-8288

OFFICE USE ONLY

TPN _____

Permit No. _____

Date Rec'd: 10-31-05

Amt. Rec'd: \$300.00

E.H.S. Thomas

Application for

- Improvement Permit \$ 300
 (valid for 60 months from date issued)
- Construction Authorization \$ _____
- Improvement Permit \$ _____
 [Perpetual - plat (1" = 60')
 required within 30 days of site approval]
- Repair Permit \$ _____
- Well Permit \$ _____
- Revise Operation Permit \$ _____
- Well Re-site Permit \$ _____

If the information in the Application for an Improvement Permit is falsified, changed, or the site is altered, then the Improvement Permit and/or Authorization to Construct shall become invalid.

OWNER'S NAME: Earl Thomas Mailing Address: PO Box 58 Work Phone: _____
Road / Street

Pittsboro NC Home Phone: 542-2177
City State Zip Code

APPLICANT'S NAME: John Gray Mailing Address: 123 Oak Creek Ext. Work Phone: 815-6645
 (If different than Owner) Road / Street

Chapel Hill NC Home Phone: 919-4105
City State Zip Code

PROPERTY ADDRESS: 111 Glenwood Ch. Rd Subdivision: _____ Lot Number: _____
Road / Street

_____ Tax Parcel Number: _____
City

Acres Existing: _____ Proposed: _____

DIRECTIONS: _____

DEVELOPMENT INFORMATION

- New Single Family Residence
- Expansion or Alteration of Existing Septic System
- Repair to Existing Subsurface Sewage Disposal System
- Repair Area
- Non-Residential Type of Structure

Residential Specifications:

Max. number of bedrooms (2 people/bedroom) 300

Max. number of occupants (if more than 2 people/bedroom)

Basement? Yes No

List basement plumbing fixtures

NON-RESIDENTIAL SPECIFICATIONS

Type of Business:

Total Square Footage of Building:

Max number of employees:

Max number of seats:

Other:

WATER SUPPLY

Is public water available?

Yes

No

Unknown

Planned source of water:

New Well

Existing Well

Community Well

Public

For Construction Authorization Applications Only: Rank sewage system in order of preference:

Conventional

Modified Conventional

Alternative (LLP etc.)

Innovative

Other (specify)

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

Is the site located in any designated wetlands? Yes _____ No

Is any wastewater going to be generated on the site other than domestic sewage? Yes _____ No

Is the site subject to approval by any other public agency? Yes _____ No

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. *I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.* The issuance of a permit in no way guarantees the issuance of other permits (i.e. Building Permits)

Signature

[Signature] Property owner's or owner's legal representative** signature (Required)

Date

**Must provide documentation to support claim as owner's legal representative

CHATHAM COUNTY HEALTH DEPARTMENT

80 EAST STREET, P.O. BOX 130 • PITTSBORO, NC 27312-0130

Phone 919-542-8208 • Fax 919-542-8288

OFFICE USE ONLY

TPN _____

Permit No. _____

Date Rec'd: 10-31-05

Amt. Rec'd: \$300 #2632

E.H.S. Thomas

Application for

Improvement Permit \$ 300
(valid for 60 months from date issued)

Construction Authorization \$ _____

Improvement Permit \$ _____
[Perpetual - plat (1" = 60")
required within 30 days of site approval]

Repair Permit \$ _____

Well Permit \$ _____

Revise Operation Permit \$ _____

Well Re-site Permit \$ _____

If the information in the Application for an Improvement Permit is falsified, changed, or the site is altered, then the Improvement Permit and/or Authorization to Construct shall become invalid.

OWNER'S NAME: Earl Thomas Mailing Address: PO. Box 88 Work Phone: _____
Road / Street

Pittsboro, NC 27312 Home Phone: 542-2177
City State Zip Code

APPLICANT'S NAME: John Gray Mailing Address: 123 Cub Creek Ln Work Phone: 615-0018
(If different than Owner) Road / Street

Chapel Hill, NC 27517 Home Phone: 939-4105
City State Zip Code

PROPERTY ADDRESS: 111. Gilroad Ch. Rd. Subdivision: _____ Lot Number: _____
Road / Street

_____ City Tax Parcel Number: _____

Acres Existing: _____ Proposed: _____

DIRECTIONS: _____

DEVELOPMENT INFORMATION

- New Single Family Residence
- Expansion or Alteration of Existing Septic System
- Repair to Existing Subsurface Sewage Disposal System
- Repair Area
- Non-Residential Type of Structure

Residential Specifications:

Max. number of bedrooms (2 people/bedroom) 5

Max. number of occupants (if more than 2 people/bedroom) _____

Basement? Yes _____ No _____

List basement plumbing fixtures _____

NON-RESIDENTIAL SPECIFICATIONS

Type of Business: _____ Total Square Footage of Building: _____

Max number of employees: _____ Max number of seats: _____ Other: _____

WATER SUPPLY

Is public water available? Yes No Unknown

Planned source of water: New Well Existing Well Community Well Public

For Construction Authorization Applications Only: Rank sewage system in order of preference:

Conventional Modified Conventional Alternative (LLP etc.) Innovative Other (specify) _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

Is the site located in any designated wetlands? Yes _____ No _____

Is any wastewater going to be generated on the site other than domestic sewage? Yes _____ No _____

Is the site subject to approval by any other public agency? Yes _____ No _____

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The issuance of a permit in no way guarantees the issuance of other permits (i.e. Building Permits)

Signature [Signature] Date 11/1/05
Property owner's or owner's legal representative** signature (Required)

**Must provide documentation to support claim as owner's legal representative

CHATHAM COUNTY HEALTH DEPARTMENT

80 EAST STREET, P.O. BOX 130 • PITTSBORO, NC 27312-0130

Phone 919-542-8208 • Fax 919-542-8288

OFFICE USE ONLY

TPN _____

Permit No. _____

Date Rec'd: 10-31-08

Amt. Rec'd: 13007262

E.H.S. Thomas

Application for

- Improvement Permit \$ 300
(valid for 60 months from date issued)
- Construction Authorization \$ _____
- Improvement Permit \$ _____
[Perpetual - plat (1" = 60')
required within 30 days of site approval]
- Repair Permit \$ _____
- Well Permit \$ _____
- Revise Operation Permit \$ _____
- Well Re-site Permit \$ _____

If the information in the Application for an Improvement Permit is falsified, changed, or the site is altered, then the Improvement Permit and/or Authorization to Construct shall become invalid.

OWNER'S NAME: Earl Thomas Mailing Address: PO Box 88 Work Phone: _____
Road / Street

Pittsboro, NC 27312 Home Phone: 542-2177
City State Zip Code

APPLICANT'S NAME: John Gray Mailing Address: 123 Club Circle Work Phone: 813-0018
(If different than Owner) Road / Street

Pittsboro, NC 27312 Home Phone: 109-4105
City State Zip Code

PROPERTY ADDRESS: 111 Gilroad/Ch Rd. Subdivision: _____ Lot Number: _____
Road / Street

City Tax Parcel Number: _____

Acres Existing: _____ Proposed: _____

DIRECTIONS: _____

DEVELOPMENT INFORMATION

- New Single Family Residence
- Expansion or Alteration of Existing Septic System
- Repair to Existing Subsurface Sewage Disposal System
- Repair Area
- Non-Residential Type of Structure

Residential Specifications:

Max. number of bedrooms (2 people/bedroom) 5

Max. number of occupants (if more than 2 people/bedroom) _____

Basement? Yes _____ No _____

List basement plumbing fixtures _____

NON-RESIDENTIAL SPECIFICATIONS

Type of Business: _____ Total Square Footage of Building: _____

Max number of employees: _____ Max number of seats: _____ Other: _____

WATER SUPPLY

Is public water available? Yes No Unknown

Planned source of water: New Well Existing Well Community Well Public

For Construction Authorization Applications Only: Rank sewage system in order of preference:

Conventional Modified Conventional Alternative (LLP etc.) Innovative Other (specify) _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

Is the site located in any designated wetlands? Yes _____ No _____

Is any wastewater going to be generated on the site other than domestic sewage? Yes _____ No _____

Is the site subject to approval by any other public agency? Yes _____ No _____

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The issuance of a permit in no way guarantees the issuance of other permits (i.e. Building Permits)

Signature [Signature] Date 10/31/08

Property owner's or owner's legal representative** signature (Required)

**Must provide documentation to support claim as owner's legal representative

CHATHAM COUNTY HEALTH DEPARTMENT

80 EAST STREET, P.O. BOX 130 • PITTSBORO, NC 27312-0130

Phone 919-542-8208 • Fax 919-542-8288

OFFICE USE ONLY

TPN _____

Permit No. _____

Date Rec'd: 10-31-05

Amt. Rec'd: \$300 #2032

E.H.S. Thomas

Application for

- Improvement Permit \$ 300
(valid for 60 months from date issued)
- Construction Authorization \$ _____
- Improvement Permit \$ _____
[Perpetual - plat (1" = 60')
required within 30 days of site approval]
- Repair Permit \$ _____
- Well Permit \$ _____
- Revise Operation Permit \$ _____
- Well Re-site Permit \$ _____

If the information in the Application for an Improvement Permit is falsified, changed, or the site is altered, then the Improvement Permit and/or Authorization to Construct shall become invalid.

OWNER'S NAME: Karl Thomas Mailing Address: PO Box 88 Work Phone: _____
Road / Street

Pittsboro NC 27312 Home Phone: 542-2177
City State Zip Code

APPLICANT'S NAME: John Gray Mailing Address: 123 Cub Creek Ext Work Phone: 815-0618
(If different than Owner) Road / Street

Chapel Hill NC 27517 Home Phone: 919-4105
City State Zip Code

PROPERTY ADDRESS: 111 Gilroad Ch. Rd. Subdivision: _____ Lot Number: _____
Road / Street

_____ Tax Parcel Number: _____
City

Acres Existing: _____ Proposed: _____

DIRECTIONS: _____

DEVELOPMENT INFORMATION

- New Single Family Residence
- Expansion or Alteration of Existing Septic System
- Repair to Existing Subsurface Sewage Disposal System
- Repair Area
- Non-Residential Type of Structure

Residential Specifications:

Max. number of bedrooms (2 people/bedroom) 5

Max. number of occupants (if more than 2 people/bedroom) _____

Basement? Yes _____ No _____

List basement plumbing fixtures _____

NON-RESIDENTIAL SPECIFICATIONS

Type of Business: _____ Total Square Footage of Building: _____

Max number of employees: _____ Max number of seats: _____ Other: _____

WATER SUPPLY

Is public water available? Yes No Unknown

Planned source of water: New Well Existing Well Community Well Public

For Construction Authorization Applications Only: Rank sewage system in order of preference:

Conventional Modified Conventional Alternative (LLP etc.) Innovative Other (specify) _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

Is the site located in any designated wetlands? Yes _____ No _____

Is any wastewater going to be generated on the site other than domestic sewage? Yes _____ No _____

Is the site subject to approval by any other public agency? Yes _____ No _____

I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The issuance of a permit in no way guarantees the issuance of other permits (i.e. Building Permits).

Signature _____

Property owner's or owner's legal representative's signature (Required)

Date 11/1/05

**Must provide documentation to support claim as owner's legal representative

CHATHAM COUNTY HEALTH DEPARTMENT

80 EAST STREET, P.O. BOX 130 • PITTSBORO, NC 27312-0130

Phone 919-542-8208 • Fax 919-542-8288

OFFICE USE ONLY

TPN _____

Permit No. _____

Date Rec'd: 10-31-05

Amt. Rec'd: \$30012633

E.H.S. Thomas

Application for

- Improvement Permit \$ 300
(valid for 60 months from date issued)
- Construction Authorization \$ _____
- Improvement Permit \$ _____
[Perpetual - plat (1" = 60")
required within 30 days of site approval]
- Repair Permit \$ _____
- Well Permit \$ _____
- Revise Operation Permit \$ _____
- Well Re-site Permit \$ _____

If the information in the Application for an Improvement Permit is falsified, changed, or the site is altered, then the Improvement Permit and/or Authorization to Construct shall become invalid.

OWNER'S NAME: Karl Thomas Mailing Address: PO Box 88 Work Phone: _____
Pittsboro NC 27312
City State Zip Code Home Phone: 919 2177

APPLICANT'S NAME: John Gray Mailing Address: 123 Oak Creek Rd Work Phone: 815 6618
(If different than Owner) Road / Street Home Phone: 739-4105
Chapel Hill NC
City State Zip Code

PROPERTY ADDRESS: 111 Gileadech Rd Subdivision: _____ Lot Number: _____
Road / Street City Tax Parcel Number: _____

Acres Existing: _____ Proposed: _____

DIRECTIONS: _____

DEVELOPMENT INFORMATION

- New Single Family Residence
- Expansion or Alteration of Existing Septic System
- Repair to Existing Subsurface Sewage Disposal System
- Repair Area
- Non-Residential Type of Structure

Residential Specifications:

Max. number of bedrooms (2 people/bedroom) 5

Max. number of occupants (if more than 2 people/bedroom)

Basement? Yes No

List basement plumbing fixtures

NON-RESIDENTIAL SPECIFICATIONS

Type of Business: _____ Total Square Footage of Building: _____

Max number of employees: _____ Max number of seats: _____ Other: _____

WATER SUPPLY Is public water available? Yes No Unknown

Planned source of water: New Well Existing Well Community Well Public

For Construction Authorization Applications Only: Rank sewage system in order of preference:

Conventional Modified Conventional Alternative (LLP etc.) Innovative Other (specify)

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer to any question is "yes", applicant must attach supporting documentation.

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Is the site subject to approval by any other public agency? Yes _____ No _____

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Signature

[Signature]
Property owner's or owner's legal representative** signature (Required)

Date

**Must provide documentation to support claim as owner's legal representative