ENVIRONMENTAL HEALTH DIVISION

80 East Street P. O. Box 130 Pittsboro, NC 27312-0130

TPN Permit No.

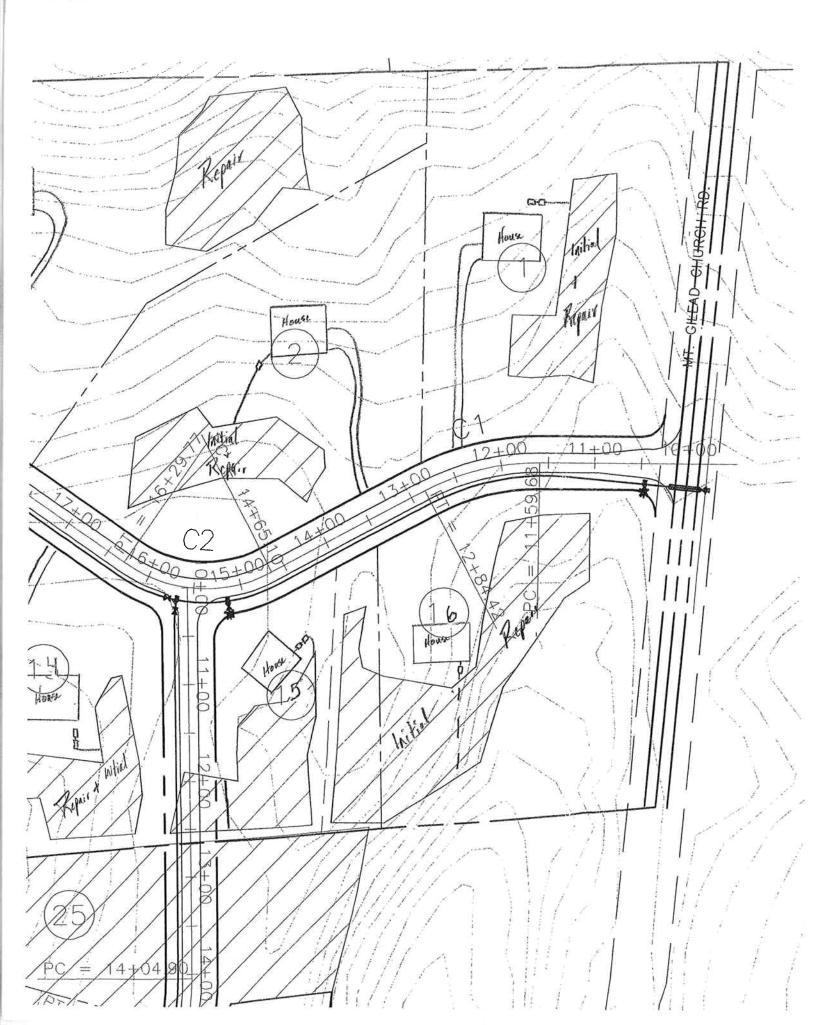
System Type ___

OFFICE USE ONLY

Improvement Permit for Wastewater Systems

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW X REPAIR C EXPANSION C
An Improvement Permit is issued to Windjam Dev. Group for
a 2.44 acre site located hot Mt. Gilead Ch.Rd
in Chatham County. It is specifically issued for the following facility:
Facility: Residential (¼) Non-Residential ()
No. Bedrooms5 No. Residents/Employees/O_max
Type Wastewater: Residential (X) Commercial ()
Initial System Type: I() II() III() IV()V(x) VI()
Description
Type System: Shallow Conventional () LPP ()
Other Drip Irrigation - No Tretreatment
Design FlowEGPD Application Rate, /GPD/ft²
Size Tank(s) w/Risers and Effluent Filter ST/250Gal_PT/250_ min_Gal
Nitrification Line (Length/Width/Max Depth) 3000 x4 x 6"
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: (() II() III() IV()V(x) VI()
Description 5ame
Special Conditions 5ystem must be designed by an individual authorized by the manuforthere
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [[[] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by <u>Homas</u> (). <u>Boyu</u> R.S. Environmental/Health Specialist
N.C. Registration Number/363
Date

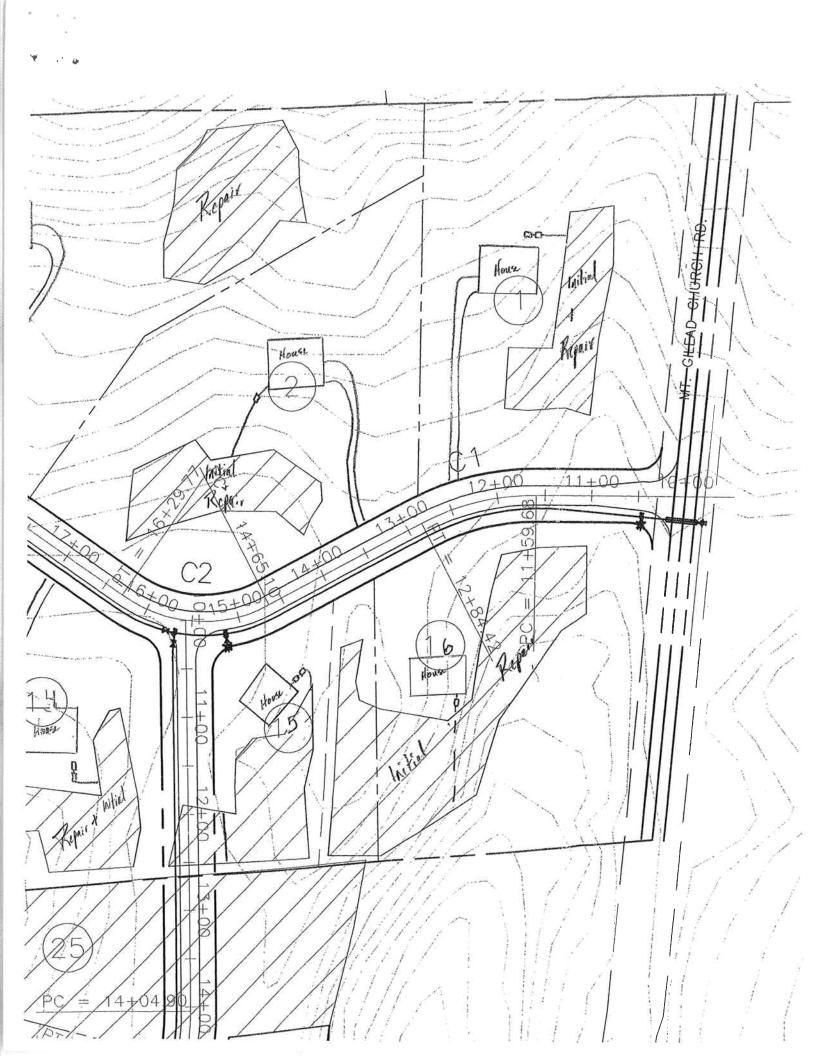


80 East Street P. O. Box 130 Pittsboro, NC 27312-0130

OFFICE USE ONLY TPN. Permit No. System Type _____

Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

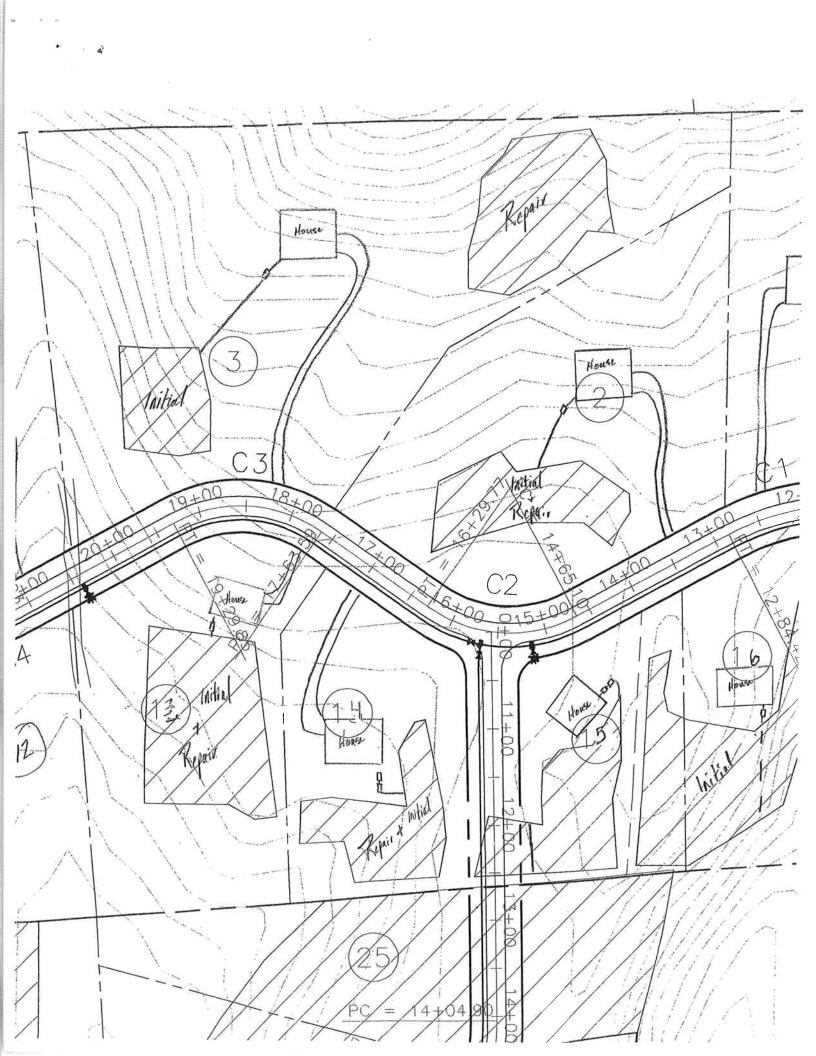
NEW REPAIR EXPANSION
An Improvement Permit is issued to Windjam Dev. Group Lot 2 for a 2 left acre site located Lot 2 Mr Gilead Ch. RJ
in Chatham County. It is specifically issued for the following facility:
Facility: Residential (*) Non-Residential ()
No. Bedrooms5 No. Residents/Employees/0_max
Type Wastewater: Residential (χ) Commercial ()
Initial System Type: I()II(x) III() IV()V() VI() Description
Type System: Shallow Conventional () LPP ()
Other Accepted 25% Reduction
Design FlowEGPD Application Rate3GPD/ft²
Size Tank(s) w/Risers and Effluent Filter ST/25-0Gal PTGal
Nitrification Line (Length/Width/Max Depth) 500 × 3 × 18 "
(On contour in approved septic area; sch. 40 PVC required over step-downs) Repair System Type: I () II (y) III () IV () V () VI () Description Accepted 25% Reduction
Special Conditions
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [*] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by <u>Romas</u> <u>Boyo</u> R.5. Environmental Health Specialist
N.C. Registration Number/35 3
Date 11- 18-05



80 East Street P. O. Box 130 Pittsboro, NC 27312-0130

TPN
Permit No
Date
EHS
System Type

NEW REPAIR EXPANSION	
An Improvement Permit is issued to What iam Du Group	for
An Improvement Permit is issued to Wind jam Dev. Group a 4.63 acre site located 10+3 Mt. Giled Ch. RJ	
in Chatham County. It is specifically issued for the following facility:	
Facility: Residential () Non-Residential ()	
No. Bedrooms No. Residents/Employees/Omex	
Type Wastewater: Residential (½) Commercial ()	
Initial System Type: I() !I() III() IV()V() VI()	
Description	
Type System: Shallow Conventional () LPP ()	
Other <u>Accepted 25% reduction</u> Design Flow <u>600</u> EGPD Application Rate <u>15</u> GPD/ft²	
Design Flow	
Size Tank(s) w/Risers and Effluent Filter ST/250Gal PTGal	
Nitrification Line (Length/Width/Max Depth) 600 x 3 x /2 1/2	
10" cover required over system area	
(On contour in approved septic area; sch. 40 PVC required over step-downs)	
Repair System Type: I()II() III() IV()V(*) VI()	
Description Dein Trigation - No Protecolment	
Special Conditions	
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.	
This permit is valid [] without expiration [κ] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.	is
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.	
Issued by	
N.C. Registration Number	
Date//-12-05	



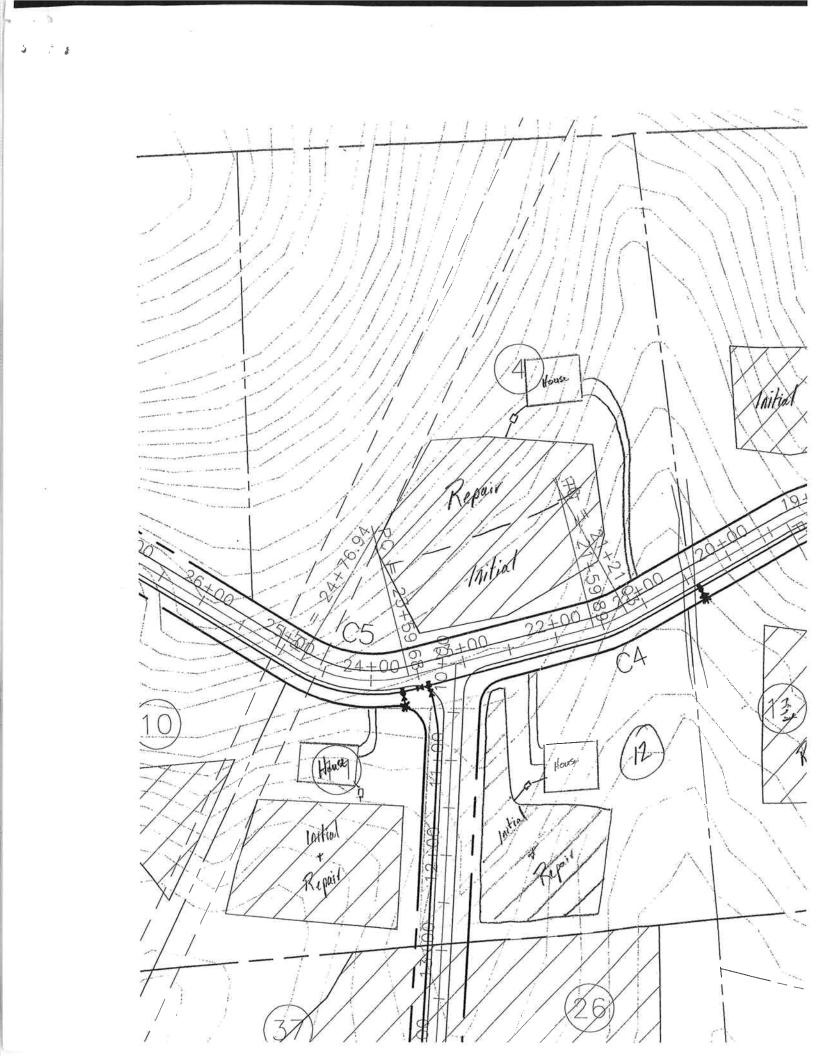
80 East Street P. O. Box 130 Pittsboro, NC 27312-0130
Phone (919) 542-8208 Fax (919) 542-8288

OFFICE USE ONLY TPN _____ Permit No. _____ Date ____ EHS____ System Type

Improvement Permit for Wastewater Systems

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW ☑ REPAIR ☐ EXPANSION ☐
An Improvement Permit is issued to Windjam Dru Group for
a 5.03 acre site located (et 4 Mt Gilcad Ch. Rd
in Chatham County. It is specifically issued for the following facility:
Facility: Residential (✗) Non-Residential ()
No. Bedrooms No. Residents/Employees
Type Wastewater: Residential (×) Commercial ()
Initial System Type: I()II(纟) III() IV()V() VI()
Description
Type System: Shallow Conventional (×) LPP ()
Other
Design FlowEGPD Application Rate275GPD/ft²
Size Tank(s) w/Risers and Effluent Filter ST/250Gal PTGal
Nitrification Line (Length/Width/Max Depth) 730 × 3 × /6 ′′
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I() !I() III() IV()V(纟) VI()
Description Drip Wigation - No Pretreatment
Special Conditions
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [\mathcal{L}] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by <u>Howar Q. Bayer R.S.</u> Environmental Health Specialist
N.C. Registration Number
Date 11-18-05



80 East Street P. O. Box 130 Pittsboro, NC 27312-0130

Permit No. _____

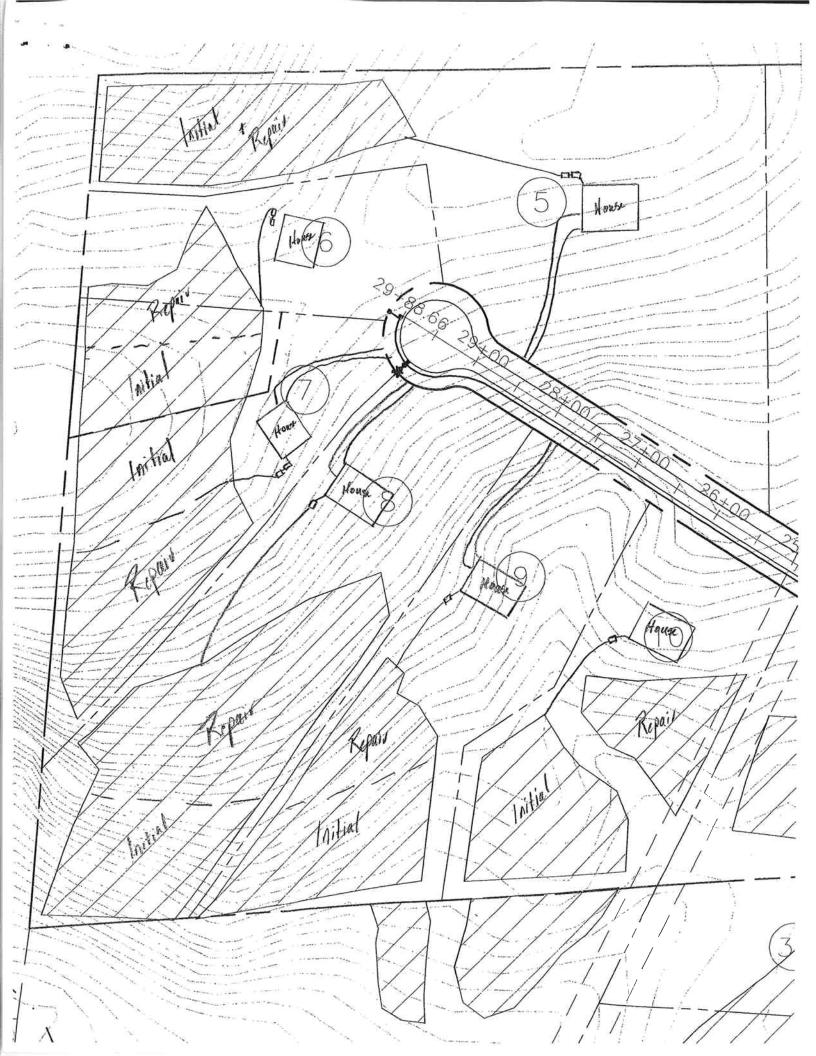
System Type _____

OFFICE USE ONLY

TPN

Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

ANTIGEE II-OHALTEN TOUR OF THE NO GENERAL STATUTES
NEW REPAIR EXPANSION
An Improvement Permit is issued to Windjam Dev. Group for
a 3.78 acre site located 6+5 Mt Gilled Ch. RJ
in Chatham County. It is specifically issued for the following facility:
Facility: Residential (*) Non-Residential ()
No. Bedrooms No. Residents/ Employees /omax
Type Wastewater: Residential (') Commercial ()
Initial System Type: I()Ⅱ() Ⅲ() Ⅳ()Ⅴ(炒) Ⅵ() Description
Type System: Shallow Conventional () LPP ()
Other Drip brigation No Preferalment
Design FlowEGPD Application RateGPD/ft ²
Size Tank(s) w/Risers and Effluent Filter ST250GalPT/250Gal
Nitrification Line (Length/Width/Max Depth) 3000 x 4" x 6"
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I()II() III() IV()V(火) VI()
Description Deep lengation NO Pretriat ment
Special Conditions System must be designed by an individual attitionized by the
Menu toctures
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [\(\)] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Environmental Health Specialist
N.C. Registration Number
Date//-/g-05



ENVIRONMENTAL HEALTH DIVISION

80 East Street P. O. Box 130 Pittsboro, NC 27312-0130

TPN_ Permit No. _____ Date_ EHS

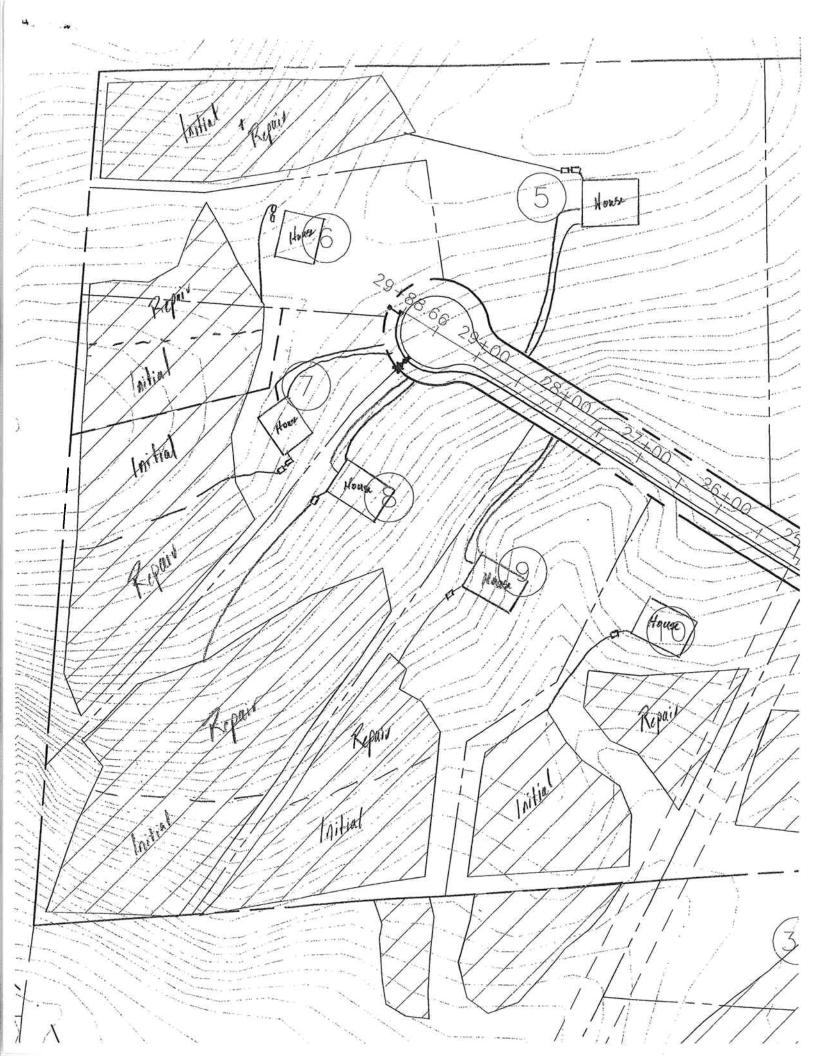
System Type _____

OFFICE USE ONLY

Improvement Permit for Wastewater Systems

ARTICLE IL CHAPTER 1304 OF THE NC GENERAL STATUTES.

ACTION TO THE TO SELECT OF THE STATE OF THE
NEW X REPAIR C EXPANSION C
An Improvement Permit is issued to Windiam Dev. Groot for
An Improvement Permit is issued to Windjum Dev. Group for a 1.08 acre site located Lot lo Mt Gileod Ch. RJ
in Chatham County. It is specifically issued for the following facility:
Facility: Residential () Non-Residential ()
No. Bedrooms 5 No. Residents/Employees 10 mox
Type Wastewater: Residential () Commercial ()
Initial System Type: I () II () III (/) IV () V () VI () Description
Type System: Shallow Conventional () LPP () Other Recepted 15% Reduction
Design Flow
Size Tank(s) w/Risers and Effluent Filter ST/250GalPT/250Gal
Nitrification Line (Length/Width/Max Depth) //00 x 3 x /2 "
6" coon required pour system area
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I()II()III()IV()V(A)VI()
Description Drip Irrigation No Preferat ment
Special Conditions
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [*] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Environmental Health Specialist
N.C. Registration Number
Date//-18-05

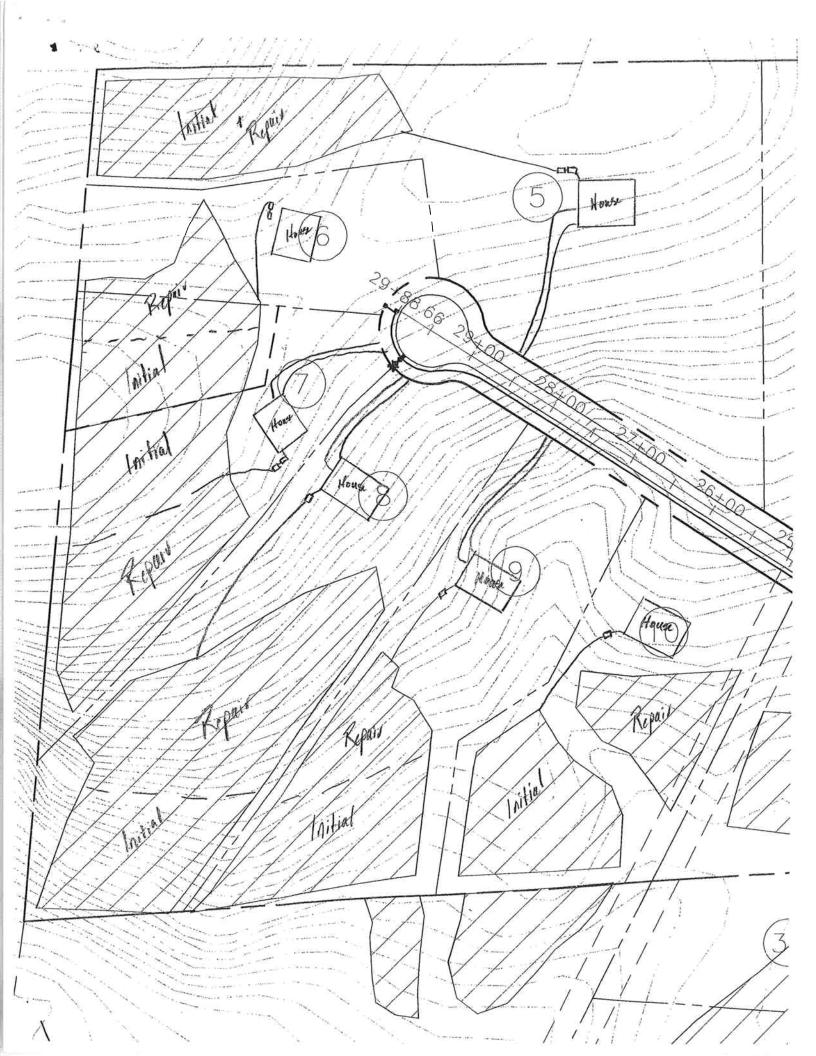


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Phone (919) 542-8208 Fax (919) 542-8288

OFFICE USE ONLY TPN _____ Permit No. _____ Date _____ EHS____ System Type _____

Improvement Permit for Wastewater SystemsARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW REPAIR EXPANSION
An Improvement Permit is issued to Windjam Dec Group
a 2.10 acre site located (of 7 My bilead Ch. RV
in Chatham County. It is specifically issued for the following facility:
Facility: Residential (½) Non-Residential ()
No. Bedrooms No. Residents/Employees No. Residents/Employees
Type Wastewater: Residential (k) Commercial ()
Initial System Type: () II() III() IV()V() VI()
Description
Type System: Shallow Conventional (x) LPP ()
Other
Design FlowEGPD Application RateGPD/ft ²
Size Tank(s) w/Risers and Effluent Filter ST /250 Gal PT /250 Gal
Nitrification Line (Length/Width/Max Depth) 730' × 3' × 18"
(On contour in approved septic area; sch. 40 PVC required over step-downs) Repair System Type: () ()
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [[] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by From as Boyu R.S. Environmental Health Specialist
N.C. Registration Number
D-1- //-10 05-1



ENVIRONMENTAL HEALTH DIVISION

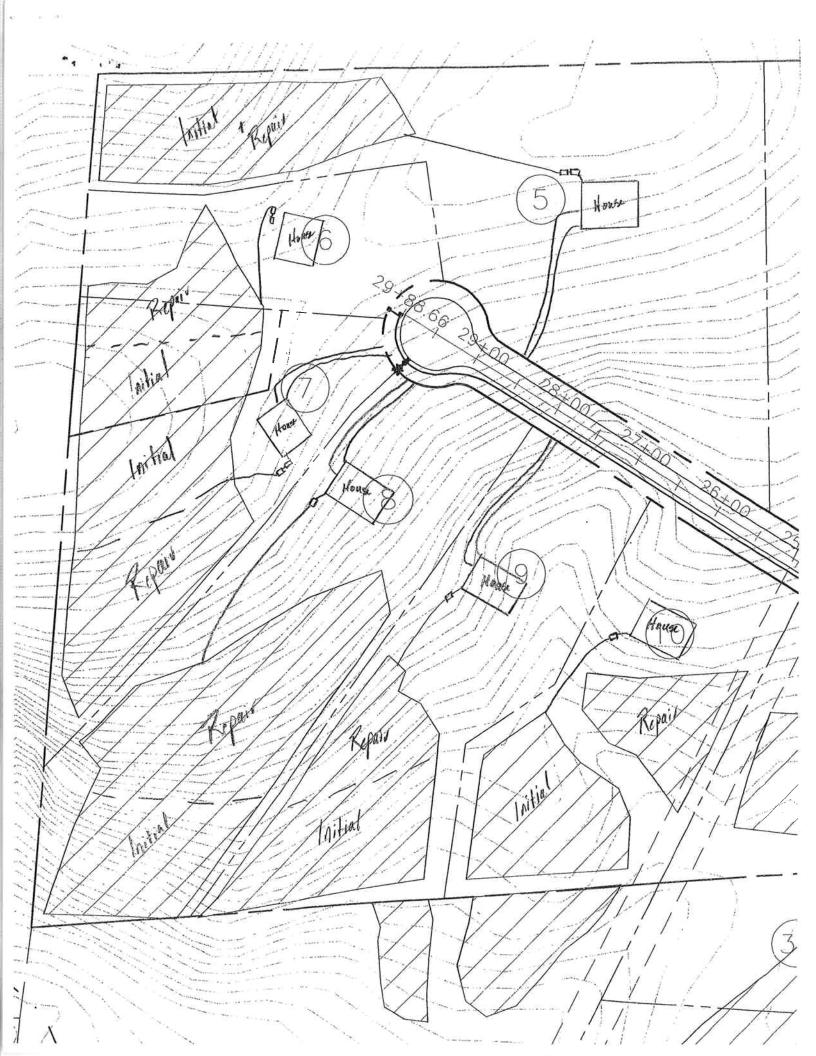
80 East Street P. O. Box 130 Phone (919) 542-8208 Fax (919) 542-8288

TPN	LY
Permit No	
Date	===
EHS	
System Type	

Improvement Permit for Wastewater Systems

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

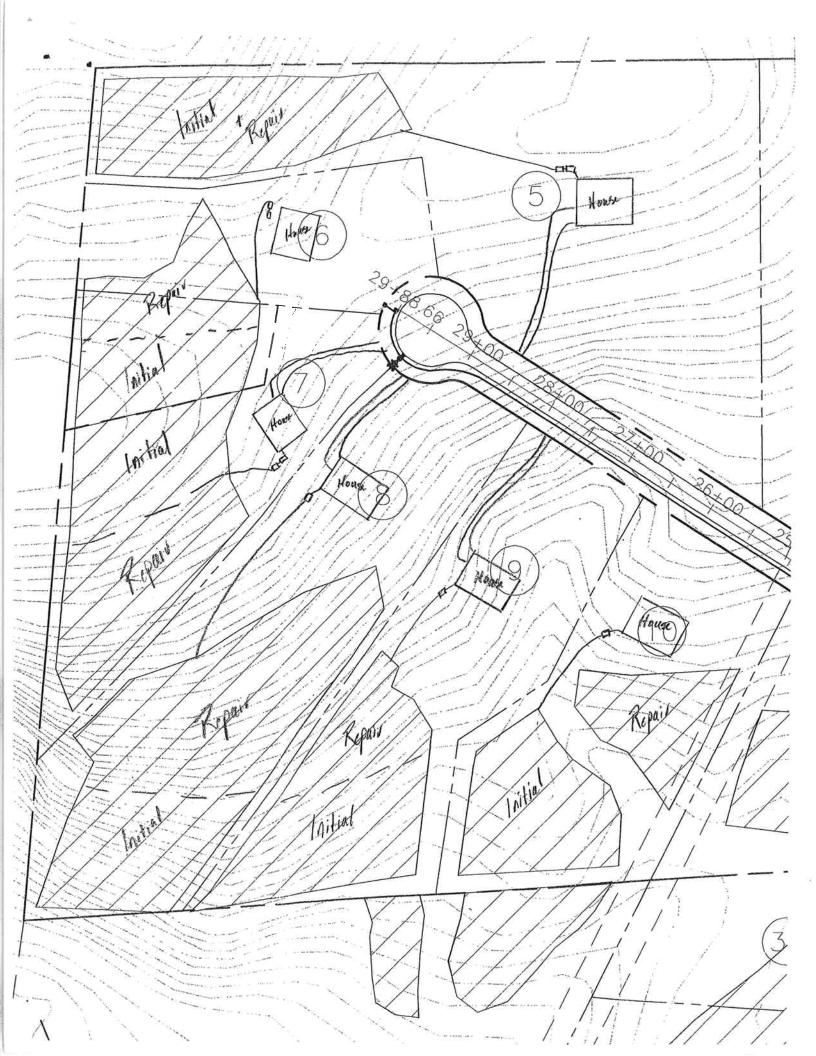
NEW A REPAIR EXPANSION
An Improvement Permit is issued to Window Dev. Group for a 2.78 acre site located 10t 8 Mr. Gilad Ch. Rd
in Chatham County. It is specifically issued for the following facility:
Facility: Residential (×) Non-Residential ()
No. Bedrooms
Type Wastewater: Residential () Commercial ()
Initial System Type: I () II () IV ()V () VI () Description
Type System: Shallow Conventional (X) LPP () Other
Design Flow 600 EGPD Application Rate 775 GPD/ft ²
Size Tank(s) w/Risers and Effluent Filter ST_/250Gal PTGal
Nitrification Line (Length/Width/Max Depth) 730 'x 3' x 22"
(On contour in approved septic area; sch. 40 PVC required over step-downs) Repair System Type: I () II () III (() V () V () VI () Description 10 Large Diamter Type
Special Conditions
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [\not] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Environmental Health Specialist
N.C. Registration Number
Date



80 East Street P. O. Box 130 Pittsboro, NC 27312-0130

TPN	_
Permit No.	_
Date	
EHS	_
System Type	

NEW REPAIR EXPANSION
An Improvement Permit is issued to Wind jum Dis. Group for a 2.08 acre site located Lot 9 Mt. Gilsol Ch. RJ
in Chatham County. It is specifically issued for the following facility:
Facility: Residential (X) Non-Residential ()
No. Bedrooms 5 No. Residents/Employees 10 max
Type Wastewater: Residential (½) Commercial ()
Initial System Type: Ⅰ()Ⅱ(y) Ⅲ() Ⅳ()Ⅴ() Ⅵ()
Description
Type System: Shallow Conventional (♥) LPP (□)
Other
Design FlowEGPD Application Rate,275GPD/ft²
Size Tank(s) w/Risers and Effluent Filter ST /250 Gal PTGal
Nitrification Line (Length/Width/Max Depth) 230 × 31 × 2011
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I()II(y) III() IV()V() VI()
Description Accepted 25% Reduction
Special Conditions
Special Conditions
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [κ] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by <u>Homas</u> O. <u>Bayu</u> R.S. Environmental Health Specialist
N.C. Registration Number
N.C. Registration Number



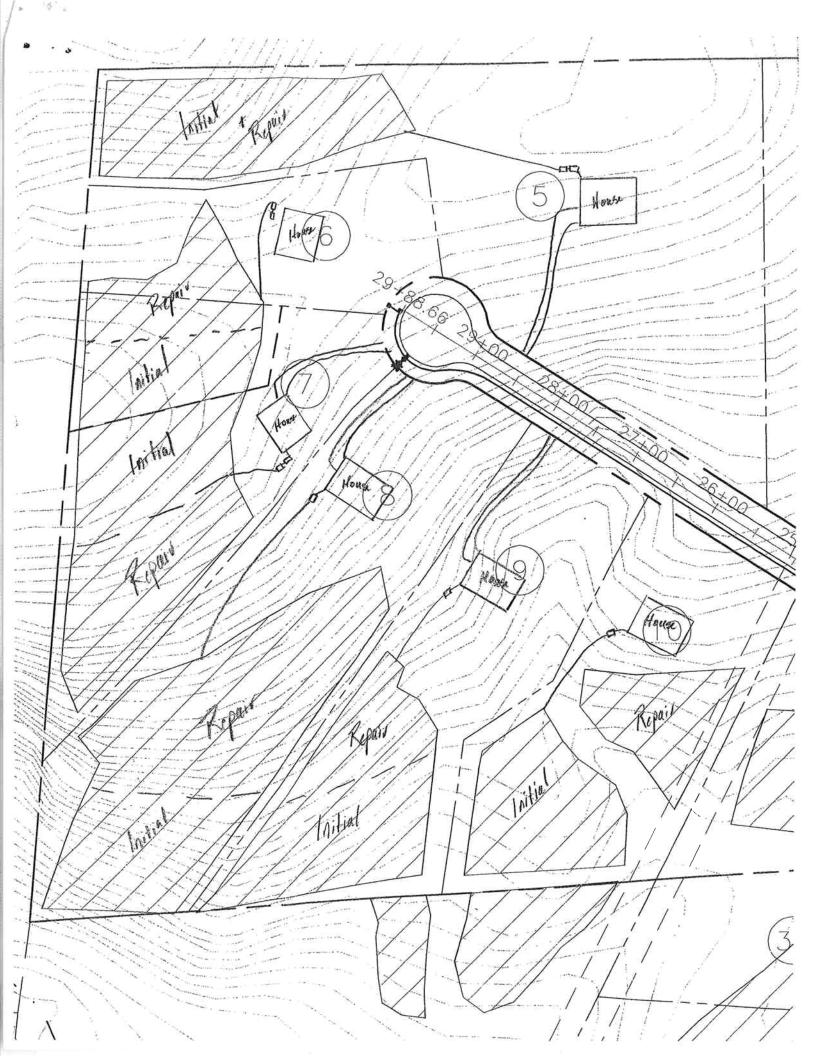
80 East Street P. O. Box 130 Pittsboro, NC 27312-0130

Phone (919) 542-8208 Fax (919) 542-8288

Improvement Permit for Wastewater Systems ARTICLE IL-CHAPTER 130A OF THE NC GENERAL STATUTES

OFFICE USE ONLY
TPN
Permit No
Date
EHS
System Type

	NEW REPAIR EXPANSION	
	An Improvement Permit is issued to Wirdian Dev Group	fo
	a 1.92 acre site located Lot 10 Mt. Gilea Ch. RJ	
	in Chatham County. It is specifically issued for the following facility:	
	Facility: Residential (🗸) Non-Residential ()	
	No. Bedrooms No. Residents/Employees	
	Type Wastewater: Residential (x) Commercial ()	
	Initial System Type: I()II(灿)III()IV()V()V()	
	Description	-
	Type System: Shallow Conventional (*) LPP ()	
	Other	
	Design FlowEGPD Application Rate3GPD/ft²	
	Size Tank(s) w/Risers and Effluent Filter ST/25 oGal PTGal	
	Nitrification Line (Length/Width/Max Depth) 470'x 3'x 18"	
	(On contour in approved septic area; sch. 40 PVC required over step-downs) Repair System Type: I () II (x) III () IV () V () VI () Description Accepted 25% Reduction	-
	Special Conditions	_
	A plat with site plan showing specific location of the facility, the site for the proposed wastewater system existing buildings, property lines, water supplies, surface waters, the conditions for any site modification and any other information required by the department must be attached to be valid.	— ۱, s;
	This permit is valid [] without expiration [/] for five years but is subject to revocation if the sit altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.	e is
	THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.	!
•	Issued by <u>Homes</u> Barju R.S. Environmental Health Specialist	
	N.C. Registration Number/353	
	N.C. Registration Number	
	Service Conference of the Conf	

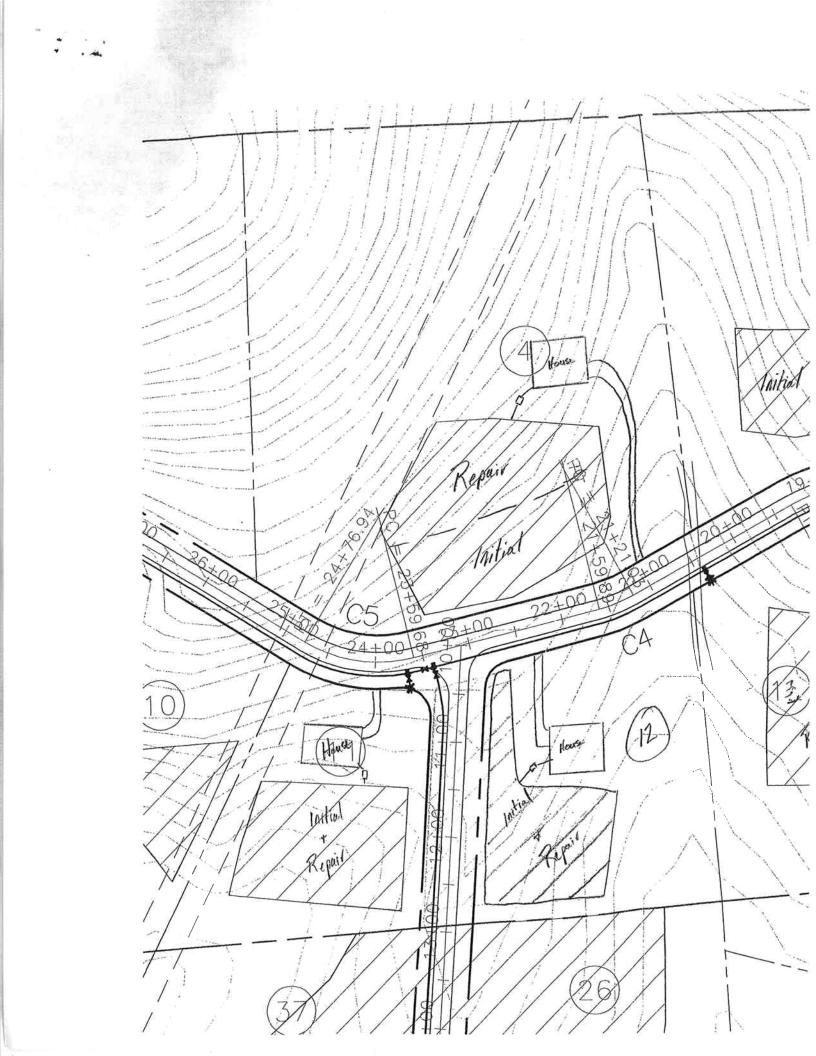


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OFFICE USE ONLY	
Permit No	
Date	
EHS	
System Type	

Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW REPAIR EXPANSION
An Improvement Permit is issued to Windjum Div. Group
a/t acre site located Ant II Mt Gilead Ch RJ
in Chatham County. It is specifically issued for the following facility:
Facility: Residential () Non-Residential ()
No. Bedrooms 5 No. Residents/Employees 10 Max
Type Wastewater: Residential () Commercial ()
Initial System Type: I()Ⅱ(烊) Ⅲ() Ⅳ()Ⅴ() Ⅵ()
Description
Type System: Shallow Conventional () LPP ()
Other
Design FlowEGPD Application Rate, 3GPD/ft ²
Size Tank(s) w/Risers and Effluent Filter ST/250_Gal PTGal
Nitrification Line (Length/Width/Max Depth) 670'x 3'x 24"
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I() II(ધ) III() IV()V() VI()
Descriptionshallow coast a ficual
Special Conditions
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [//] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by
N.C. Registration Number 1353
Date 1/-14-05

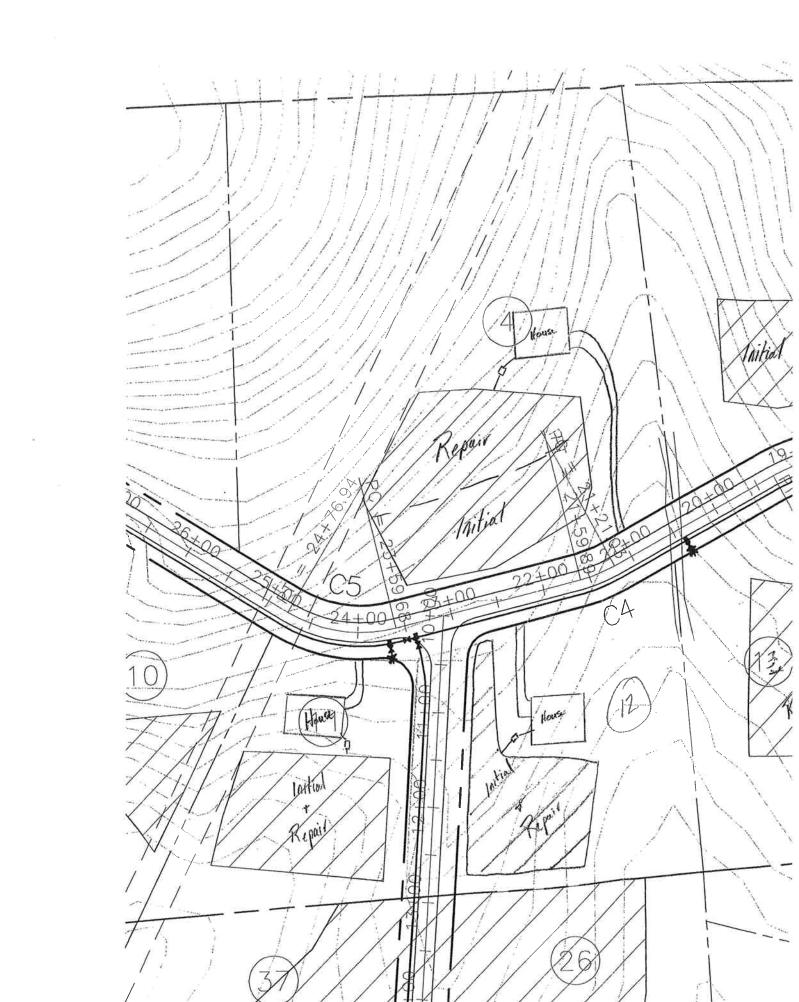


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OFFICE USE	ONLY
TPN	
Permit No	
Date	
EHS	
System Type	

Improvement Permit for Wastewater SystemsARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW 🕅 REPAIR 🗆 EXPANSION 🗖
An Improvement Permit is issued to Windjum Div. Group for
a 1.9 ± acre site located Lot 12 My Gillad Ch. RJ
in Chatham County. It is specifically issued for the following facility:
Facility: Residential (*\mathcal{K}) Non-Residential ()
No. Bedrooms No. Residents/Employees_10 Ma x
Type Wastewater: Residential ((/) Commercial ()
Initial System Type: $I()$ $II()$ $III()$ $IV()$ $V(()$
Description
Type System: Shallow Conventional (x) LPP $($
Other
Design FlowEGPD Application Rate375GPD/ft ²
Size Tank(s) w/Risers and Effluent Filter ST/250Gal PTGal
Nitrification Line (Length/Width/Max Depth) 730 v 5 x 22 "
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I () III () IV () V () VI ()
DescriptionShallow conventionel
Special Conditions
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [x] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be
obtained from this department before installation.
Issued by Baye R5 Environmental Health Specialist
N.C. Registration Number/353
Date



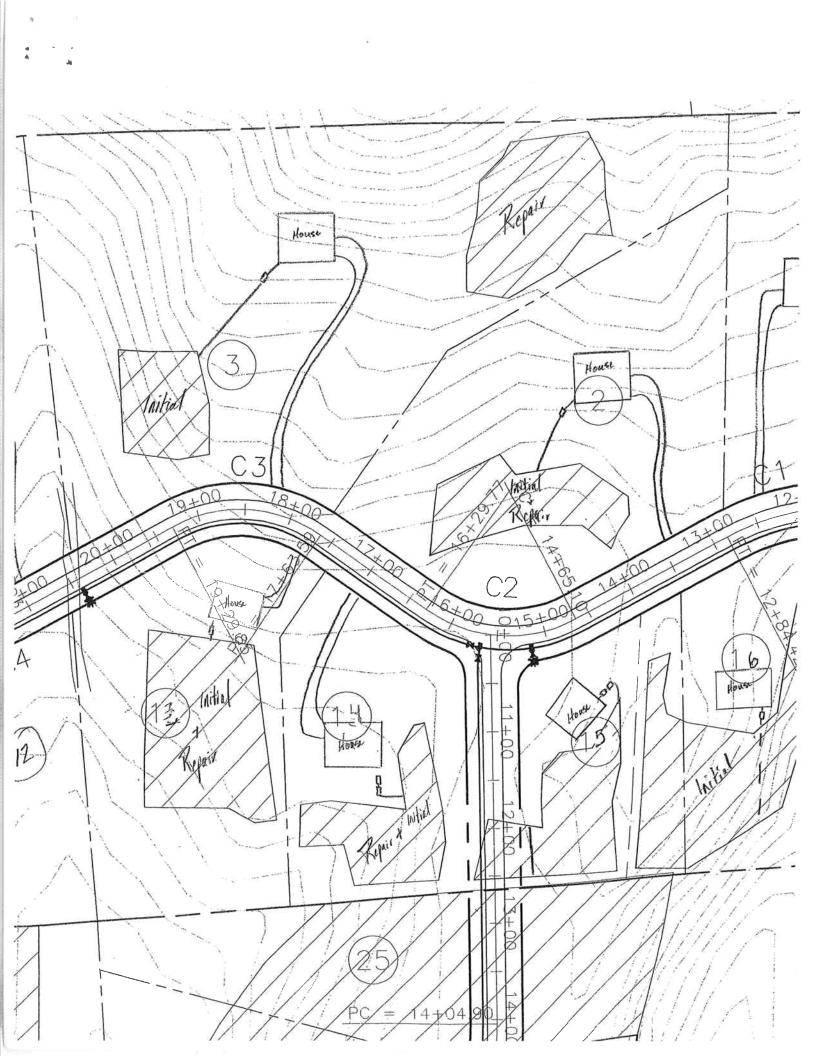
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OFFICE USE ONLY TPN _____ Permit No. _____ Date ____ EHS____ System Type ____

Improvement Permit for Wastewater Systems

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW KEPAIR CEXPANSION CERPANSION CEXPANSION
An Improvement Permit is issued to Welliam Dev. Group a
in Chatham County. It is specifically issued for the following facility:
Facility: Residential (人) Non-Residential (
No. Bedrooms 5 No. Residents/Employees 10 Max
Type Wastewater: Residential () Commercial ()
Initial System Type: I() II() II() IV()V() VI() Description
Type System: Shallow Conventional () LPP () Other Accepted 25% Reduction
Other Accepted 25 to Reduction Design Flow 600 EGPD Application Rate 25 GPD/ft²
Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT Gal Nitrification Line (Length/Width/Max Depth) 606 × 3 × 18 "
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I () II () III () IV ()V () VI () Description Accepted 25% Reduction
Special Conditions
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [χ] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by Fried C. Bourge 2.5. Environmental Health Specialist
N.C. Registration Number / 3 r 3 Date //-/9-05
Date

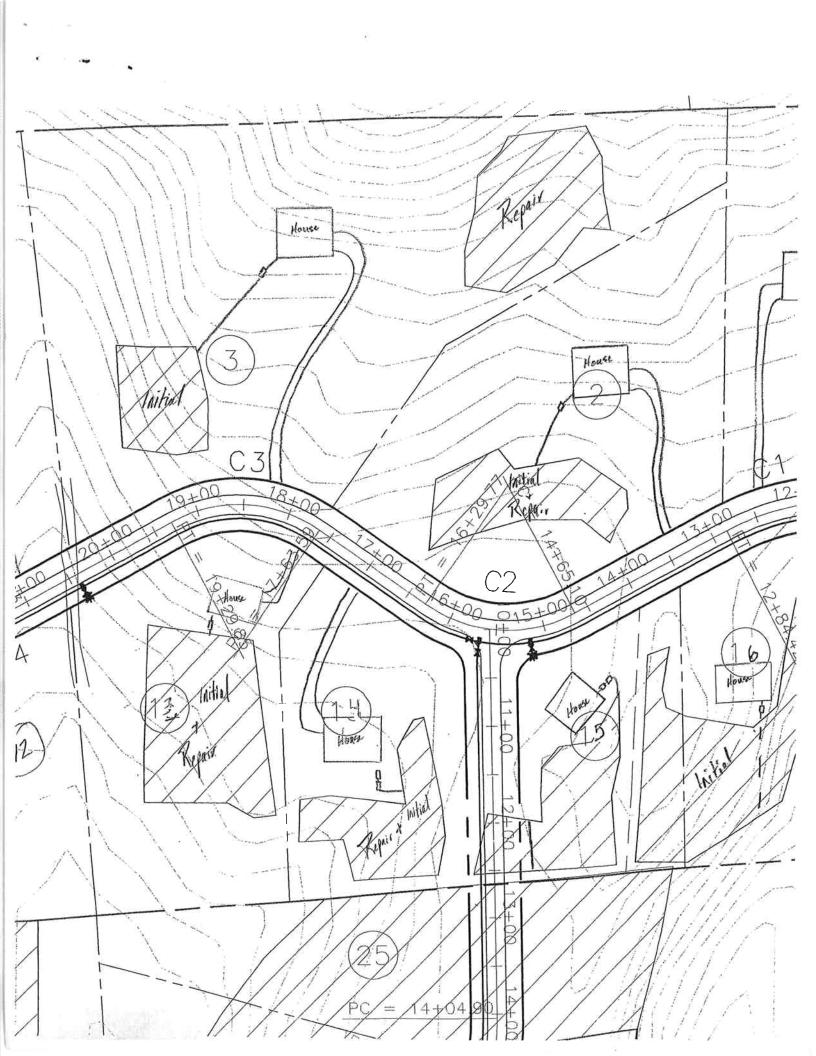


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Permit No. ______ Date _____ EHS_____ System Type _____

Improvement Permit for Wastewater SystemsARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

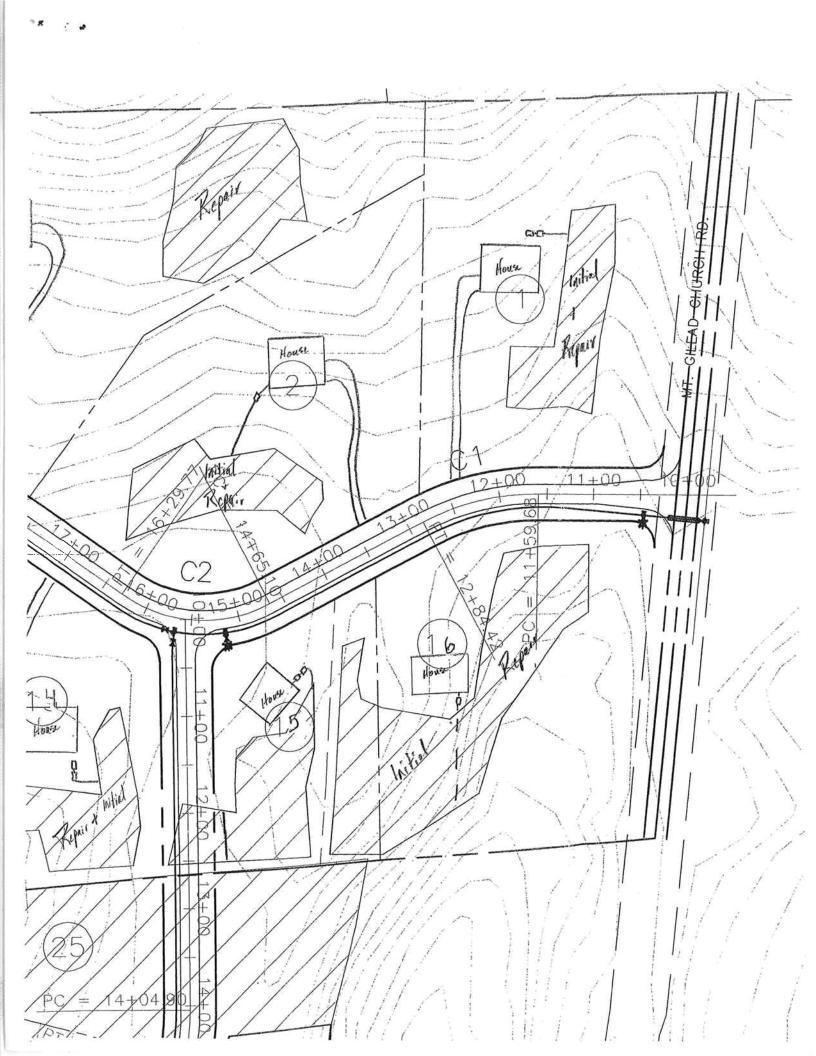
NEW REPAIR EXPANSION
An Improvement Permit is issued to Window Dry. Group fo
a 1,21 acre site located Lot 14 Mt biliad Ch. Rd
in Chatham County. It is specifically issued for the following facility:
Facility: Residential () Non-Residential ()
No. Bedrooms 5 No. Residents/Employees 10 MAX
Type Wastewater: Residential (χ) Commercial ()
Initial System Type: I() II() III(⑴ IV()V() VI()
Description
Type System: Shallow Conventional () LPP ()
Other <u>Frincable Block Panel System</u> Design FlowEGPD Application Rate_,3GPD/ft²
Design FlowEGPD Application Rate3GPD/ft ²
Size Tank(s) w/Risers and Effluent Filter ST_/250Gal PT/250Gal
Nitrification Line (Length/Width/Max Depth) 333' x 2' x 24"
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I() II() III(※) IV()V() VI()
Description low Pressure Pipe
Special Conditions
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [) for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Environmental Health Specialist
N.C. Registration Number
Date//~1/5~05



80 East Street P. O. Box 130 Pittsboro, NC 27312-0130

	OFFICE USE ONLY
Permi	t No
Date_	
EHS_	
Svster	n Type

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES
NEW 🖾 REPAIR 🗆 EXPANSION 🗖
An Improvement Permit is issued to William Dev. Group
a 11 acre site located Lot 15 My Gilcal Ch. Rd
in Chatham County. It is specifically issued for the following facility:
Facility: Residential () Non-Residential ()
No. Bedrooms No. Residents/Employees/Omax
Type Wastewater: Residential (\(\sigma \) Commercial ()
Initial System Type: I() II() III(χ) IV()V() VI()
Description
Type System: Shallow Conventional () LPP ()
Other Permeable Block Panel Sustan
Design FlowEGPD Application Rate3GPD/ft ²
Size Tank(s) w/Risers and Effluent Filter ST/250Gal PT/250Gal
Nitrification Line (Length/Width/Max Depth) 333'x 2' x 36"
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I () II (() IV () VI ()
Description Permeable Block Panel System
Special Conditions
opedial conditions
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Environmental Health Specialist
N.C. Registration Number
Date 1/-18-05



80 East Street P. O. Box 130 Phone (919) 542-8208 Fax (919) 542-8288

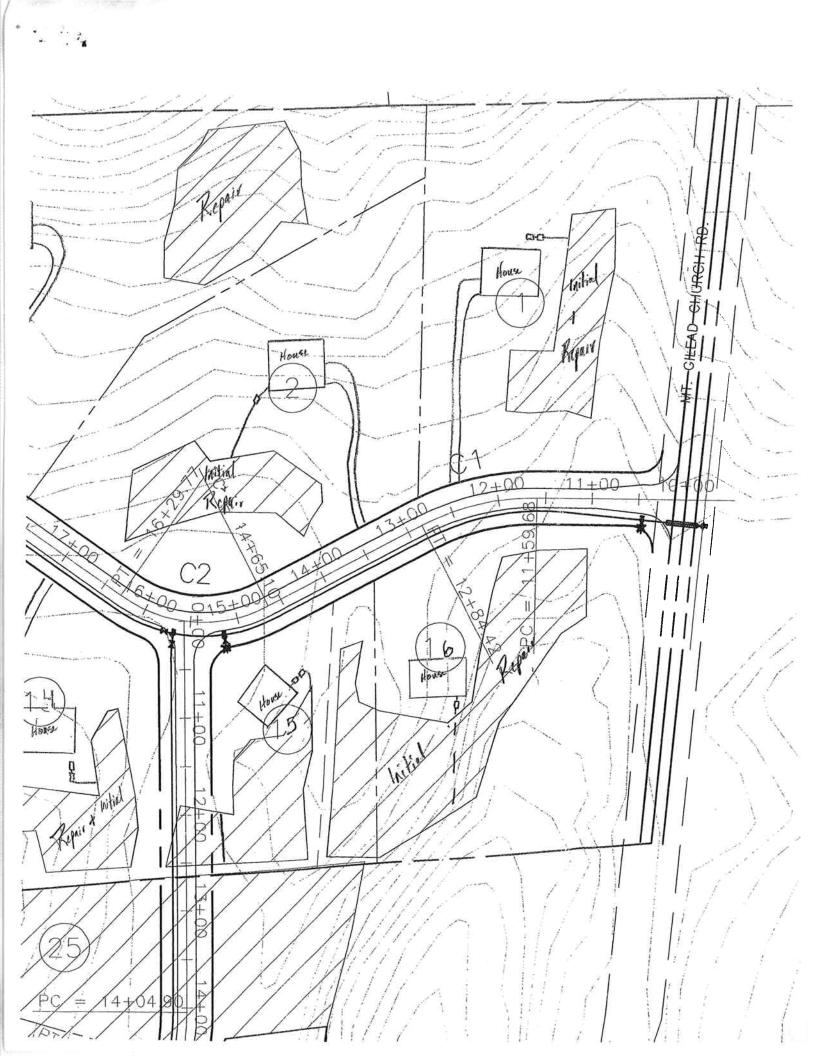
TPN	
Permit No.	
Date	
EHS	
System Type	

Improvement Permit for Wastewater Systems

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW Z REPAIR EXPANSION
An Improvement Permit is issued to
in Chatham County. It is specifically issued for the following facility:
Facility: Residential () Non-Residential ()
No. Bedrooms 5 No. Residents/Employees / Max
Type Wastewater: Residential (x) Commercial ()
Initial System Type: I() II() III() IV()V() VI() Description
Type System: Shallow Conventional () LPP () Other Permonte Plack Pand System
Design FlowEGPD Application Rate3GPD/ft²
Size Tank(s) w/Risers and Effluent Filter ST <u>/250</u> Gal PT <u>/250</u> Gal
Nitrification Line (Length/Width/Max Depth) 333 x 3 x 2 4 "
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I () II () III () IV ()V () VI () Description Permulus Block Panel System
Special Conditions
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [[] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by <u>Forman Dayer P.S.</u> Environmental Health Specialist
N.C. Registration Number 1353
2/-10-05

Name Carre

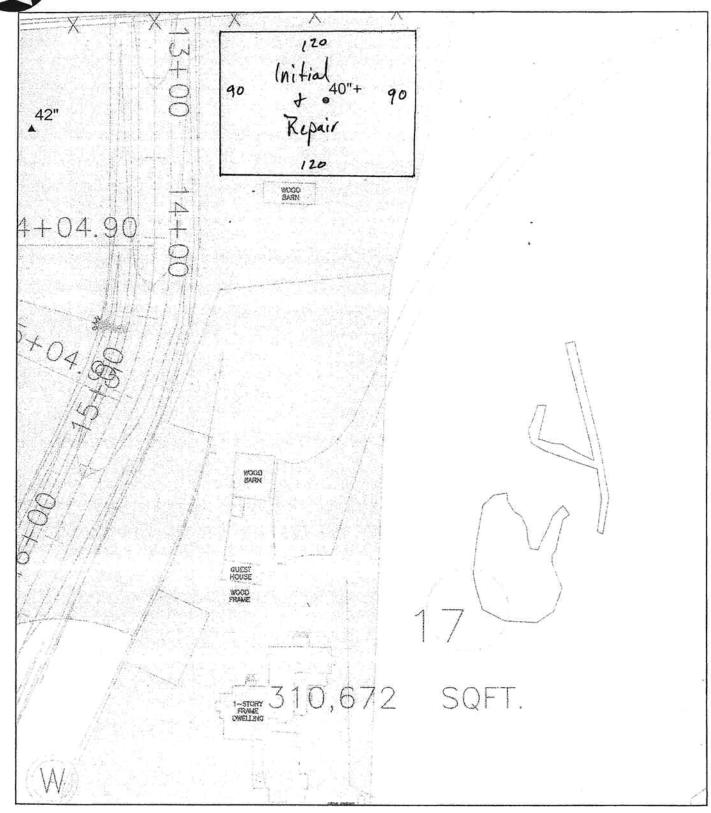


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OFFICE USE ONLY	
Permit No	_
Date	
EHS	~
System Type	

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES
NEW ☑ REPAIR ☐ EXPANSION ☐ REVISED ☐
An Improvement Permit is issued to
a 7.16 acre site located 1st 19 The Hamptons
in Chatham County. It is specifically issued for the following facility:
Facility: Residential () Non-Residential ()
No. Bedrooms 5 No. Residents/Employees 10 Max
Type Wastewater: Residential (*) Commercial ()
Initial System Type: I() II() III() IV() V() VI() Description
Type System: Shallow Conventional () LPP () Other
Design Flow 6-00 EGPD Application Rate 5 GPD/ft²
Size Tank(s) w/Risers and Effluent Filter STGal PT/250 Gal Nitrification Line (Length/Width/Max Depth)
Nitrification Line (Length/Width/Max Depth)
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type:
Description
Special Conditions
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by Environmental Health Specialist
N.C. Registration Number
Date

The Hamptons Lot 17





1 inch equals 60 feet

Legend

- ▲ CCHD Bores/Pits
- JDGC Bores
- house site
 - S.&E.C. Suitable Soil Area

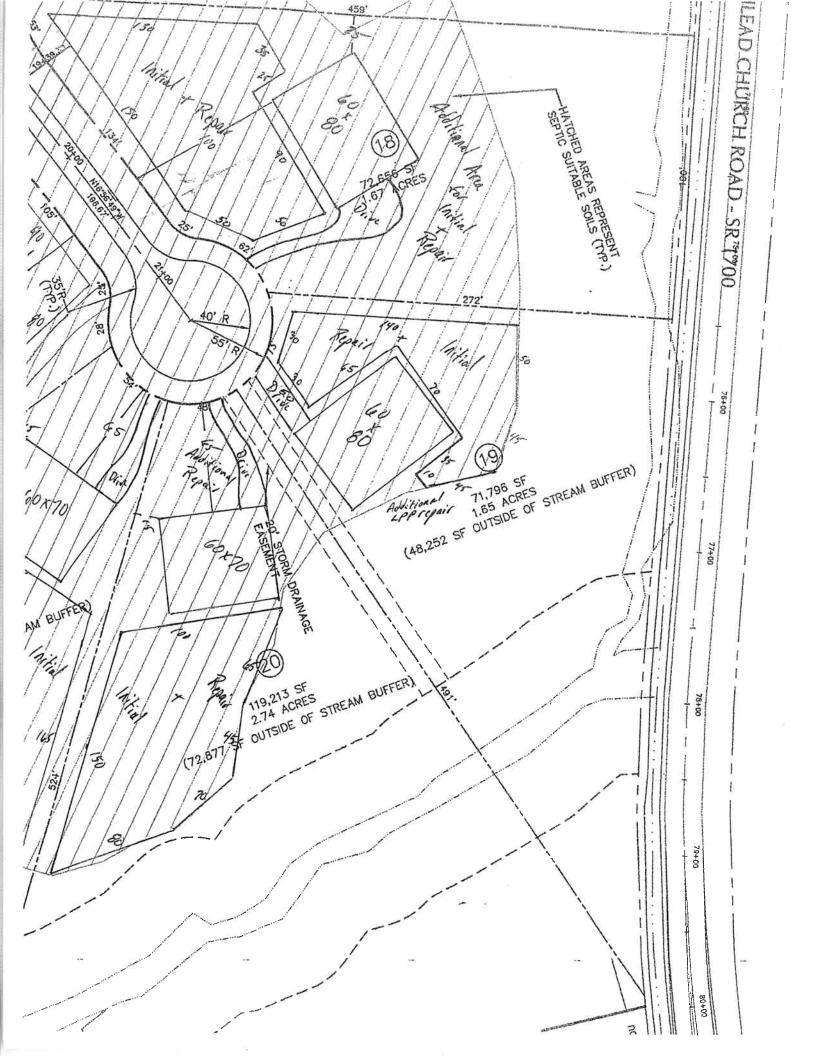
JDG CONSULTANTS 6/15/2006

80 East Street P. O. Box 130 Pittsboro, NC 27312-0130
Phone (919) 542-8208 Fax (919) 542-8288

TPN	
Permit No	
Date	*
EHS	
System Type	

Improvement Permit for Wastewater Systems

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES			
NEW ☑ REPAIR ☐ EXPANSION ☐			
An Improvement Permit is issued to			
aacre site locatedt to			
in Chatham County. It is specifically issued for the following facility:			
Facility: Residential () Non-Residential ()			
No. Bedrooms No. Residents/Employees			
Type Wastewater: Residential () Commercial ()			
Initial System Type: I()II() III() IV()V()			
Description			
Type System: Shallow Conventional () LPP ()			
Other_FPBP5			
Design FlowEGPD Application RateGPD/ft²			
Size Tank(s) w/Risers and Effluent Filter STGal PTgsGal			
Nitrification Line (Length/Width/Max Depth) 355' × 2' × 32"			
(On contour in approved septic area; sch. 40 PVC required over step-downs)			
Repair System Type: I () II () III () IV () V () VI () Description			
Special Conditions Pressure Manifold Required			
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.			
This permit is valid [] without expiration [] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.			
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.			
Issued by Acad Boya 755 Environmental Health Specialist			
Environmentál Health Specialist			
N.C. Registration Number 1353			
Date			



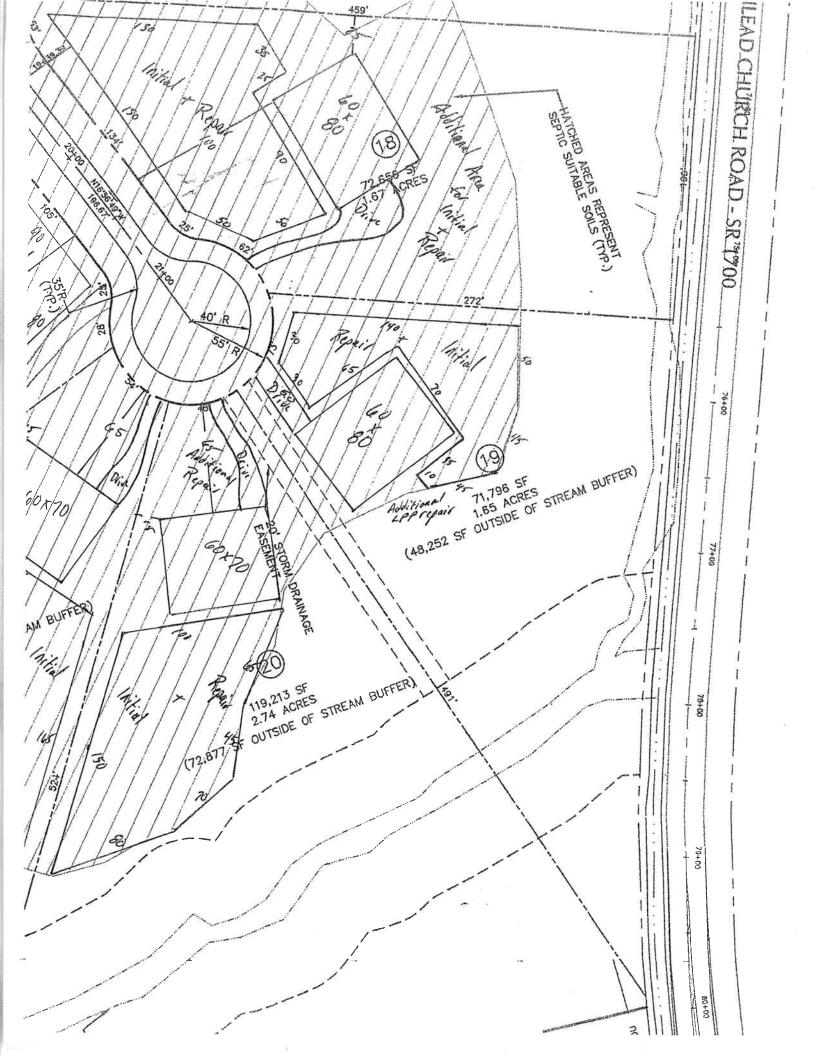
80 East Street P. O. Box 130 Pittsboro, NC 27312-0130
Phone (919) 542-8208 Fax (919) 542-8288

TPN	
Permit No.	
Date	
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System Type	

Improvement Permit for Wastewater Systems

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW REPAIR EXPANSION An Improvement Permit is issued to for
a acre site located de la
in Chatham County. It is specifically issued for the following facility:
Facility: Residential (×) Non-Residential ()
No. Bedrooms No. Residents/Employees \(\frac{1}{\pi} \) \(\frac{1}{\pi} \)
Type Wastewater: Residential ('√) Commercial ()
Initial System Type: Ⅰ()Ⅱ() Ⅲ(∀) Ⅳ()Ⅴ() Ⅵ()
Description
Type System: Shallow Conventional () LPP () OtherPF己F竺
Design FlowEGPD Application Rate3GPD/ft²
Size Tank(s) w/Risers and Effluent Filter STGalPTGalGal
Nitrification Line (Length/Width/Max Depth) 335' x 2' x 22"
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: () II() III() IV()V() VI() Description
Special Conditions Firsser Minifold Required
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [[] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by Environmental Health Specialist
Environmental Health Specialist
N.C. Registration Number
Date A 43 40 L

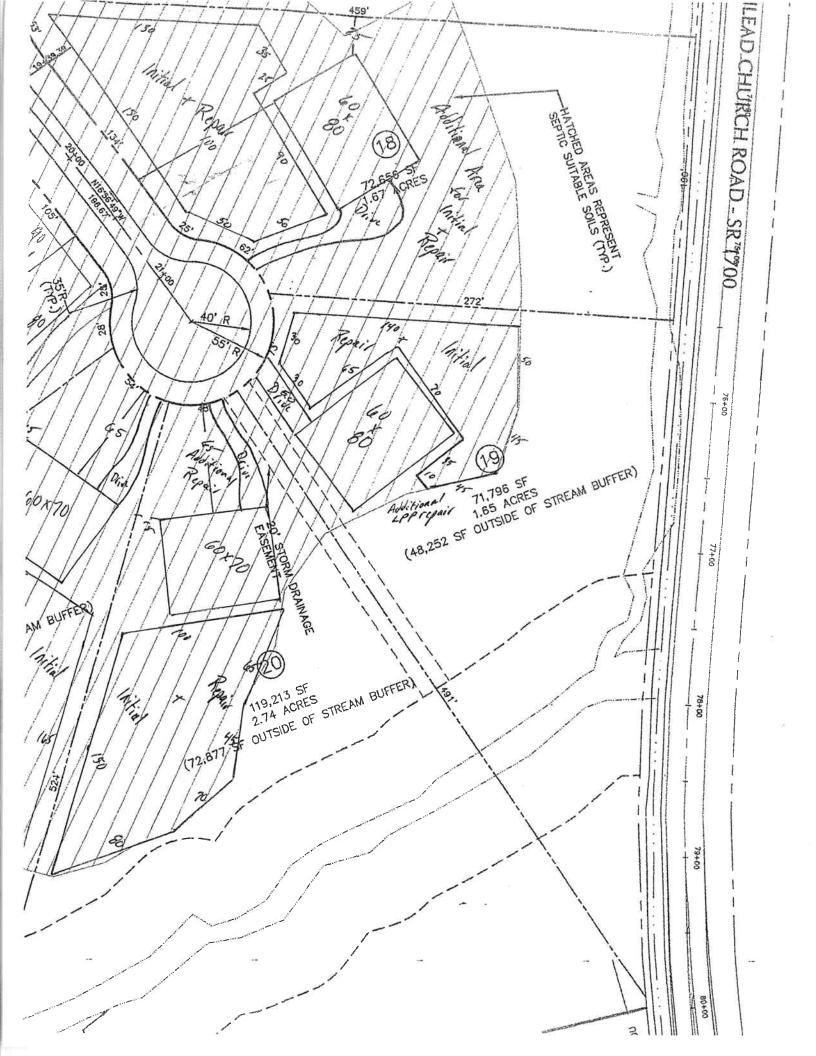


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OFFICE USE ONLY TPN _____ Permit No. _____ Date _____ EHS _____ System Type

Improvement Permit for Wastewater Systems

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES	System Type
ANTIOLE IN OUR FER 100A OF THE NO SENERAL STATOTES	
NEW REPAIR EXPANSION	
An Improvement Permit is issued to	fo
aacre site locatedlot_10 The Macafees .	
in Chatham County. It is specifically issued for the following facility:	
Facility: Residential () Non-Residential ()	
No. Bedrooms No. Residents/Employees	
Type Wastewater: Residential (🐑) Commercial ()	
Initial System Type: $I() II() III($	()
Description	
Type System: Shallow Conventional () LPP ()	
OtherPBPS	
Design FlowEGPD Application Rate	GPD/ft ²
Size Tank(s) w/Risers and Effluent Filter STGal PTSe	Gal
Nitrification Line (Length/Width/Max Depth) 335' x 2 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x	
(On contour in approved septic area; sch. 40 PVC required over step-downs)	
Repair System Type: I () II () III (() IV () V () V () Description	/I ()
Special Conditions Fuestri Manifeld Regular	
· · · · · · · · · · · · · · · · · · ·	
A plat with site plan showing specific location of the facility, the site for the propos existing buildings, property lines, water supplies, surface waters, the conditions for and any other information required by the department must be attached to be valid	r any site modifications;
This permit is valid [] without expiration [\forall] for five years but is subject altered, soil disturbed, set-backs violated, or the plans of intended use are change. The Improvement Permit shall not be affected by change in ownership.	to revocation if the site is ed.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater obtained from this department before installation.	Construction must be
Issued by <u>Figure</u> Bound Specialist	
N.C. Registration Number	: ee
Date	

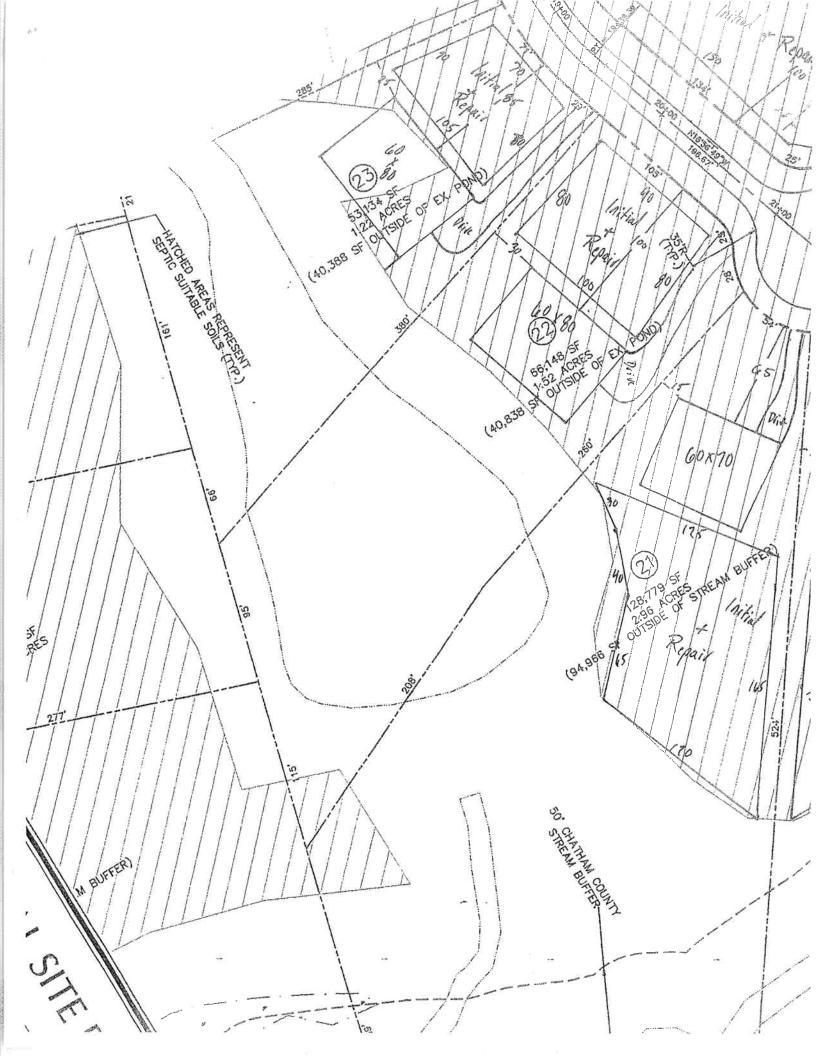


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Permit No. Date EHS System Type

Improvement Permit for Wastewater Systems

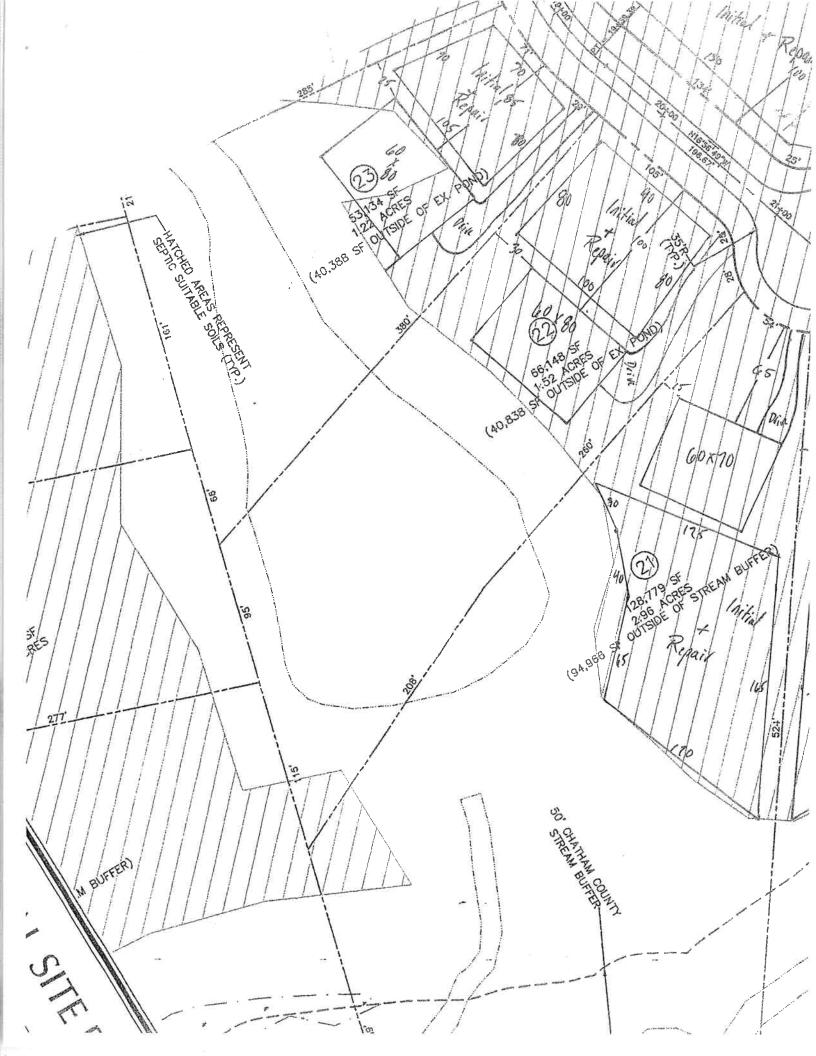
ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES	
NEW REPAIR EXPANSION	
An Improvement Permit is issued to	for
An Improvement Permit is issued to	
in Chatham County. It is specifically issued for the following facility:	
Facility: Residential (*) Non-Residential ()	
No. Bedrooms No. Residents/Employees//D_//	
Type Wastewater: Residential () Commercial ()	
Initial System Type: Ⅰ()Ⅱ() Ⅲ() Ⅳ()Ⅴ() Ⅵ()	
Description	
Type System: Shallow Conventional () LPP ()	
OtherFFEF	
Design FlowEGPD Application RateGPD/ft²	
Size Tank(s) w/Risers and Effluent Filter STGalPTGalPTGal	
Nitrification Line (Length/Width/Max Depth) 355 2 77	
(On contour in approved septic area; sch. 40 PVC required over step-downs)	
Repair System Type: ()Ⅱ() Ⅲ() Ⅳ()Ⅴ() Ⅵ()	
DescriptionPEBS	
Special Conditions Pressure Maid Required	
	2.5
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.	
This permit is valid [] without expiration [/] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.	S
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.	
Issued by <u>Francia (Braja R.S.</u> Environmental Health Specialist	
N.C. Registration Number	**
Date 8-31-04	



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TPN
Permit No.
Date
EHS
System Type

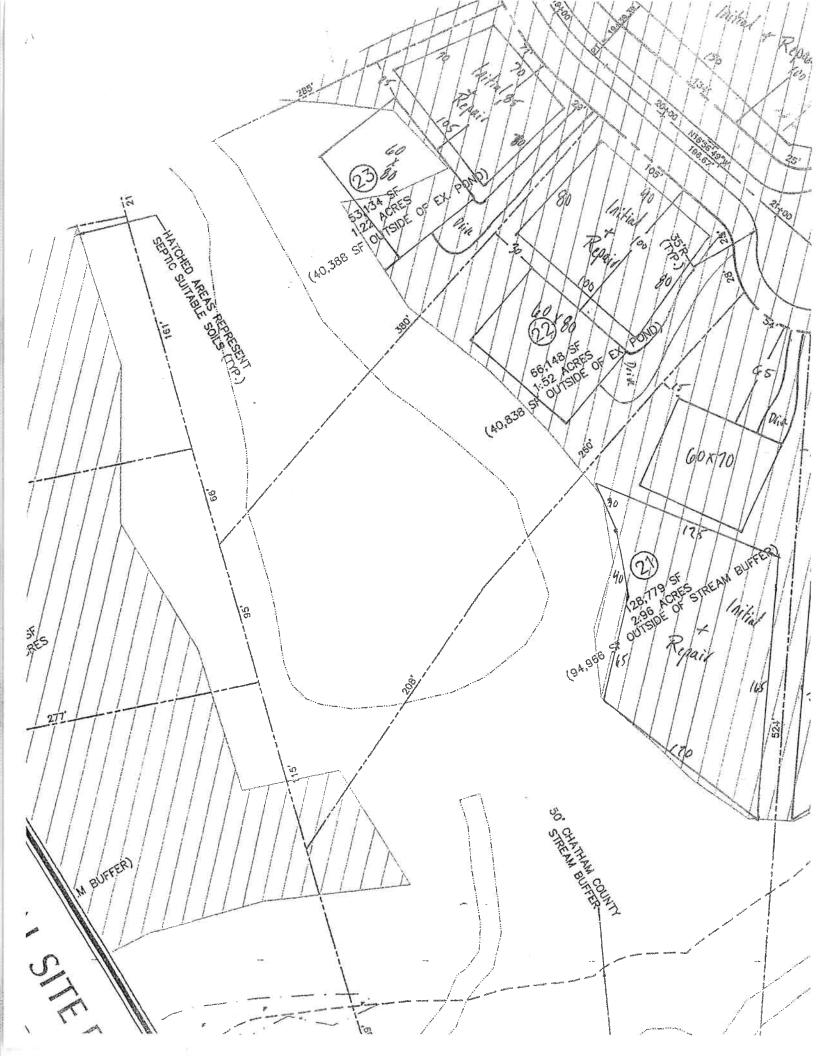
NEW REPAIR EXPANSION
An Improvement Permit is issued to///////////////////////////////
a 1.52 acre site located 1.7.7.7 The Hamilen's.
in Chatham County. It is specifically issued for the following facility:
Facility: Residential () Non-Residential ()
No. Bedrooms No. Residents/Employees
Type Wastewater: Residential () Commercial ()
Initial System Type: I() II() III(妘) IV()V() VI()
Description
Type System: Shallow Conventional () LPP ()
Other
Design FlowEGPD Application RateGPD/ft²
Size Tank(s) w/Risers and Effluent Filter ST_/350 Gal PT_/250 Gal Nitrification Line (Length/Width/Max Depth) 335/x 2 x 27"
Nitrification Line (Length/Width/Max Depth) 335 / x 2 / x 27
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I () II () III (r) IV () V () VI () Description
Special Conditions Freeze Mapifeld Regions
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [/] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by
Environmental Health Specialist
N.C. Registration Number
Date



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OFFICE USE ONLY Permit No. Date _____ EHS System Type _____

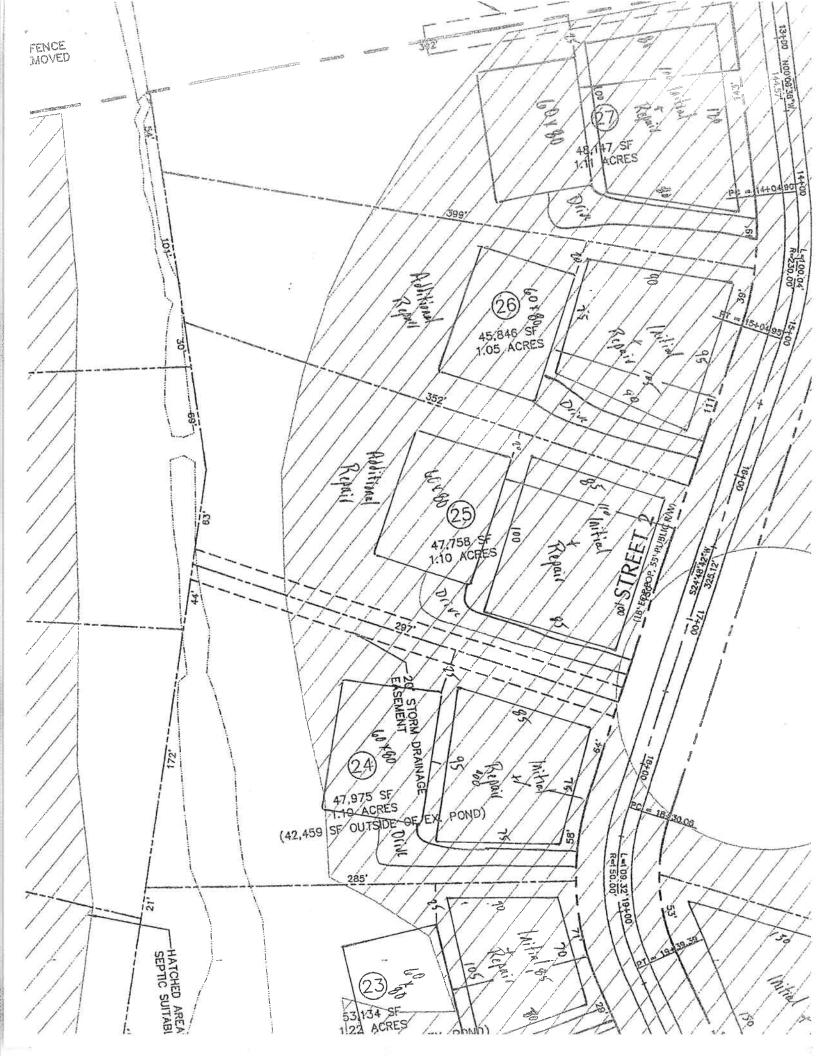
ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES
NEW REPAIR EXPANSION
An Improvement Permit is issued to William Tro
a is a acre site located // 25 The Homplans.
in Chatham County. It is specifically issued for the following facility:
Facility: Residential () Non-Residential ()
No. Bedrooms No. Residents/Employees_10 max
Type Wastewater: Residential () Commercial ()
Initial System Type: (()Ⅱ() Ⅲ(』) Ⅳ()Ⅴ() Ⅵ()
Description
Type System: Shallow Conventional () LPP ()
Other
Design FlowEGPD Application RateGPD/ft ²
Size Tank(s) w/Risers and Effluent Filter ST/155GalPT/725Gal
Nitrification Line (Length/Width/Max Depth)
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I () II () III () IV () V () VI ()
Description FFBB
Special Conditions Fressure Wart & Regular
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [/] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by Howard Borie R.S. Environmental Health Specialist
N.C. Registration Number
Date



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TPN	OFFICE USE ONLY
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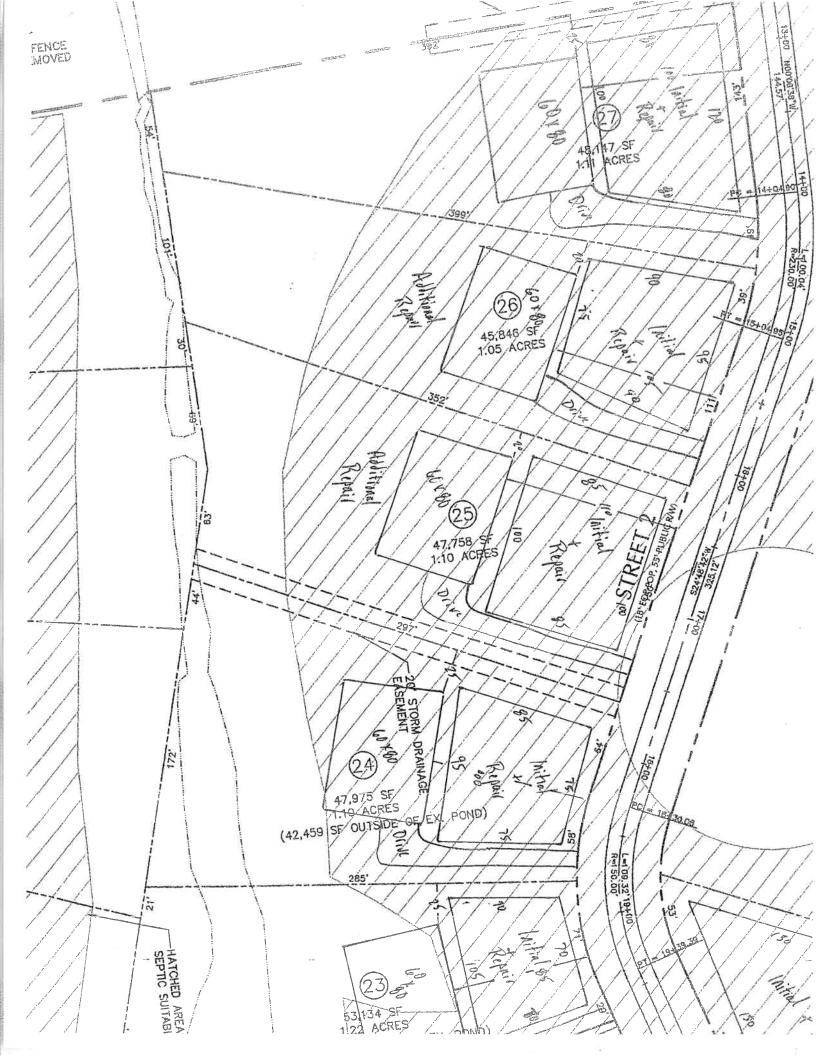
ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES
NEW REPAIR EXPANSION
An Improvement Permit is issued to West income Day.
An Improvement Permit is issued to Windjam Dev. a 110 acre site located 1st 34 The Hanglons.
in Chatham County. It is specifically issued for the following facility:
Facility: Residential (Non-Residential ()
No. Bedrooms No. Residents/Employees/\(\text{Plank}\)
Type Wastewater: Residential (🔻) Commercial ()
Initial System Type: I () II () III (×) IV () VI ()
Description
Type System: Shallow Conventional () LPP ()
OtherEGPD Application Rate3 GPD/ft²
Size Tank(s) w/Risers and Effluent Filter STGal PTGal Gal
Nitrification Line (Length/Width/Max Depth) 3 7 5 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I () II () III (×) IV () V () VI ()
Special Conditions Presum Manifely Required
Special Conditions Frequent Panifeld Required
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [/] for five years but is subject to revocation if the site altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by Environmental Health Specialist
N.C. Registration Number
Date 8.77.06



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OFFICE USE ONLY TPN Permit No. Date____ EHS_____ System Type ___

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES NEW REPAIR EXPANSION	
An Improvement Permit is issued to And John 1900. a	_for
7	
in Chatham County. It is specifically issued for the following facility:	
Facility: Residential () Non-Residential ()	
No. Bedrooms No. Residents/Emptoyees	
Type Wastewater: Residential (") Commercial ()	
Initial System Type: I () II () III (₹) IV () V () VI ()	
Description	
Type System: Shallow Conventional () LPP ()	
OtherPFTPS	
Design FlowEGPD Application RateGPD/ft²	
Size Tank(s) w/Risers and Effluent Filter STGalPT65_@Gal	
Nitrification Line (Length/Width/Max Depth)	
(On contour in approved septic area; sch. 40 PVC required over step-downs) Repair System Type: I () II () III () IV () V () VI () Description PREPS	
Special Conditions Researce Mapilet Required	
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.	
This permit is valid [] without expiration [] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.	S
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.	
Issued by Thing 75. Environmental Health Specialist	
Environmental Health Specialist	
N.C. Registration Number	
N.C. Registration Number	



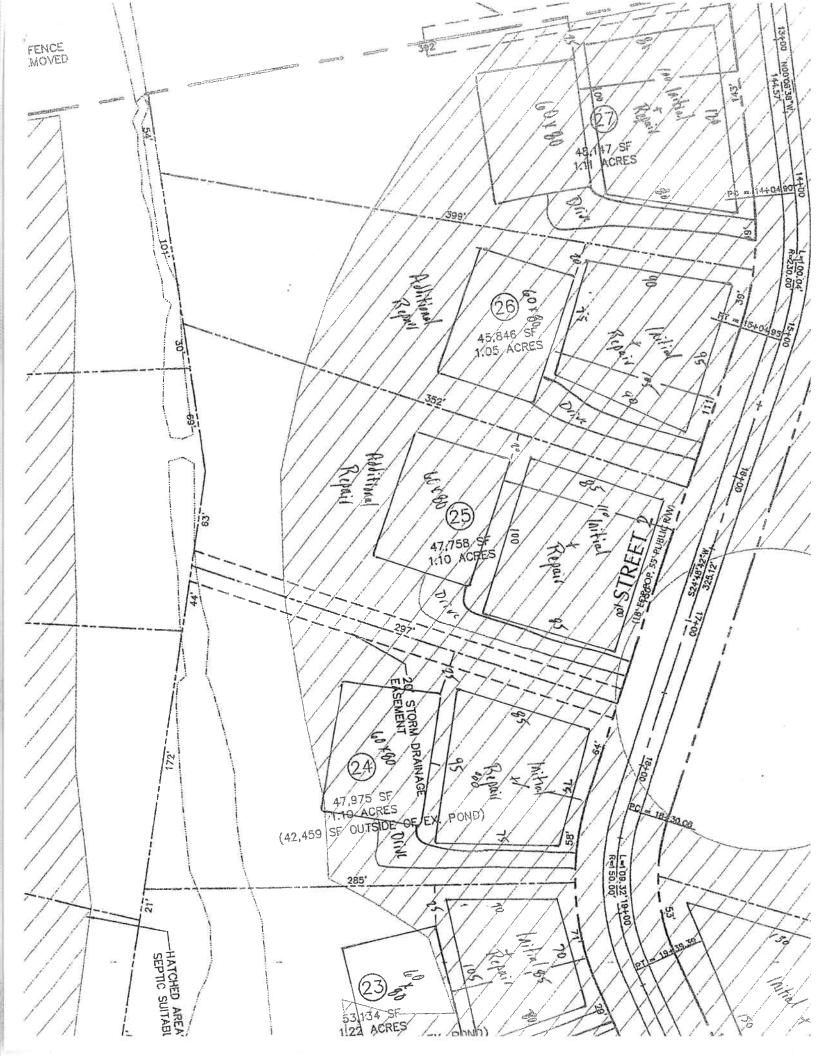
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OFFICE USE ONLY TPN _____ Permit No. _____ Date ____ EHS____ System Type _____

Improvement Permit for Wastewater Systems

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

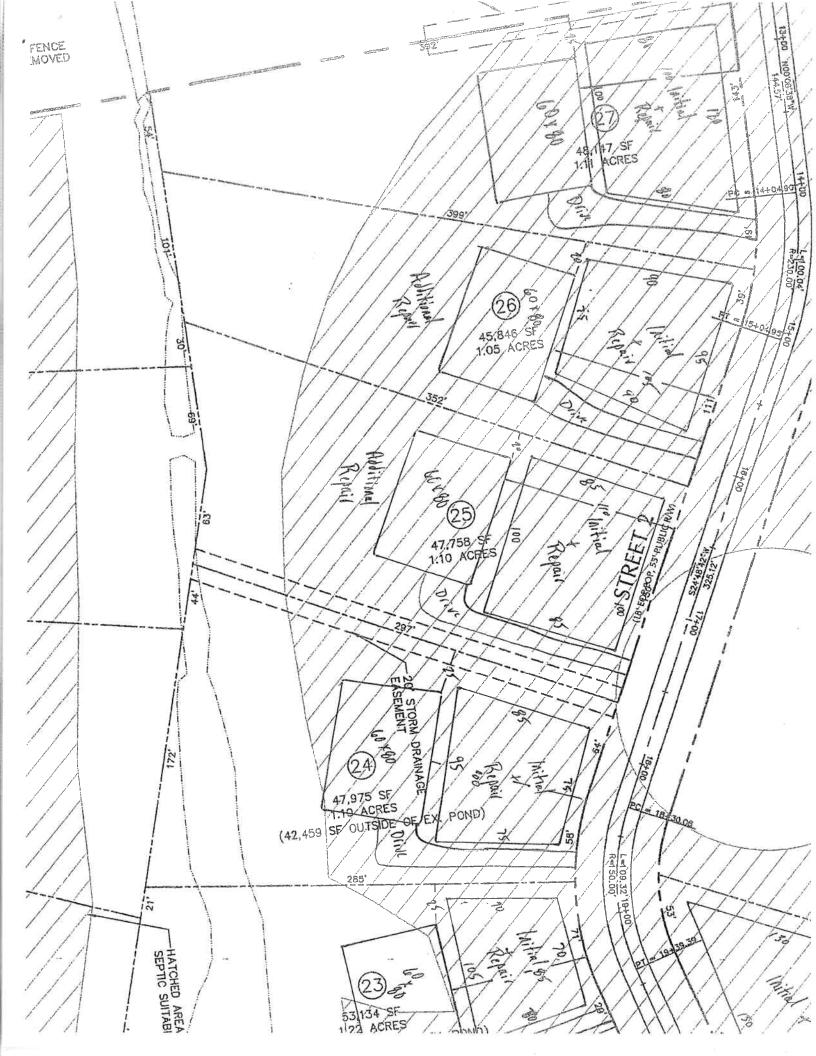
An Improvement Permit is issued to	fo
a acre site located the themples .	
in Chatham County. It is specifically issued for the following facility:	
Facility: Residential () Non-Residential ()	
No. Bedrooms No. Residents/Employees	
Type Wastewater: Residential () Commercial ()	
Initial System Type: I() II() III(ぐ) IV()V() VI() Description	
Type System: Shallow Conventional () LPP () Other PPBPS	
Design FlowEGPD Application RateGPD/ft²	
Size Tank(s) w/Risers and Effluent Filter ST/25@GalPT/25@Gal	
Nitrification Line (Length/Width/Max Depth) 335 × 2 × 27 **	
	-
(On contour in approved septic area; sch. 40 PVC required over step-downs)	
Repair System Type: I()II() III() IV()V() VI() Description	
Special Conditions Proseum Manifeld Repaired	
Special Conditions Prossur Mandeld Required	
A plat with site plan showing specific location of the facility, the site for the proposed wastewater sexisting buildings, property lines, water supplies, surface waters, the conditions for any site modificand any other information required by the department must be attached to be valid.	
A plat with site plan showing specific location of the facility, the site for the proposed wastewater sexisting buildings, property lines, water supplies, surface waters, the conditions for any site modific	cations;
A plat with site plan showing specific location of the facility, the site for the proposed wastewater sexisting buildings, property lines, water supplies, surface waters, the conditions for any site modificand any other information required by the department must be attached to be valid. This permit is valid [] without expiration [x] for five years but is subject to revocation if the altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership. THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must obtained from this department before installation.	cations;
A plat with site plan showing specific location of the facility, the site for the proposed wastewater seexisting buildings, property lines, water supplies, surface waters, the conditions for any site modificand any other information required by the department must be attached to be valid. This permit is valid [] without expiration [x] for five years but is subject to revocation if the altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership. THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be a size of the plans of the pl	cations;
A plat with site plan showing specific location of the facility, the site for the proposed wastewater sexisting buildings, property lines, water supplies, surface waters, the conditions for any site modificand any other information required by the department must be attached to be valid. This permit is valid [] without expiration [x] for five years but is subject to revocation if the altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership. THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must obtained from this department before installation.	cations;



Permit No. ______ Date _____ EHS_____ System Type _____

Improvement Permit for Wastewater Systems

	_
An Improvement Permit is issued to	fc
in Chatham County. It is specifically issued for the following facility:	
Facility: Residential () Non-Residential ()	
No. Bedrooms No. Residents/Employees No. Residents/Employees	
Type Wastewater: Residential (*) Commercial ()	
Initial System Type: I () II () III (V) IV () V () VI ()	
Description	x
Type System: Shallow Conventional () LPP ()	
OtherPPDF3	
Design FlowEGPD Application RateGPD/ft ²	
Size Tank(s) w/Risers and Effluent Filter ST / 150 Gal PT Gal	
Nitrification Line (Length/Width/Max Depth) 335 × 2 × 27	
(On a series of the series of	
(On contour in approved septic area; sch. 40 PVC required over step-downs)	
Repair System Type: I()II()III()IV()V()V()	
Description	
Special Conditions Treatment Manifeld Properties	
A plat with site plan showing specific location of the facility, the site for the proposed wastewater s existing buildings, property lines, water supplies, surface waters, the conditions for any site modificand any other information required by the department must be attached to be valid.	
This permit is valid [] without expiration [] for five years but is subject to revocation if t altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.	the site is
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction multiplication this department before installation.	ust be
Issued by Environmental Health Specialist	a .
Environmental Health Specialist	
Environmental isoliti opedansi	
N.C. Registration Number 1553 Date 8-19-06	



80 East Street P. O. Box 130 Phone (919) 542-8208 Fax (919) 542-8288

TPN
Permit No.
Date
EHS
System Type

Improvement Permit for Wastewater Systems

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES NEW REPAIR EXPANSION	
An Improvement Permit is issued to William Dev. a acre site located	_for
in Chatham County. It is specifically issued for the following facility:	
Facility: Residential () Non-Residential ()	
No. BedroomsNo. Residents/Employees	
Type Wastewater: Residential (🔨) Commercial ()	
Initial System Type: I () II () III (×) IV () V ()	
Description	
Type System: Shallow Conventional () LPP () Other	
Design FlowEGPD Application RateGPD/ft²	
Size Tank(s) w/Risers and Effluent Filter STGal PTGal Gal	
Nitrification Line (Length/Width/Max Depth)	
(On contour in approved septic area; sch. 40 PVC required over step-downs) Repair System Type: I () II () III (b) IV () V () VI () Description FP DFS Special Conditions Regard	
	,
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.	
This permit is valid [] without expiration [] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.	S
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.	
Issued by Form R.S. Environmental Health Specialist	
N.C. Registration Number	f 5
N.C. Registration Number 7353	



OFFICE USE ONLY TPN _____ Permit No. _____ Date ____ EHS____ System Type _____

Improvement Permit for Wastewater Systems

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW REPAIR EXPANSION An Improvement Permit is issued to for
aacre site locatedtit 7/c Hamy has .
in Chatham County. It is specifically issued for the following facility:
Facility: Residential (*) Non-Residential ()
No. Bedrooms No. Residents/Employees 10 Mark
Type Wastewater: Residential () Commercial ()
Initial System Type: I () II () III () IV () V () VI ()
Description
Type System: Shallow Conventional () LPP () Other
Design FlowEGPD Application RateGPD/ft ²
Size Tank(s) w/Risers and Effluent Filter STGal PTGal Nitrification Line (Length/Width/Max Depth)
Mithication Line (Length/Width/Max Depth)
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I () II () III () IV () V ()
Description
Special Conditions Freston Marchily Required
opecial Conditions
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Environmental Health Specialist
N.C. Registration Number 4355
Date Comment of the C



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 EHS System Type

Improvement Permit for Wastewater SystemsARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW TEPAIR TEXPANSION TEXT
An Improvement Permit is issued to
a_ 105 acre site located 1 of 30 the Houglans.
in Chatham County. It is specifically issued for the following facility:
Facility: Residential (½) Non-Residential ()
No. Bedrooms No. Residents/E mployees / O max
Type Wastewater: Residential () Commercial ()
Initial System Type: I() II() III() IV()V() VI() Description
Type System: Shallow Conventional () LPP () Other
Design FlowEGPD Application RateGPD/ft ²
Size Tank(s) w/Risers and Effluent Filter STGal PTGal
Nitrification Line (Length/Width/Max Depth) 335 424 427
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I () II () III () IV () V () VI () Description
Description
Special Conditions
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by Environmental Health Specialist
N.C. Registration Number
Date



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Phone (919) 542-8208 Fax (919) 542-8288

OFFICE US	SE ONLY
Permit No.	
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System Type	

Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW TREPAIR EXPANSION
An Improvement Permit is issued to for the first the formation of the first the formation of the first the
aacre site located
in Chatham County. It is specifically issued for the following facility:
Facility: Residential (//) Non-Residential ()
No. Bedrooms No. Residents/E mployees // #A.K
Type Wastewater: Residential () Commercial ()
Initial System Type: Ⅰ()Ⅱ() Ⅲ() Ⅳ()Ⅴ() Ⅵ()
Description
Type System: Shallow Conventional () LPP ()
OtherFYBF5
Design FlowEGPD Application RateGPD/ft²
Size Tank(s) w/Risers and Effluent Filter STGal PTGal Gal
Nitrification Line (Length/Width/Max Depth) 335 × 7 × 27 **
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I () II () III (r) IV ()V () VI ()
Description
Special Conditions Freetone Manifold Required
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by Environmental Health Specialist
N.C. Registration Number
Date 8-27-06

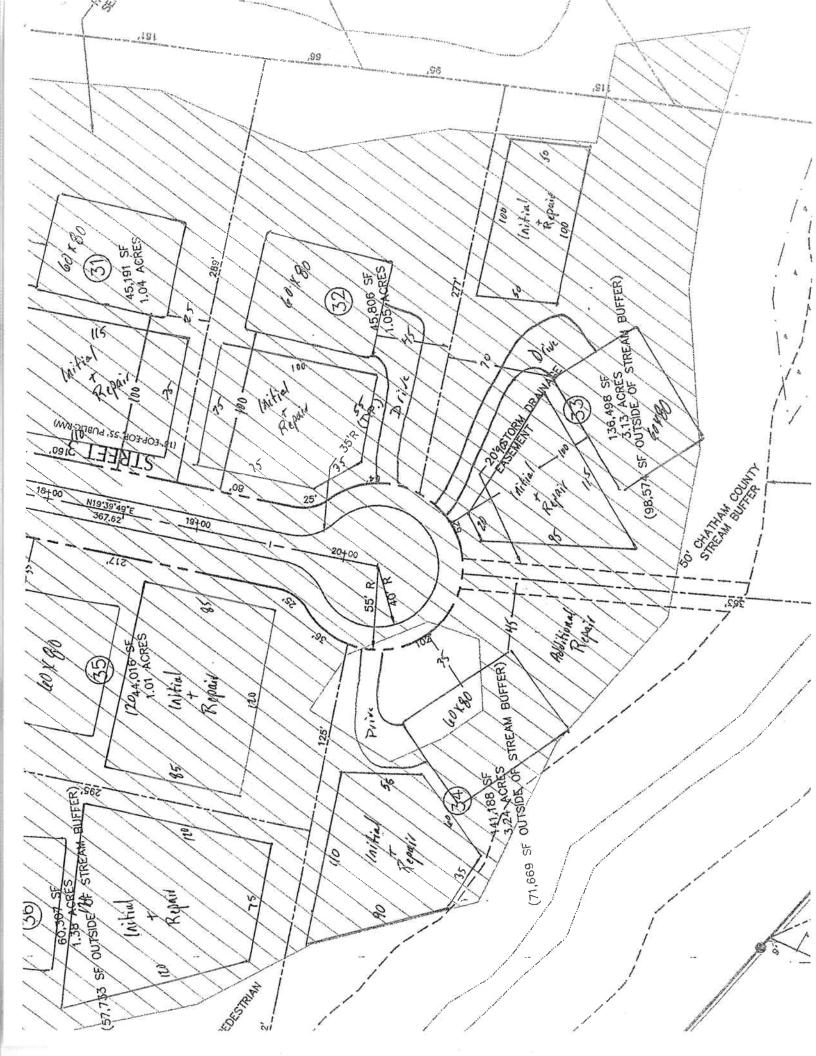


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System Type	

Improvement Permit for Wastewater SystemsARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW REPAIR EXPANSION
An Improvement Permit is issued to William 14 32
a acre site located the shapping .
in Chatham County. It is specifically issued for the following facility:
Facility: Residential () Non-Residential ()
No. Bedrooms No. Residents/Employees
Type Wastewater: Residential () Commercial ()
Initial System Type: l() Ⅱ() Ⅲ(≦) Ⅳ()Ⅴ() Ⅵ()
Description
Type System: Shallow Conventional () LPP ()
Other
Design FlowEGPD Application RateGPD/ft ²
Size Tank(s) w/Risers and Effluent Filter STGal PT/25 Gal Nitrification Line (Length/Width/Max Depth)
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I () II () IV ()V () VI ()
DescriptionFF_6P5
Special Conditions Pressure Pressure Regard Kenning
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by Environmental Health Specialist
N.C. Registration Number
Date 7 77.00



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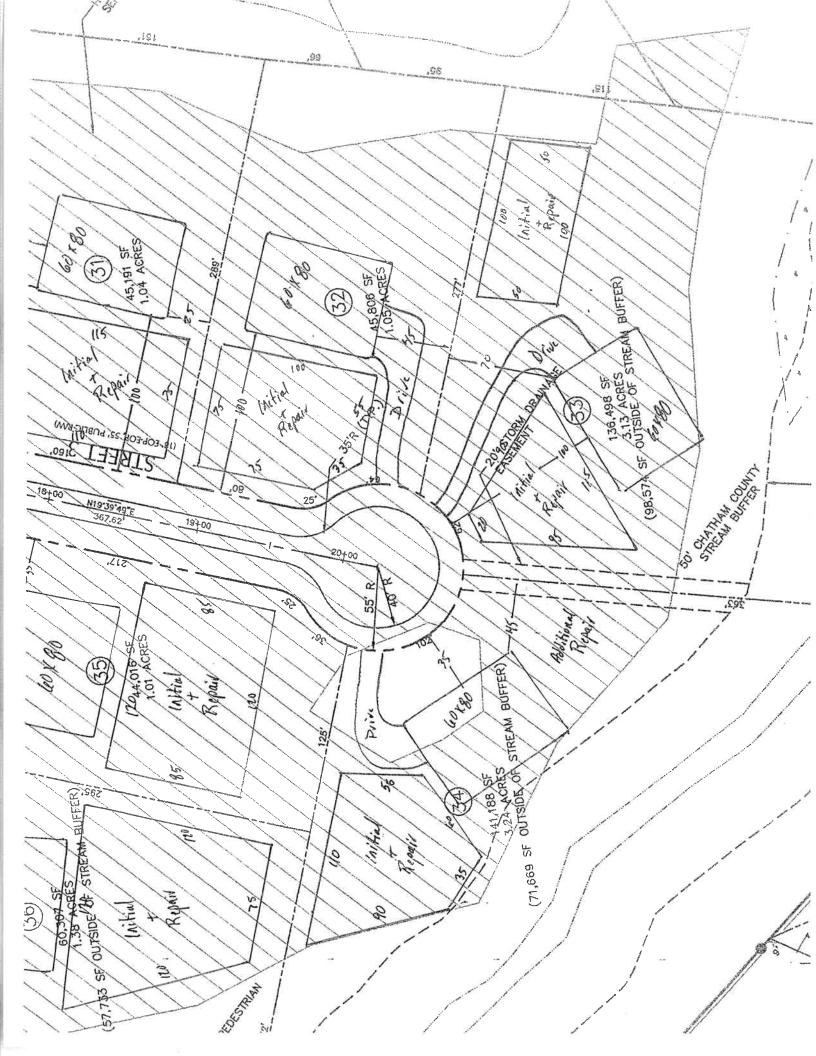
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Permit No	
Date	
EHS	
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OFFICE LISE ONLY

Improvement Permit for Wastewater Systems

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES.

NEW REPAIR EXPANSION An Improvement Permit is issued to for
An Improvement Permit is issued tofor a
in Chatham County. It is specifically issued for the following facility:
Facility: Residential () Non-Residential ()
No. Bedrooms No. Residents/Employees
Type Wastewater: Residential () Commercial ()
Initial System Type: I () II () III (Y) IV () VI ()
Description
Type System: Shallow Conventional () LPP () Other
Design FlowEGPD Application RateGPD/ft ²
Size Tank(s) w/Risers and Effluent Filter STGal_PTGal_
Nitrification Line (Length/Width/Max Depth)
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I()II() III() IV()V() VI()
Description
Special Conditions
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [/] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by Environmental Health/Specialist
Environmental Health/Specialist
N.C. Registration Number
Date 9-9-66

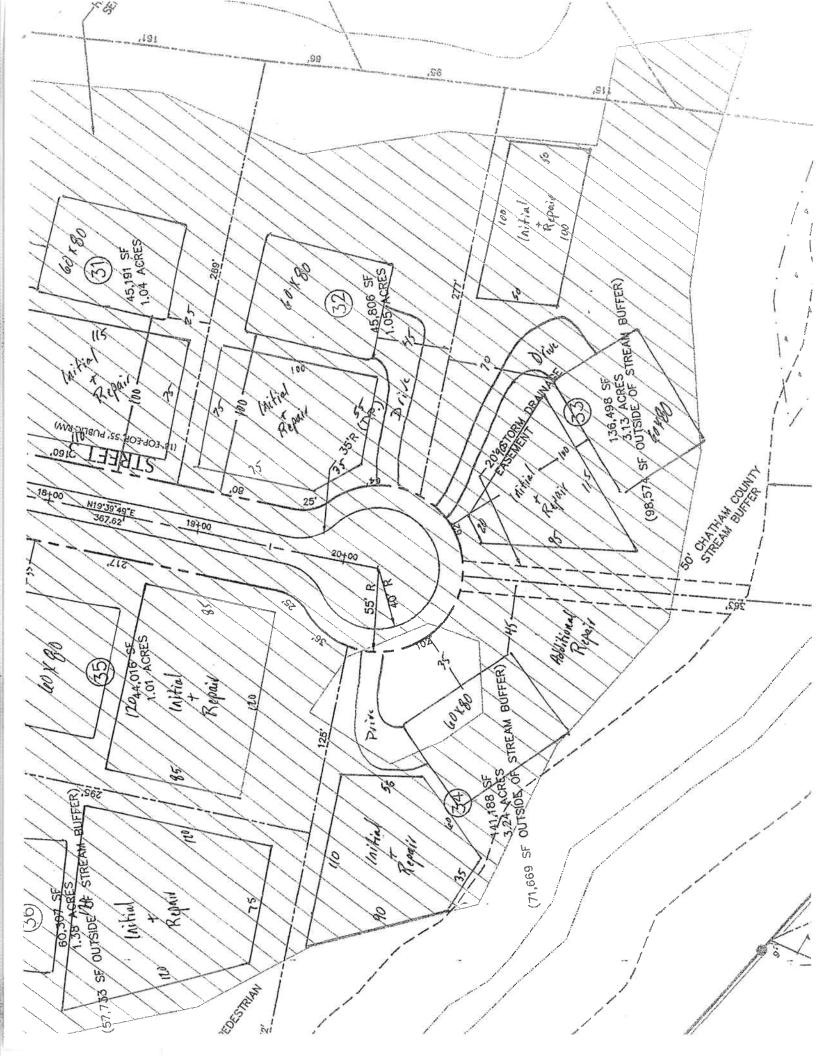


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Phone (919) 542-8208 Fax (919) 542-8288

OFFICE USE ONLY TPN _____ Permit No. _____ Date ____ EHS____ System Type

Improvement Permit for Wastewater Systems

NEW REPAIR EXPANSION	
An Improvement Permit is issued to	foi
a 3.24 acre site located 10 311 The Henry 1 15	_
in Chatham County. It is specifically issued for the following facility:	
Facility: Residential () Non-Residential ()	
No. Bedrooms No. Residents/Employees 10 V/V	
Type Wastewater: Residential () Commercial ()	
Initial System Type: () II() III(﴿) IV()V() VI()	
Description	
Type System: Shallow Conventional () LPP ()	
Other	
Design FlowEGPD Application RateGPD/ft²	
Size Tank(s) w/Risers and Effluent Filter STGal PTGal	
Size Tank(s) w/Risers and Effluent Filter STGal PTGal Nitrification Line (Length/Width/Max Depth)	
(On contour in approved septic area; sch. 40 PVC required over step-downs)	
Repair System Type: I() II() III(》) IV()V() VI()	
Description	
Special Conditions Fresson Mandala Regular	
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.	
This permit is valid [] without expiration [[] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.	3
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.	
Issued by <u>Horas O. Tarjo RS</u> Environmental Health Specialist	
N.C. Registration Nümber 1553 - Date 22.06	
Date 2 13 C/a	



80 East Street P. O. Box 130 Pittsboro, NC 27312-0130

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Permit No.	
Date	
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System Type	

· · -	EPAIR L EXPANSION L	
An Improvement Perm	nit is issued to	
a	acre site located 35 7/6 // replans .	
n Chatham County. I	t is specifically issued for the following facility:	
Facility: Reside	ntial () Non-Residential ()	
No. Bedrooms	No. Residents/Employees	
Type Wastewater:	Residential () Commercial ()	
	:	
Type System:	Shallow Conventional()LPP()	
	EGPD Application RateGPD/ft ²	
Size Tank(s) w/Rise	ers and Effluent Filter ST 7750 Gal PT 7250 Gal	
Nitrification Line (Le	ers and Effluent Filter ST <u>/750</u> Gal PT <u>/250</u> Gal ength/Width/Max Depth) <u>3357 x 27 x 27 0</u>	
(On contour in appr	roved septic area; sch. 40 PVC required over step-downs)	
Repair System Typ Description	RFBP3	
Description	RFBP3	_
Description		_
Description Special Conditions A plat with site plan shexisting buildings, propand any other informations.	nowing specific location of the facility, the site for the proposed wastewater system perty lines, water supplies, surface waters, the conditions for any site modification tion required by the department must be attached to be valid.	าร;
Description Special Conditions A plat with site plan shexisting buildings, propand any other informations permit is valid [altered, soil disturbed,	nowing specific location of the facility, the site for the proposed wastewater system perty lines, water supplies, surface waters, the conditions for any site modification	าร;
Description Special Conditions A plat with site plan shexisting buildings, propand any other informations permit is valid [altered, soil disturbed, the Improvement Permit IS NOT AUTHO	nowing specific location of the facility, the site for the proposed wastewater system perty lines, water supplies, surface waters, the conditions for any site modification tion required by the department must be attached to be valid.] without expiration [1] for five years but is subject to revocation if the sine set-backs violated, or the plans of intended use are changed. It is set-backs violated, or the plans of intended use are changed. It is set-backs violated, or the plans of intended use are changed. It is set-backs violated. It is subject to revocation if the sine set-backs violated, or the plans of intended use are changed. It is subject to revocation if the sine set-backs violated, or the plans of intended use are changed. RIZATION TO INSTALL. An authorization for Wastewater Construction must be partment before installation.	ns; te is
Description Special Conditions A plat with site plan shexisting buildings, propand any other informations permit is valid [altered, soil disturbed, the Improvement Permit IS NOT AUTHO	nowing specific location of the facility, the site for the proposed wastewater system perty lines, water supplies, surface waters, the conditions for any site modification tion required by the department must be attached to be valid.] without expiration [1] for five years but is subject to revocation if the sine set-backs violated, or the plans of intended use are changed. The mit shall not be affected by change in ownership. RIZATION TO INSTALL. An authorization for Wastewater Construction must be	ns; te is
Description Special Conditions A plat with site plan shexisting buildings, propand any other informations permit is valid [altered, soil disturbed, the Improvement Permit IS NOT AUTHO	nowing specific location of the facility, the site for the proposed wastewater system perty lines, water supplies, surface waters, the conditions for any site modification tion required by the department must be attached to be valid.] without expiration [1] for five years but is subject to revocation if the sine set-backs violated, or the plans of intended use are changed. It is set-backs violated, or the plans of intended use are changed. It is set-backs violated, or the plans of intended use are changed. It is set-backs violated. It is subject to revocation if the sine set-backs violated, or the plans of intended use are changed. It is subject to revocation if the sine set-backs violated, or the plans of intended use are changed. RIZATION TO INSTALL. An authorization for Wastewater Construction must be partment before installation.	ns; te is

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80 East Street P. O. Box 130 Pittsboro, NC 27312-0130
Phone (919) 542-8208 Fax (919) 542-8288

TPN
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System Type

Improvement Permit for Wastewater Systems

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

THE TOTAL TENT TOTAL OF THE NO GENERAL GIATOTES
NEW REPAIR EXPANSION
An Improvement Permit is issued to
aacre site located
in Chatham County. It is specifically issued for the following facility:
Facility: Residential () Non-Residential ()
No. Bedrooms No. Residents/Employees
Type Wastewater: Residential () Commercial ()
Initial System Type: I() II() III(毕) IV()V() VI() Description
Type System: Shallow Conventional () LPP () Other
Design FlowEGPD Application RateGPD/ft ²
Size Tank(s) w/Risers and Effluent Filter STGal PTGal
Nitrification Line (Length/Width/Max Depth) 335 × 7 × 72
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I () II () IV () V () VI ()
Description
Special Conditions Property Washing Regular
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by Environmental Health Specialist
N.C. Registration Number
Date

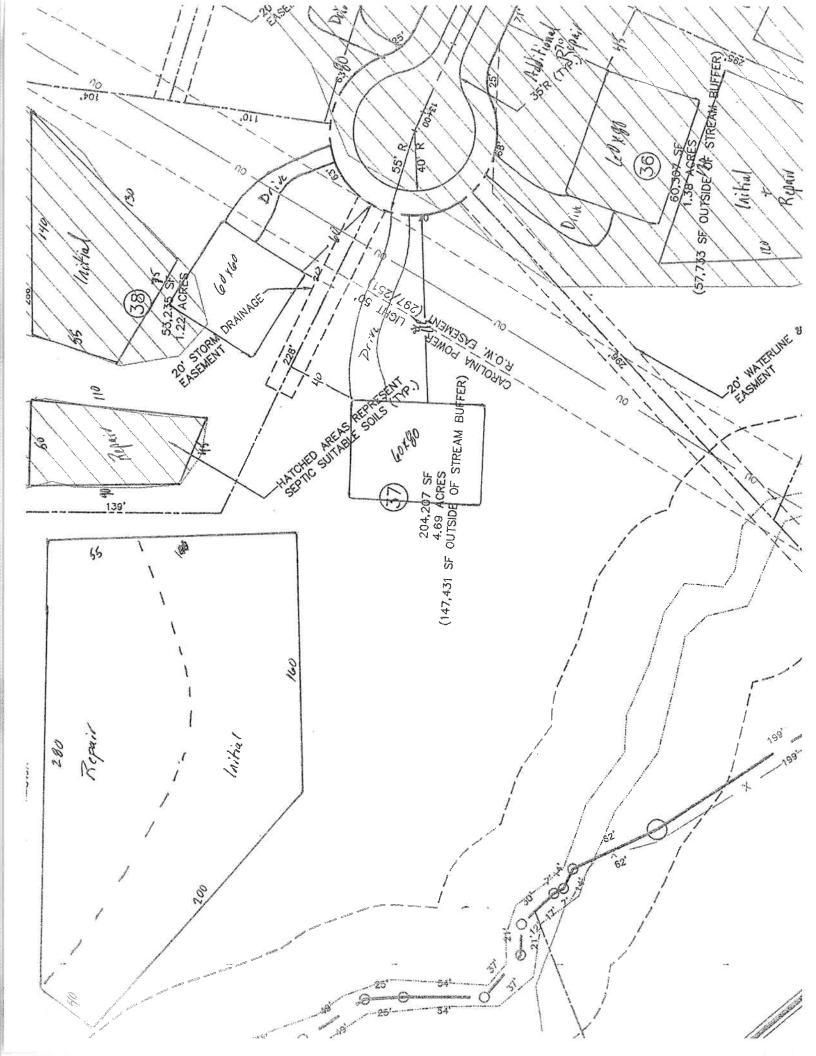
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(71,669 SF OUTSIDE Addition Rich	1. 1/1 1/1/1/1/1/1
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80 East Street P. O. Box 130 Pittsboro, NC 27312-0130
Phone (919) 542-8208 Fax (919) 542-8288

	USE ONLY
Permit No.	
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Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW 🖺	REPAIR \square	EXPANSIO	N	REVISED	
An Improv	vement Permit is issue	ed to Wildian	1. Page 1		for
a	acre site	e located	y to Mary	las	
in Chatha	m County. It is specif	ically issued for the fo	lowing facility:		
Fa	acility: R	esidential (¥)	Non-Res	idential ()	
No	o. Bedrooms	No. Reside	ents/Employees	3 10 page	
Ту	pe Wastewater: R	esidential (📫)	Commer	cial ()	
lni	tial System Type: Description	1 () ()	III (;*)	IV () V () VI ()	
Ту	pe System: S	hallow Conventional(ther the particular) LPP () · ,	
De		ZO EGPD	Application	n RateGPD/ft²	
Siz	ze Tank(s) w/Risers a	nd Effluent Filter S	т750	Gal PT 150 Gal	
Ni	trification Line (Length	n/Width/Max Depth)	100° + 1 × 1	13"	
(0	n contour in approved	septic area; sch. 40 F	PVC required o	ver step-downs)	
	epair System Type:	1() 11() V Trafricturi, F	III ()	IV () V (£) VI ()	
		* 1	Programa	Coderette to necker	
	5,4	prior to installa	tron		_
existing bu	uildings, property lines		ce waters, the	or the proposed wastewater system conditions for any site modification ed to be valid.	
altered, so	oil disturbed, set-backs	t expiration [x] for similarity is violated, or the plans of be affected by char	of intended us		te is
	OT AUTHORIZATION rom this department b		uthorization for	Wastewater Construction must be	Э
	Issued b	py Environm	ental Health S	pecialist	
	N.C. R	egistration Number	Lee		
		Date			

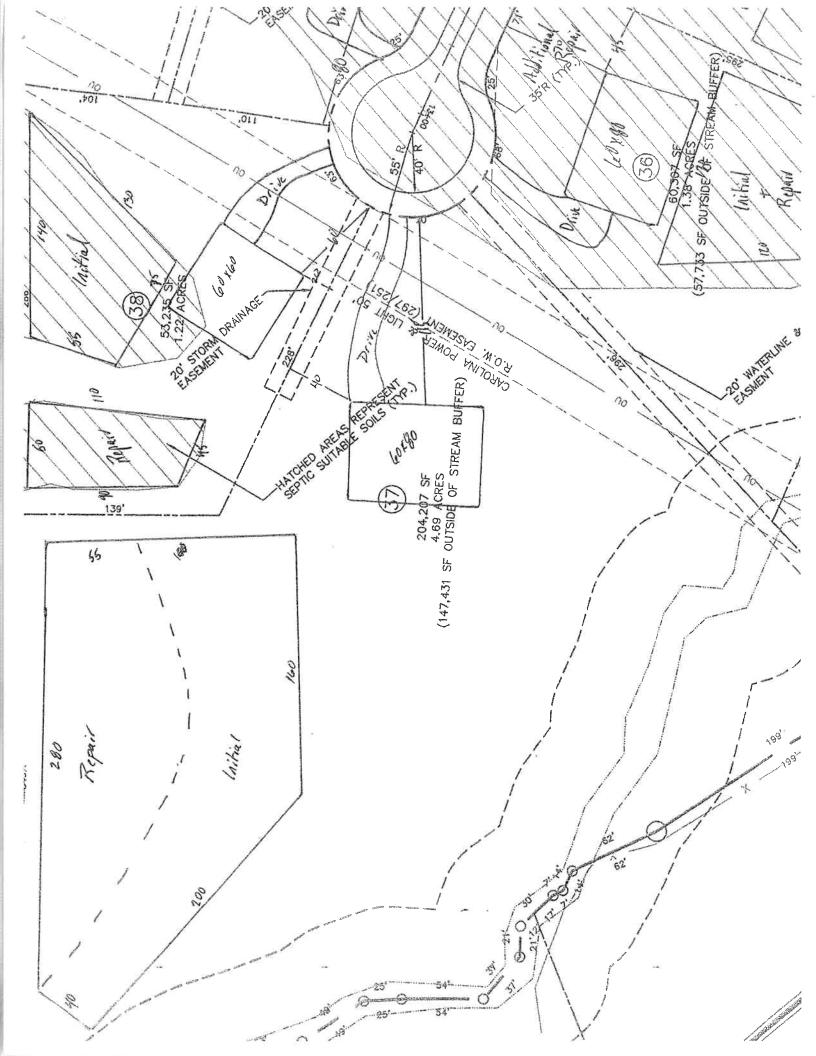


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System Type

Improvement Permit for Wastewater SystemsARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW TREPAIR EXPANSION
An Improvement Permit is issued to
aacre site located
in Chatham County. It is specifically issued for the following facility:
Facility: Residential ('') Non-Residential ()
No. Bedrooms No. Residents/Employees
Type Wastewater: Residential (*) Commercial ()
Initial System Type: Ⅰ()Ⅱ() Ⅲ(﴿) Ⅳ()Ⅴ() Ⅵ()
Description
Type System: Shallow Conventional () LPP ()
Other 10 My to Accepted 15 to Reduction
Design FlowEGPD Application RateGPD/ft ²
Size Tank(s) w/Risers and Effluent Filter STGal PTGal Gal
Nitrification Line (Length/Width/Max Depth) 500 x 3 x 12 - 18
Followed But cover may be acided
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I () II () III () IV () V () VI ()
Description Law (1855m) Right
Special Conditions Tressur Marched Revent, Carlotte to met a site pour
to ustallation
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by <u>France T. S.</u> Environmental Health Specialist
N.C. Registration Number
Date

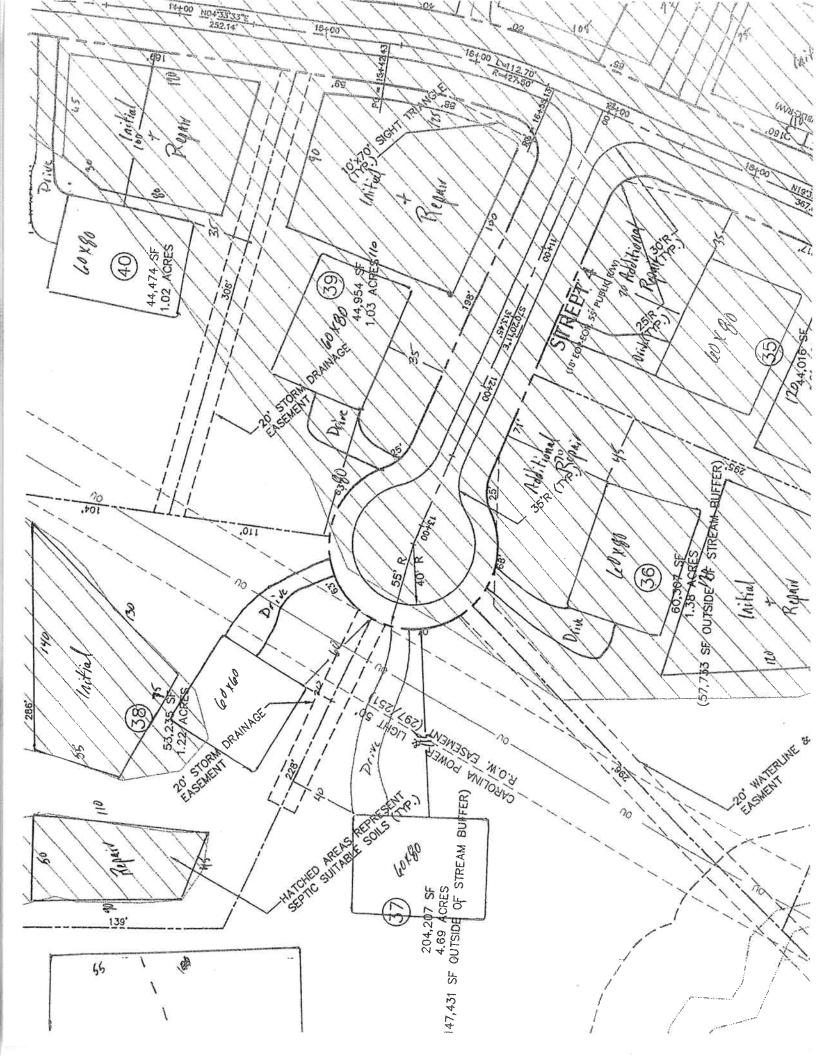


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OFFICE USE ONLY TPN	•
Permit No.	
Date	•
EHS	
System Type	

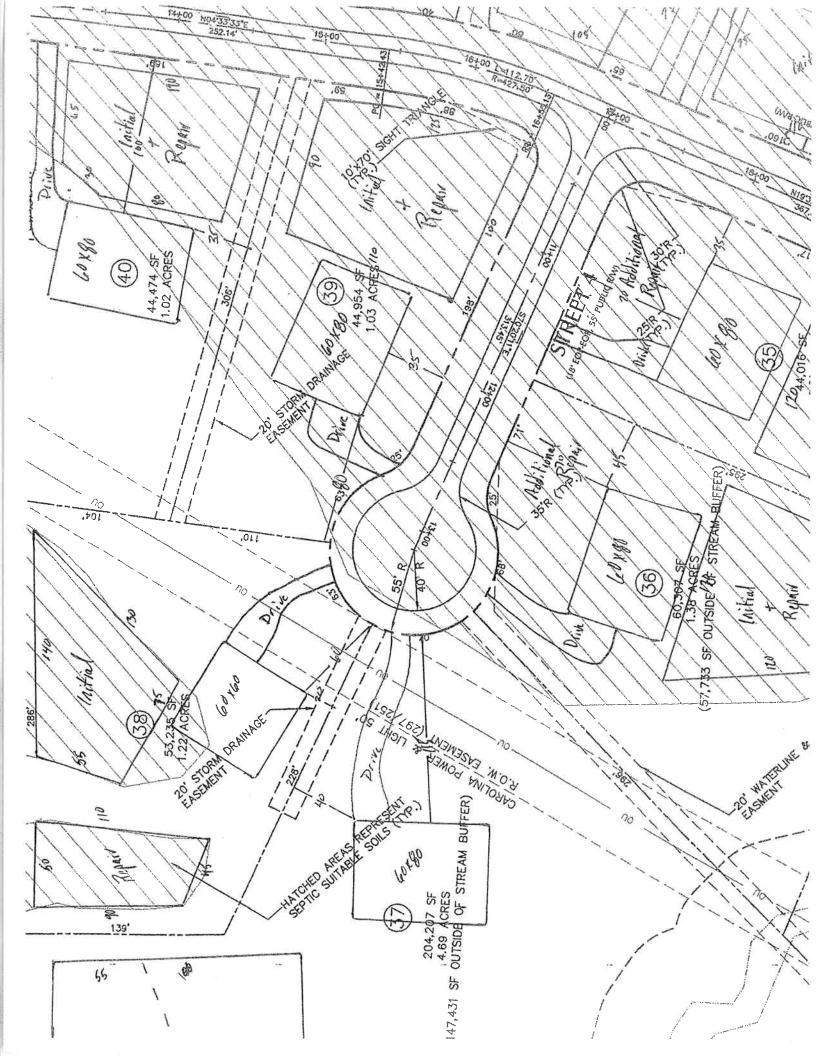
NEW REPAIR EXPANSION	
An Improvement Permit is issued to	fc
in Chatham County. It is specifically issued for the following facility:	
Facility: Residential () Non-Residential ()	
No. Bedrooms No. Residents/Employees	
Type Wastewater: Residential () Commercial ()	
Initial System Type: I()II() III() IV()V() VI() Description	
Type System: Shallow Conventional () LPP () Other	
Design FlowEGPD Application RateGPD/ft²	
Size Tank(s) w/Risers and Effluent Filter ST Gal PT SS Gal Nitrification Line (Length/Width/Max Depth)	-,:
(On contour in approved septic area; sch. 40 PVC required over step-downs) Repair System Type: I () II () IV ()V () VI () Description	5
Special Conditions Tree on Hand & Required	
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.	
This permit is valid [] without expiration [] for five years but is subject to revocation if the site altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.	is
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.	
Issued by Environmental Health Specialist	
N.C. Registration Nümber	
Date	



80 East Street P. O. Box 130 Pittsboro, NC 27312-0130

OFFICE USE ONLY Permit No. _____ EHS_ System Type ____

NEW REPAIR EXPANSION An Improvement Permit is issued to	
a acre site located 10 The Hamplens.	foi
in Chatham County. It is specifically issued for the following facility:	
Facility: Residential () Non-Residential ()	
No. Bedrooms No. Residents/Employees	
Type Wastewater: Residential () Commercial ()	
Initial System Type: I () II () III (×) IV () V ()	
Description	
Type System: Shallow Conventional () LPP ()	-
Other	
Design FlowEGPD Application Rate GPD/ft ²	
Size Tank(s) w/Risers and Effluent Filter ST Gal PT Gal	
Nitrification Line (Length/Width/Max Depth) 335 * 2 * 22"	-
(On contour in approved septic area; sch. 40 PVC required over step-downs)	
Repair System Type: I () II () III () IV () VI () Description	
Description	
Special Conditions Prosting Manifeld Required	
	-
A plat with site plan showing specific location of the facility, the site for the proposed wastewater sy existing buildings, property lines, water supplies, surface waters, the conditions for any site modificand any other information required by the department must be attached to be valid.	
This permit is valid [] without expiration [] for five years but is subject to revocation if the altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.	he site is
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction multiple obtained from this department before installation.	ıst be
Issued by <u>The man Ct. Roya</u> R.S. Environmental Health Specialist	
N.C. Registration Number 1353	
- G-20 at	



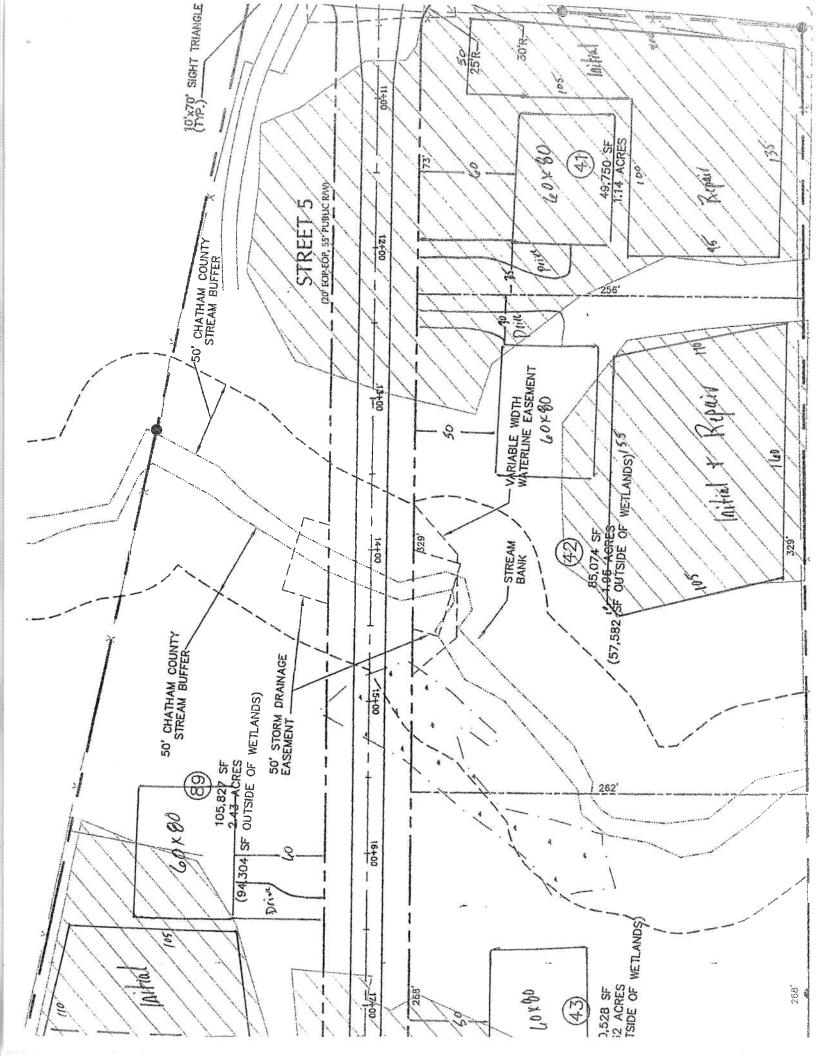
80 East Street P. O. Box 130 Phone (919) 542-8208 Fax (919) 542-8288

TPN	OSE ONLY
Permit No	
Date	*
EHS	
System Type	

Improvement Permit for Wastewater Systems

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES
NEW REPAIR EXPANSION
An Improvement Permit is issued to
aacre site locatedtill Till till till till till till till
in Chatham County. It is specifically issued for the following facility:
Facility: Residential () Non-Residential ()
No. Bedrooms No. Residents/Employees
Type Wastewater: Residential () Commercial ()
Initial System Type: I()II() III() IV()V()
Description
Type System: Shallow Conventional () LPP ()
Other
Design FlowEGPD Application RateGPD/ft ²
Size Tank(s) w/Risers and Effluent Filter STGal PT/355Gal
Nitrification Line (Length/Width/Max Depth) 335 × 2 × 27 × 67 "
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: ()Ⅱ() Ⅲ() Ⅳ()Ⅴ() Ⅵ()
Description
Special Conditions Pressure Mandolo Respect
· · · · · · · · · · · · · · · · · · ·
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by Environmental Health Specialist
Environmental Health Specialist
N.C. Registration Number 1353
Date P. 79. CL

Vame

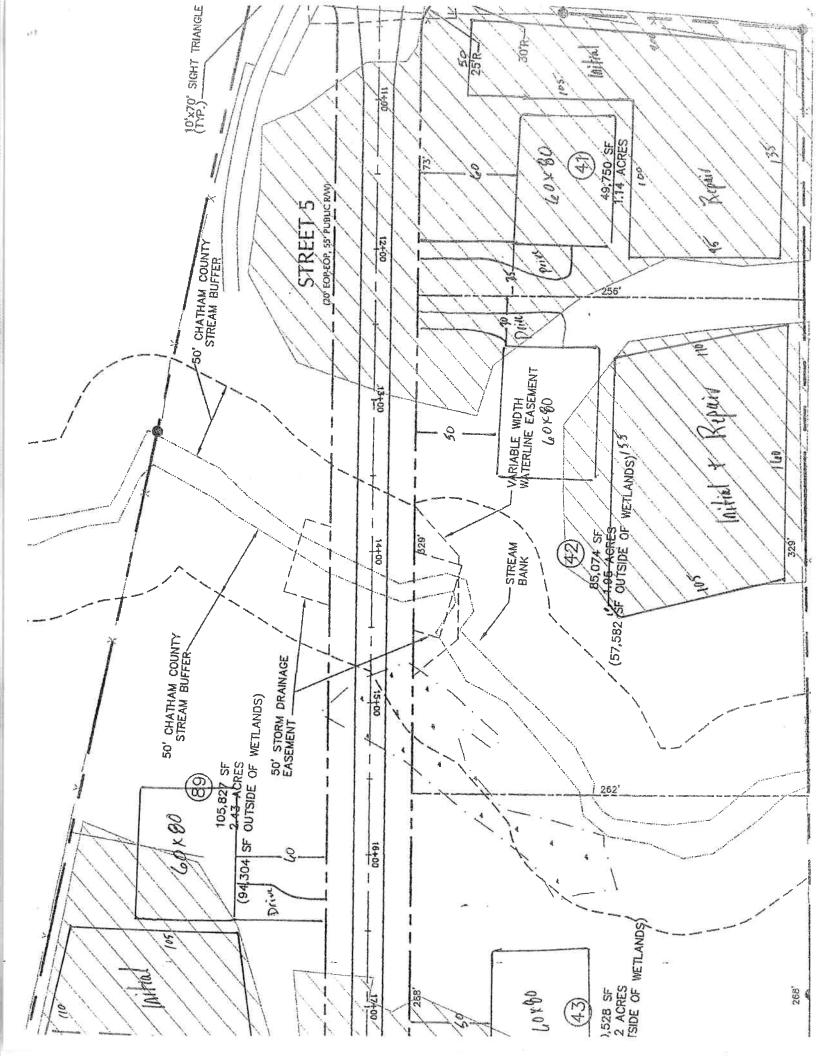


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Phone (919) 542-8208 Fax (919) 542-8288

TPN	USE ONLY
Permit No.	
Date	-
EHS	
System Type	

Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW REPAIR EXPANSION
An Improvement Permit is issued to William Do. for
a/95acre site located1.5 42 76 Hompless .
in Chatham County. It is specifically issued for the following facility:
Facility: Residential () Non-Residential ()
No. Bedrooms No. Residents/Employees
Type Wastewater: Residential (∀) Commercial ()
Initial System Type: $\;$ I ($\;$) $\;$ II ($\;$ $'$) $\;$ IV ($\;$) $\;$ VI ($\;$)
Description
Type System: Shallow Conventional () LPP () Other Ft B
Design Flow EGPD Application Rate GPD/ft ²
Size Tank(s) w/Risers and Effluent Filter STGal PT/25GGal Nitrification Line (Length/Width/Max Depth)
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: () () ()
DescriptionYFBFS
Special Conditions Present Martin Regard
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [[] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by Boyu R.S Environmental Health Specialist
N.C. Registration Number
N.C. Registration Number 1353

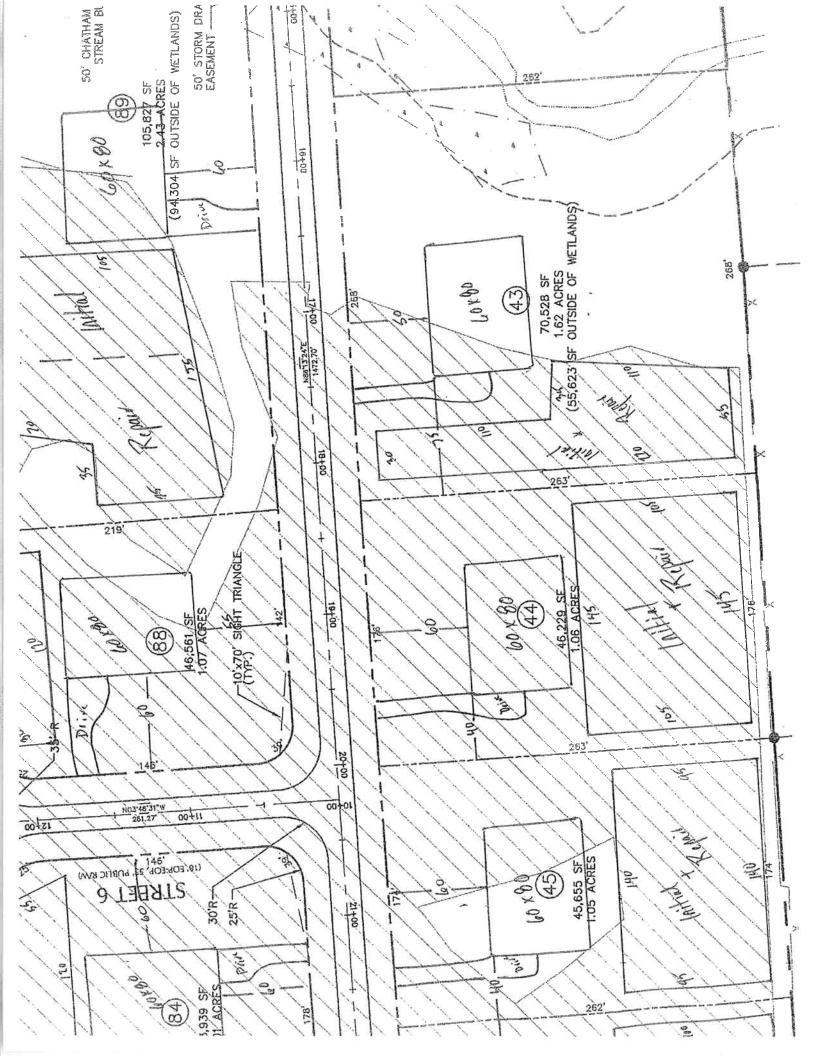


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Phone (919) 542-8208 Fax (919) 542-8288

OFFICE USE ONLY TPN _____ Permit No. _____ Date ____ EHS____ System Type _____

Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

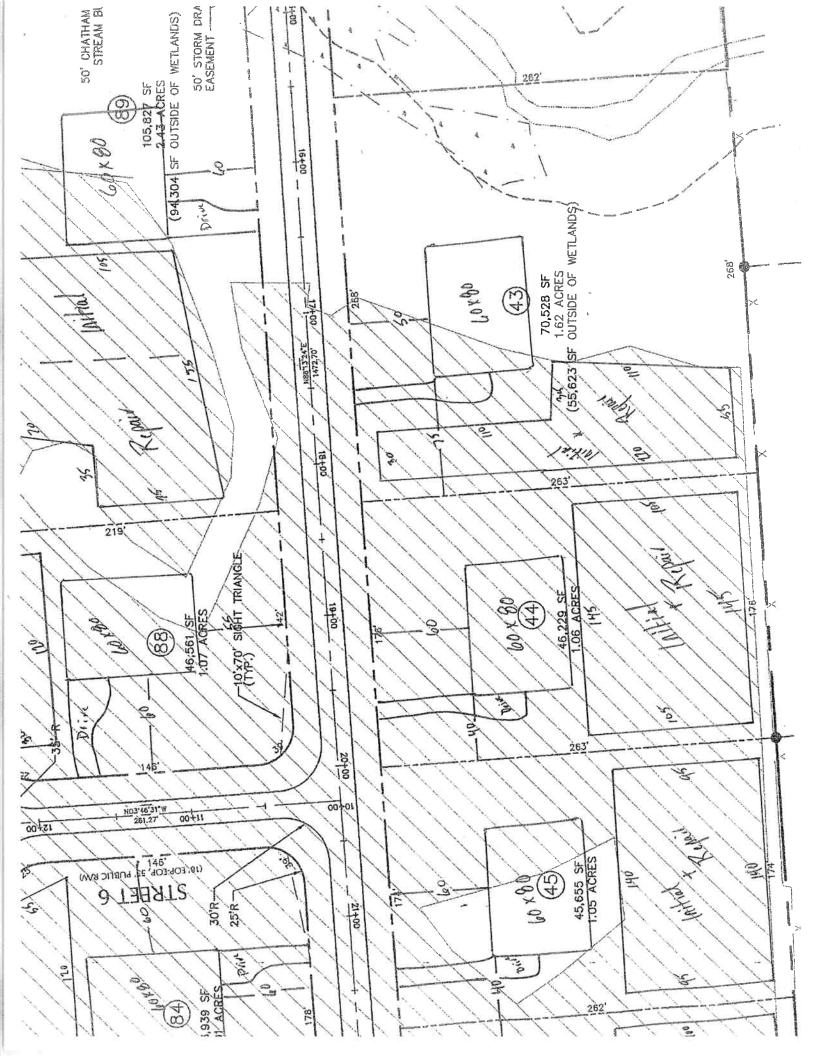
NEW PREPAIR EXPANSION
An Improvement Permit is issued tofo
aacre site located
in Chatham County. It is specifically issued for the following facility:
Facility: Residential (🖟) Non-Residential ()
No. BedroomsNo. Residents/Employees///
Type Wastewater: Residential () Commercial ()
Initial System Type: I() II() III() IV()V()
Description
Type System: Shallow Conventional () LPP ()
Other
Design FlowEGPD Application RateGPD/ft²
Size Tank(s) w/Risers and Effluent Filter ST/_SUGalPT1250Gal
Nitrification Line (Length/Width/Max Depth) 355 x 2 x 3 x 3
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I() II() III() IV()V() VI()
Description
Special Conditions
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by Environmental Health Specialist
N.C. Registration Number
Date 8 - 17-06



80 East Street P. O. Box 130 Pittsboro, NC 27312-0130

OFFICE USE ONLY TPN
Permit No.
Date
EHS
System Type

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES
NEW W REPAIR EXPANSION
An Improvement Permit is issued to
aacre site located
in Chatham County. It is specifically issued for the following facility:
Facility: Residential (🔞) Non-Residential ()
No. BedroomsNo. Residents/Employees/O_M = X
Type Wastewater: Residential (×) Commercial ()
Initial System Type: I() II() III() IV()V() VI()
Description
Type System: Shallow Conventional () LPP ()
Other
Design FlowEGPD Application RateGPD/ft ²
Size Tank(s) w/Risers and Effluent Filter STGal PTGal Gal
Nitrification Line (Length/Width/Max Depth)
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: () II () III () IV () VI ()
Description
Special Conditions Pressure Non-fell Required
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [½] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by Formal Health Specialist
N.C. Registration Number 7353
N.C. Registration Number

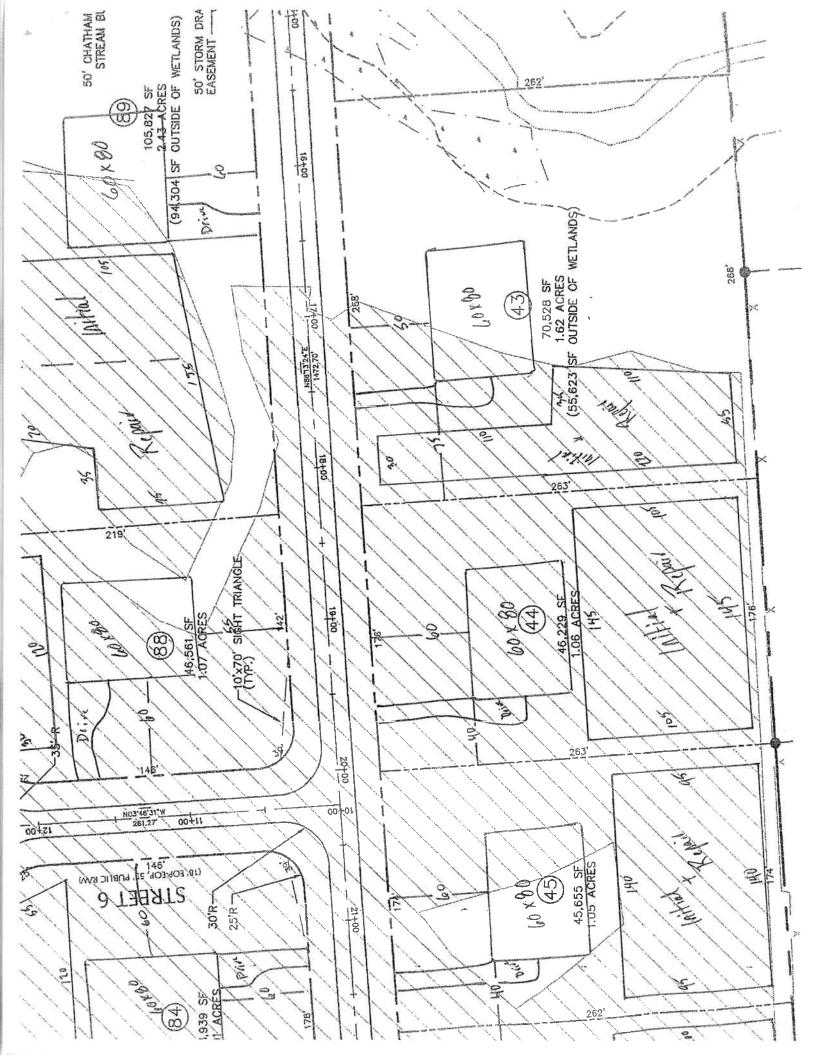


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Phone (919) 542-8208 Fax (919) 542-8288

OFFICE USE ONLY
Permit No.
Date
EHS
System Type

Improvement Permit for Wastewater SystemsARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW REPAIR EXPANSION
An Improvement Permit is issued to
in Chatham County. It is specifically issued for the following facility:
Facility: Residential () Non-Residential ()
No. Bedrooms No. Residents/Employees/
Type Wastewater: Residential () Commercial ()
Initial System Type: 「()Ⅱ() Ⅲ() Ⅳ()Ⅴ() Ⅵ() Description
Type System: Shallow Conventional () LPP () OtherFFEE
Design FlowEGPD Application Rate GPD/ft ²
Size Tank(s) w/Risers and Effluent Filter STGal PTGal Gal
Nitrification Line (Length/Width/Max Depth) 335 x 2 x 27
(On contour in approved septic area; sch. 40 PVC required over step-downs) Repair System Type: I () II () IV ()V () VI () Description
Special Conditions Friser March Regard
· · · · · · · · · · · · · · · · · · ·
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Environmental Health Specialist
N.C. Registration Number
Date 8-29-64



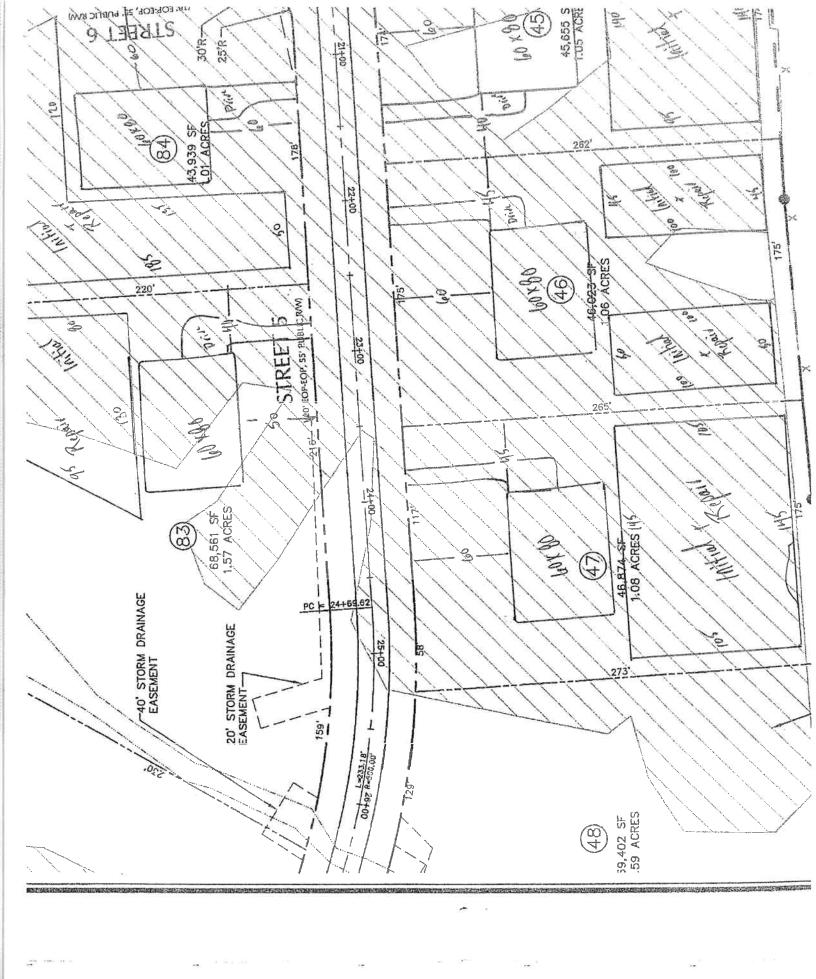
80 East Street P. O. Box 130 Pittsboro, NC 27312-0130
Phone (919) 542-8208 Fax (919) 542-8288

Permit No. _____ Date ____ EHS____ System Type _____

OFFICE USE ONLY

Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW TREPAIR EXPANSION
An Improvement Permit is issued to Windian Dec.
aacre site located
in Chatham County. It is specifically issued for the following facility:
Facility: Residential () Non-Residential ()
No. BedroomsNo. Residents/Employees_/Omax
Type Wastewater: Residential (;) Commercial ()
Initial System Type: I()Ⅱ() Ⅲ(⑴ Ⅳ()Ⅴ() Ⅵ()
Description
Type System: Shallow Conventional () LPP ()
Other
Design FlowEGPD Application RateGPD/ft ²
Size Tank(s) w/Risers and Effluent Filter STGal PTGal Gal
Nitrification Line (Length/Width/Max Depth) 335 x 2 x 2 x 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(On contour in approved septic area; sch. 40 PVC required over step-downs) Repair System Type: I () II () III () IV () V () VI () Description Special Conditions
Special Conditions Freshus Mantely Required
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [$^{\gamma}$] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Environmental Health/Specialist
N.C. Registration Number
Date 8. 24.00

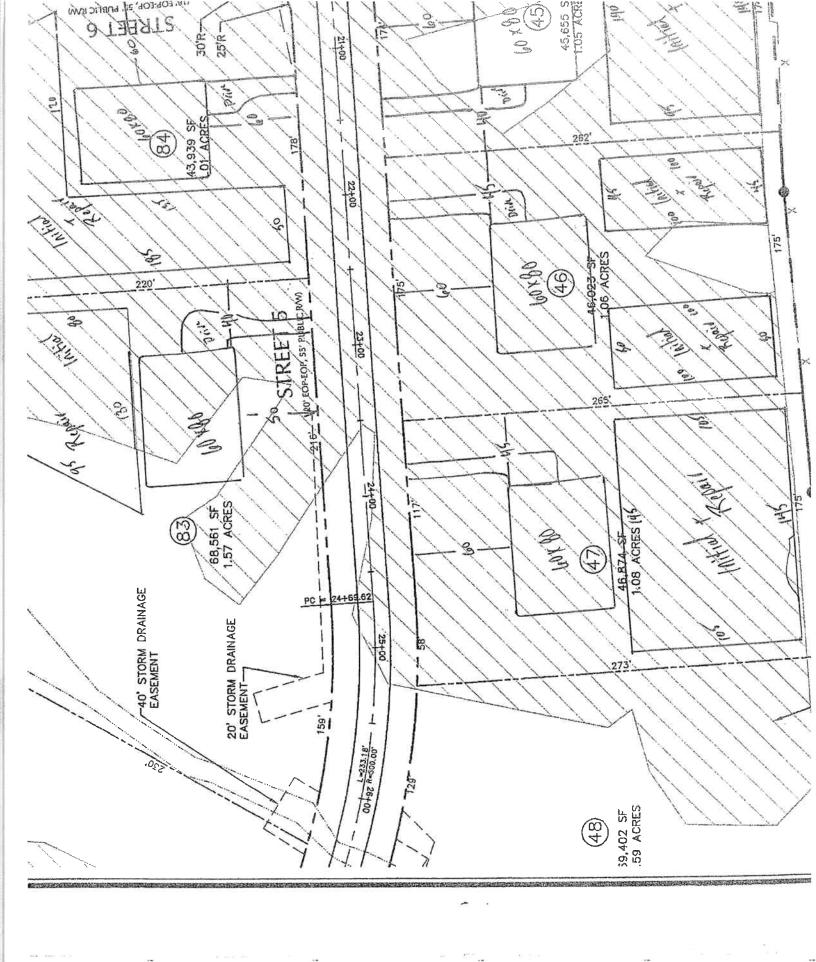


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OFFICE USE ONLY Permit No. ____ Date_ EHS_ System Type __

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES
NEW REPAIR EXPANSION
An Improvement Permit is issued to
aacre site located
in Chatham County. It is specifically issued for the following facility:
Facility: Residential () Non-Residential ()
No. Bedrooms No. Residents/Employees_/bunax_
Type Wastewater: Residential () Commercial ()
Initial System Type: Ⅰ()Ⅱ() Ⅲ(※) Ⅳ()Ⅴ() Ⅵ()
Description
Type System: Shallow Conventional () LPP ()
Other
Design FlowEGPD Application RateGPD/ft ²
Size Tank(s) w/Risers and Effluent Filter STGal PTGal Gal
Nitrification Line (Length/Width/Max Depth) 535 17777

(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I () II () III (*) IV () V () VI ()
Description
Special Conditions Pressur Montale Regard
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by Environmental Health Specialist
N.C. Registration Number
Date

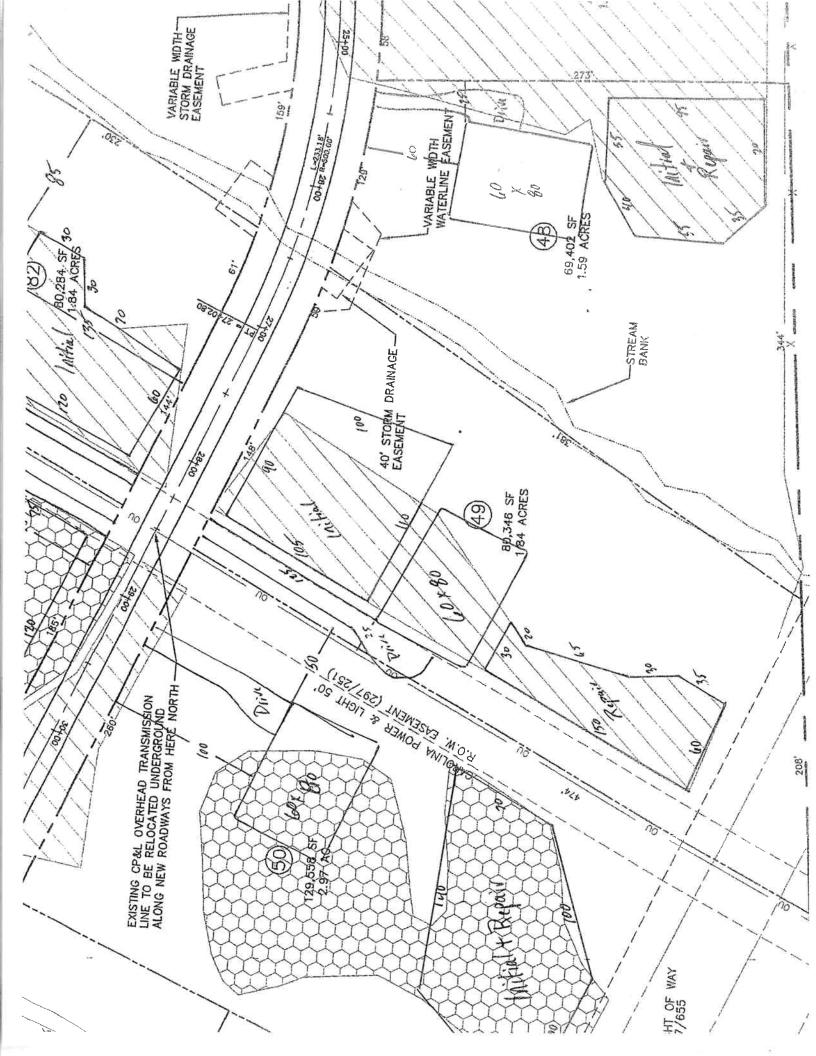


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OFFICE USE ONLY
TPN
Permit No.
Date
EHS
System Type

Improvement Permit for Wastewater Systems

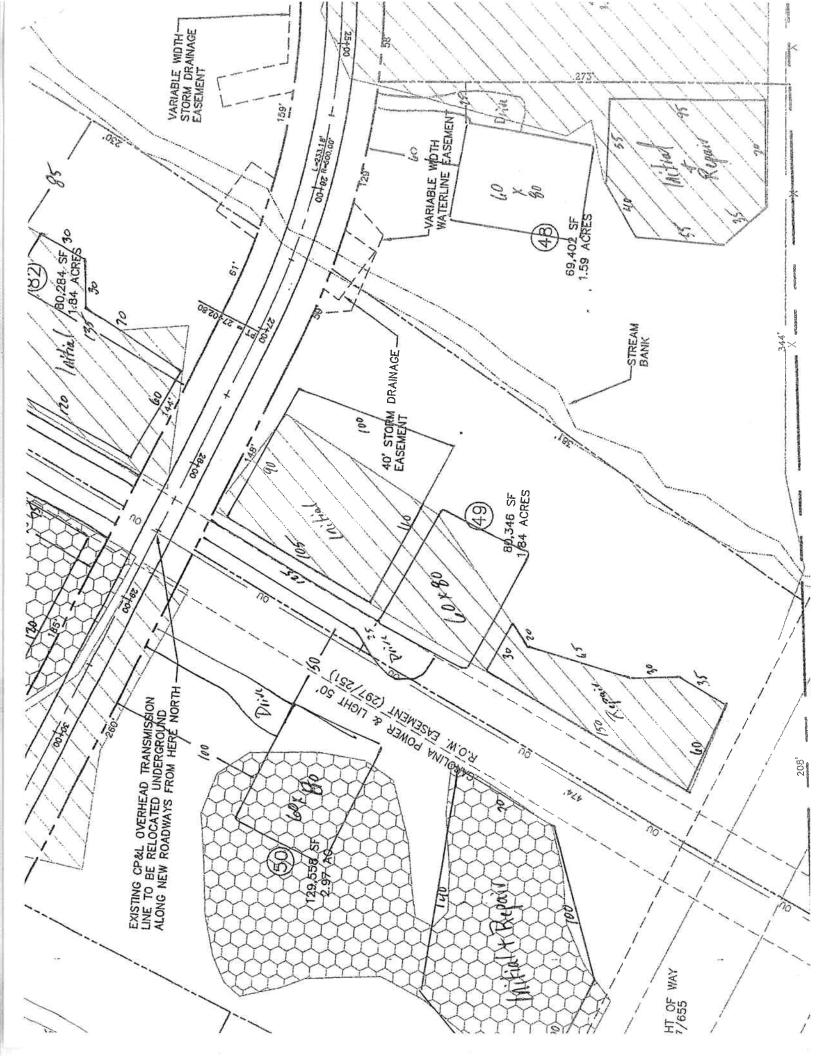
ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES
NEW X REPAIR C EXPANSION C
An Improvement Permit is issued to
aacre site located
in Chatham County. It is specifically issued for the following facility:
Facility: Residential () Non-Residential ()
No. Bedrooms No. Residents/Employees/Owky
Type Wastewater: Residential () Commercial ()
Initial System Type: I() II() III(向) IV()V()
Description
Type System: Shallow Conventional () LPP ()
Other
Design FlowEGPD Application Rate3GPD/ft²
Size Tank(s) w/Risers and Effluent Filter ST(1250Gal PT(1250Gal Nitrification Line (Length/Width/Max Depth)
Nitrification Line (Length/Width/Max Depth)
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I () II () IV ()V () VI ()
Description
Special Conditions Presson Manifela Required
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by Form Bogo 7.5. Environmental Health Specialist
N.C. Registration Number
Date



80 East Street P. O. Box 130 Pittsboro, NC 27312-0130

OFFICE USE ONLY Permit No. EHS_ System Type ___

NEW TREPAIR EXPANSION	
an Improvement Permit is issued to William Dev.	fo
acre site located ht M The Healpton's	
Chatham County. It is specifically issued for the following facility:	
Facility: Residential (\) Non-Residential ()	
No. Bedrooms No. Residents/Employees/O_ALK_V	
Type Wastewater: Residential () Commercial ()	
Initial System Type: I()Ⅱ() Ⅲ(√) Ⅳ()Ⅴ() Ⅵ()	
Description	
Type System: Shallow Conventional () LPP ()	
Other innuatin 2 Chember	
Design FlowEGPD Application RateGPD/ft ²	
Size Tank(s) w/Risers and Effluent Filter STGalPT7250Gal	
Nitrification Line (Length/Width/Max Depth) 670 * 2 * 18 - or high side	
feethand esil care very he needs	
(On contour in approved septic area; sch. 40 PVC required over step-downs)	
Repair System Type: I () II () III () IV ()V () VI ()	
Description No Franchisch	
Special Conditions Freston Newton Kapined	
	_
plat with site plan showing specific location of the facility, the site for the proposed wastewater syste xisting buildings, property lines, water supplies, surface waters, the conditions for any site modification any other information required by the department must be attached to be valid.	
This permit is valid [] without expiration [] for five years but is subject to revocation if the s Itered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.	ite is
HIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be brained from this department before installation	е
btained from this department before installation.	
Issued by Environmental Health Specialist	

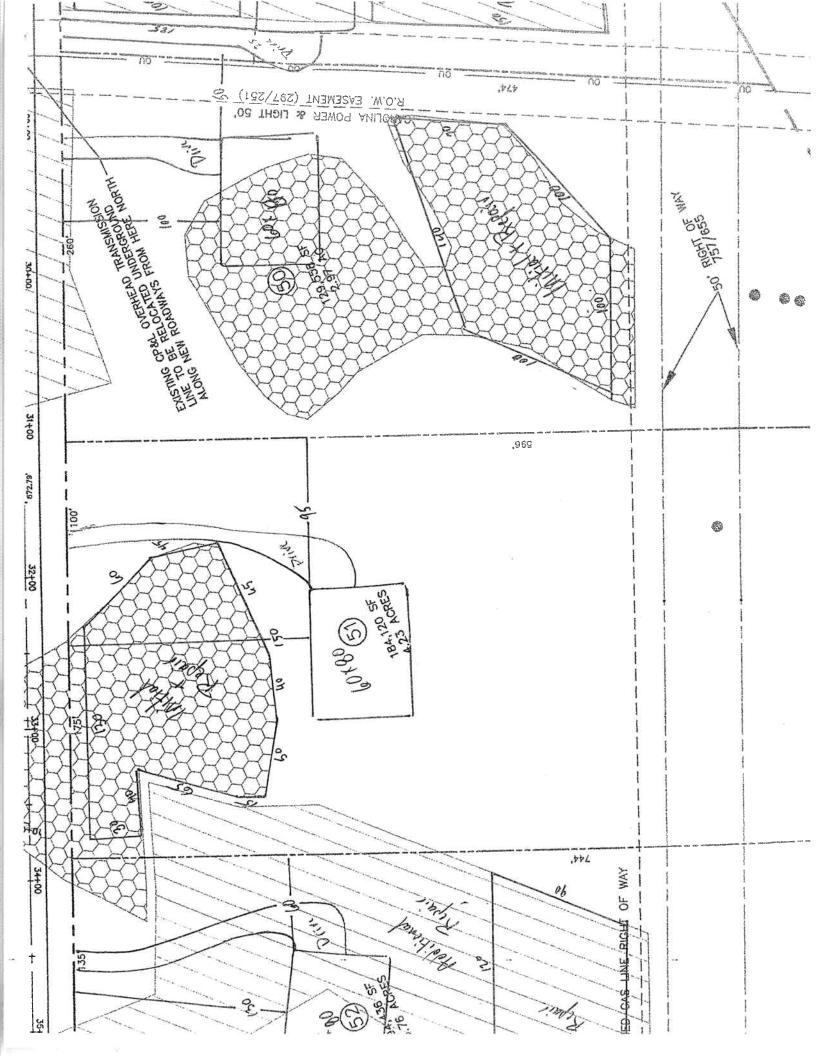


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TPN	
Permit No.	
Date	
EHS	
System Type	

Improvement Permit for Wastewater Systems ARTICLE IL-CHAPTER 130A OF THE NC GENERAL STATUTES

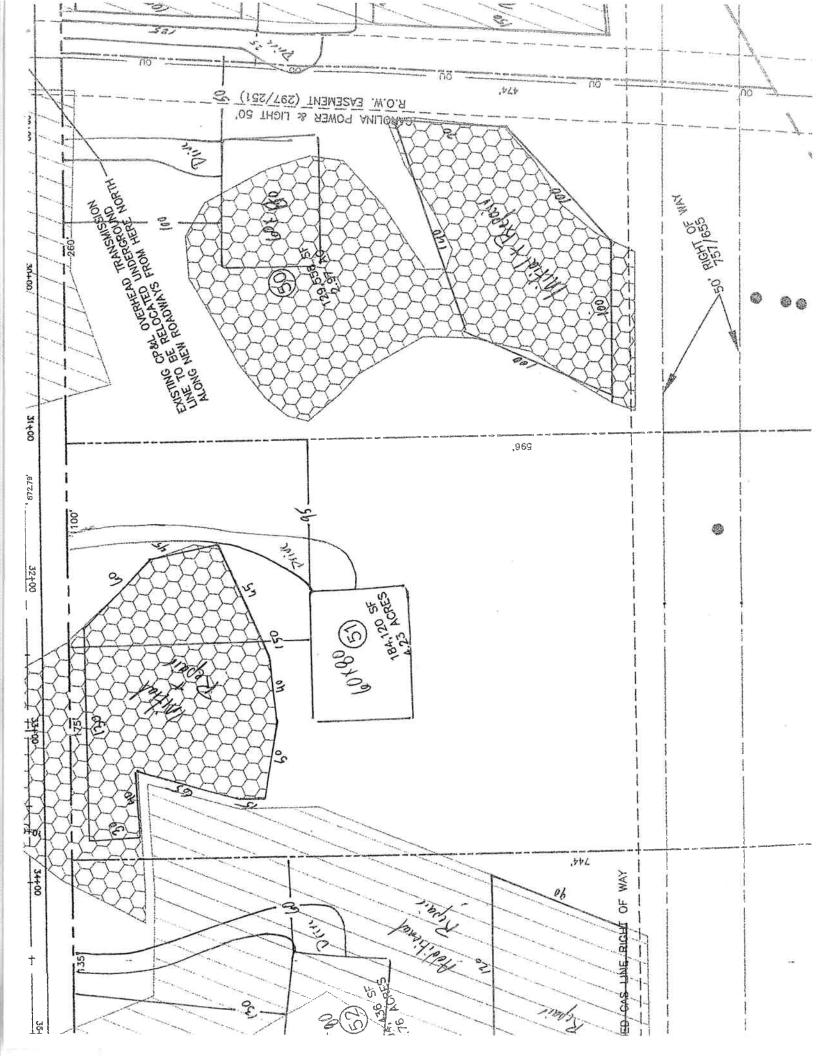
ANTICLE IPOTAL TEN 150A OF THE NO GENERAL STATUTES
NEW TEPAIR EXPANSION
An Improvement Permit is issued to
a 297 acre site located 10150 The Hemptons
in Chatham County. It is specifically issued for the following facility:
Facility: Residential (${}^{rac{1}{2}}$) Non-Residential ()
No. Bedrooms No. Residents/ Employees / <i>D_Max</i>
Type Wastewater: Residential (½) Commercial ()
Initial System Type: $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
Description
Type System: Shallow Conventional () LPP ()
Other Dep No treteatment
Design FlowEGPD Application Rate_ <u>・う</u> GPD/ft²
Size Tank(s) w/Risers and Effluent Filter STGalPTGal — Gal — Ga
Nitrification Line (Length/Width/Max Depth) 3750 × 1" × 6"
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: () () () V () V () VI () Description
Special Conditions Place to be mis by prince or prise on tiled by more feeters
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [[/] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by <u>Borger</u> 75. Environmental Health Specialist
N.C. Registration Number 1353
Date8-29-06



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TPN
Permit No.
Date
EHS
System Type

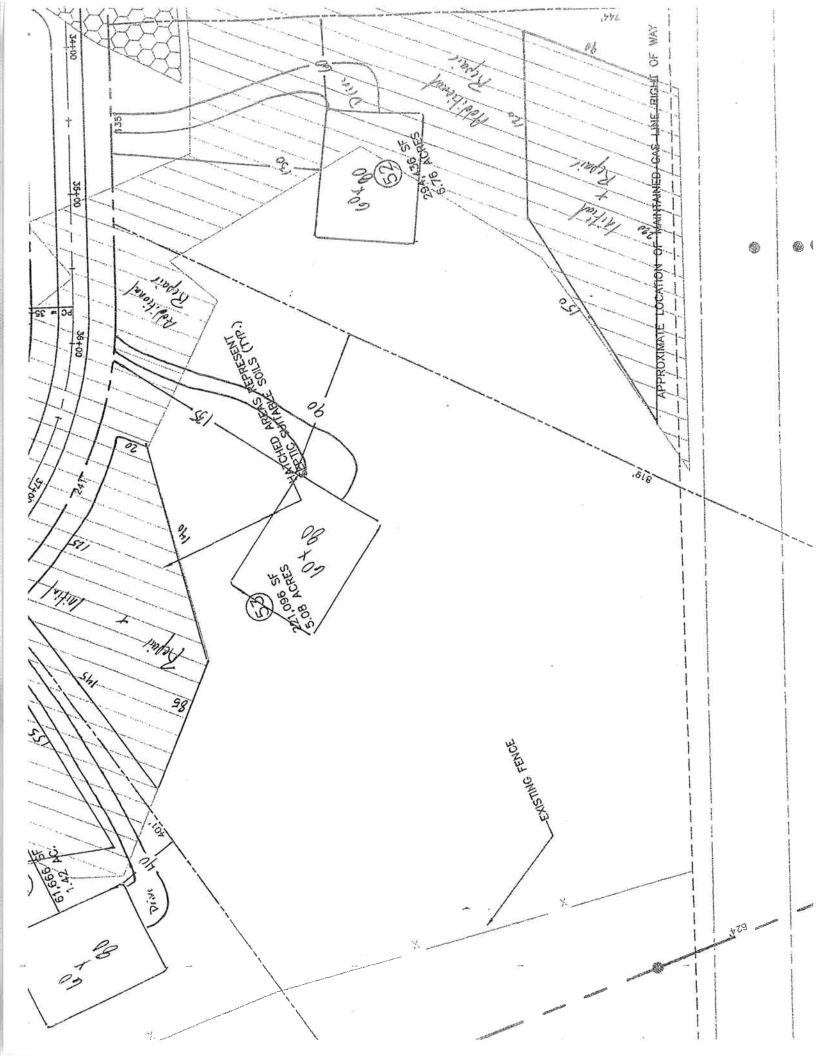
ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES
NEW REPAIR EXPANSION
An Improvement Permit is issued to Will I w Ou
a 11.33 acre site located lot 5/ The Hamples
in Chatham County. It is specifically issued for the following facility:
Facility: Residential (½) Non-Residential ()
No. Bedrooms 5 No. Residents/Employees 10 Max
Type Wastewater: Residential (∀) Commercial ()
Initial System Type: I() II() III() IV()V(丷) VI()
Description
Type System: Shallow Conventional () LPP ()
Other No to
Design FlowEGPD Application RateCEPD/ft²
Size Tank(s) w/Risers and Effluent Filter_ST <u>_/250</u> Gal_PT <u>/250</u> Gal
Nitrification Line (Length/Width/Max Depth)
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I()II() III() IV()V()) VI()
Description No. 11. No. 11. 11. 11. 11. 11. 11. 11. 11. 11. 1
Special Conditions Place to Distant by traject or privar certified by marefactures
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [\(\)] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by <u>Flagge R.S.</u> Environmental Health Specialist
Environmental Health Specialist
N.C. Registration Nümber/3533 =
Date 8-79-06



80 East Street P. O. Box 130 Pittsboro, NC 27312-0130 Phone (919) 542-8208 • Fax (919) 542-8288

TPN	
Permit No	
Date	
EHS	
System Type	

ARTICLE 11-CHAPTER 130A OF THE NC GENERAL STATUTES
NEW TREPAIR EXPANSION
An Improvement Permit is issued to
aacre site located
in Chatham County. It is specifically issued for the following facility:
Facility: Residential (½) Non-Residential ()
No. Bedrooms No. Residents/Employees
Type Wastewater: Residential (人) Commercial ()
Initial System Type: I() II() III() IV()V() VI()
Description
Type System: Shallow Conventional () LPP ()
Other tung to hear to 20% Reduction -
Design Flow
Size Tank(s) w/Risers and Effluent Filter ST_ <u>{1250</u> Gal_PT_ <u>1750</u> Gal
Nitrification Line (Length/Width/Max Depth) 570 63 40
- 1 tour count our exploration
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: () I () IV () V () VI ()
Description to the Accepted 15% K-dustion
Special Conditions Freezest Markilly Kappeth
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Environmental Health Specialist
N.C. Registration Number
Date

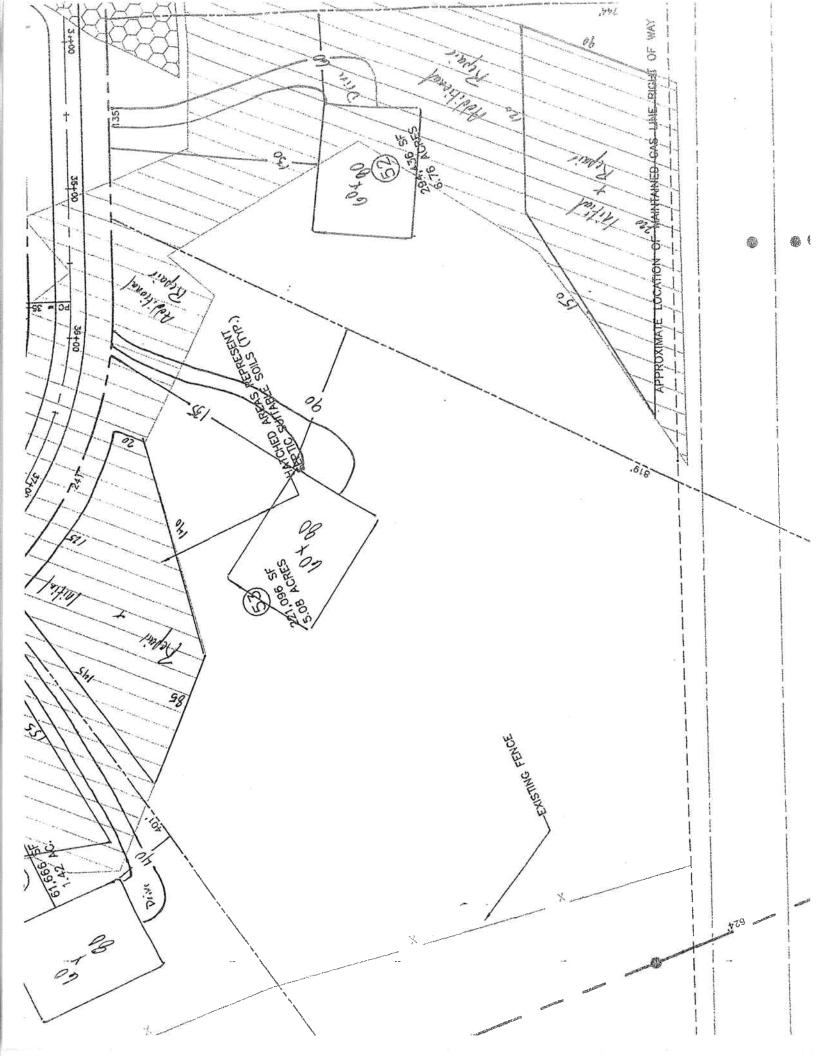


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TPN	
Permit No	
Date	
EHS	
System Type	

Improvement Permit for Wastewater Systems

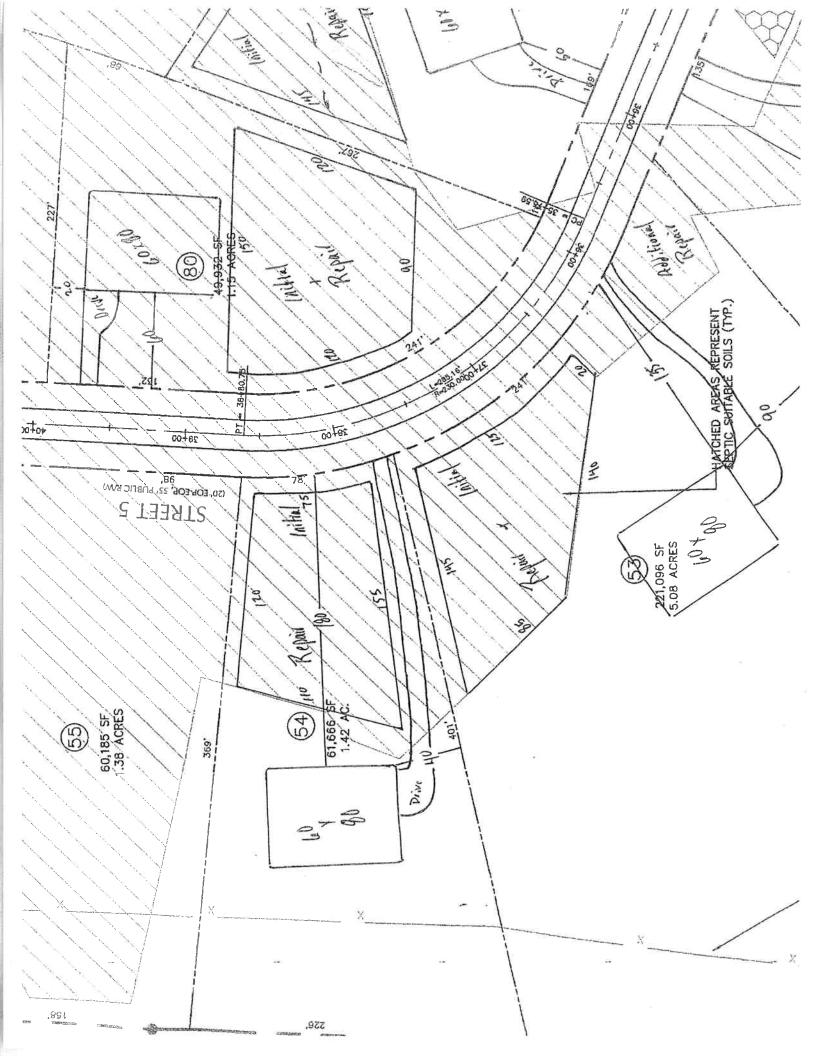
ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES
NEW 🖾 REPAIR 🗆 EXPANSION 🗖
An Improvement Permit is issued to # Improvement for the formation of the
a see acre site located by 63 7 kg Hell Mars
in Chatham County. It is specifically issued for the following facility:
Facility: Residential () Non-Residential ()
No. BedroomsNo. Residents/Employees/// Area
Type Wastewater: Residential () Commercial ()
Initial System Type: I() II() III(〈() IV() V() VI()
Description
Type System: Shallow Conventional () LPP ()
OtherFFBF5
Design FlowEGPD Application RateGPD/ft²
Size Tank(s) w/Risers and Effluent Filter ST/750Gal PT/250Gal
Nitrification Line (Length/Width/Max Depth) 335 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I () II () III () IV () V ()
Description Fing to berylo 5 to Reduction
Special Conditions Pressure Pressured Legisland
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [[[]] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by Environmental Health Specialist
N.C. Registration Number
Date



80 East Street P. O. Box 130 Pittsboro, NC 27312-0130

OFFICE USE ONLY TPN Permit No. ____ Date EHS System Type ___

An Improvement Permit is issued to	fc
dere site located 4121 471 471 471 471 471 471 471 471 471 47	
in Chatham County. It is specifically issued for the following facility:	
Facility: Residential (½) Non-Residential ()	
No. Bedrooms No. Residents/Employees / Ορια ζ	
Type Wastewater: Residential () Commercial ()	
Initial System Type: I () II () III (⋉) IV () V () VI ()	
Description	
Type System: Shallow Conventional () LPP ()	
Other	2
Design FlowEGPD Application RateGPD/	'ft²
Size Tank(s) w/Risers and Effluent Filter ST/ 750_Gal PT/ 750_Gal	
Nitrification Line (Length/Width/Max Depth) 335 × 3 × 22"	
(On contour in approved septic area; sch. 40 PVC required over step-downs)	
Repair System Type: I () II () III () IV () V () VI ()	
Repair System Type: I () II () III () IV () V () VI ()	
Repair System Type: () () () V ()V () VI () Description From to Hought 25% Reduction	
Repair System Type: () () () V ()V () VI () Description Famy to Accepted 25% Reduction	te modifications;
Repair System Type: () () ()	te modifications;
Repair System Type: () () () V () V () V () VI () Description	te modifications;
Repair System Type: () () () ()	te modifications;
Repair System Type: () () () () () () () () () () () () () () () () (te modifications;

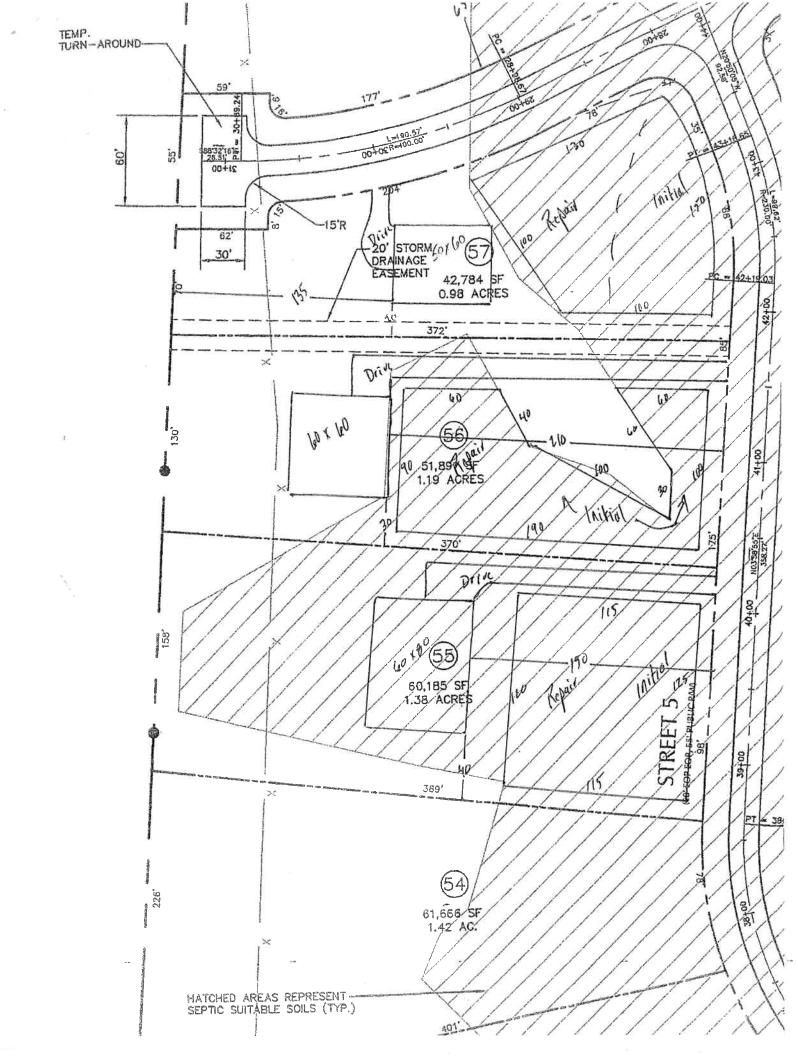


80 East Street P. O. Box 130 Pittsboro, NC 27312-0130
Phone (919) 542-8208 Fax (919) 542-8288

OFFICE USE ONLY TPN ____ Permit No. ____ Date ____ EHS___ System Type ____

Improvement Permit for Wastewater Systems

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES
NEW REPAIR EXPANSION
An Improvement Permit is issued to
a acre site located in 55 1/2 Household.
in Chatham County. It is specifically issued for the following facility:
Facility: Residential () Non-Residential ()
No. Bedrooms No. Residents/Employees
Type Wastewater: Residential () Commercial ()
Initial System Type: $I()$ $II()$ $III(X)$ $IV()$ $V()$
Description
Type System: Shallow Conventional () LPP () Other
Design FlowEGPD Application RateGPD/ft²
Size Tank(s) w/Risers and Effluent Filter STGal PTGal
Nitrification Line (Length/Width/Max Depth) 335 x 2 x 27
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I () II () III () IV () VI ()
Description Acres 25% Reducine
Special Conditions Frequency Parity Figures
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [$\sqrt{\ }$ for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by Environmental Health Specialist
N.C. Registration Number
But 9- 30-16



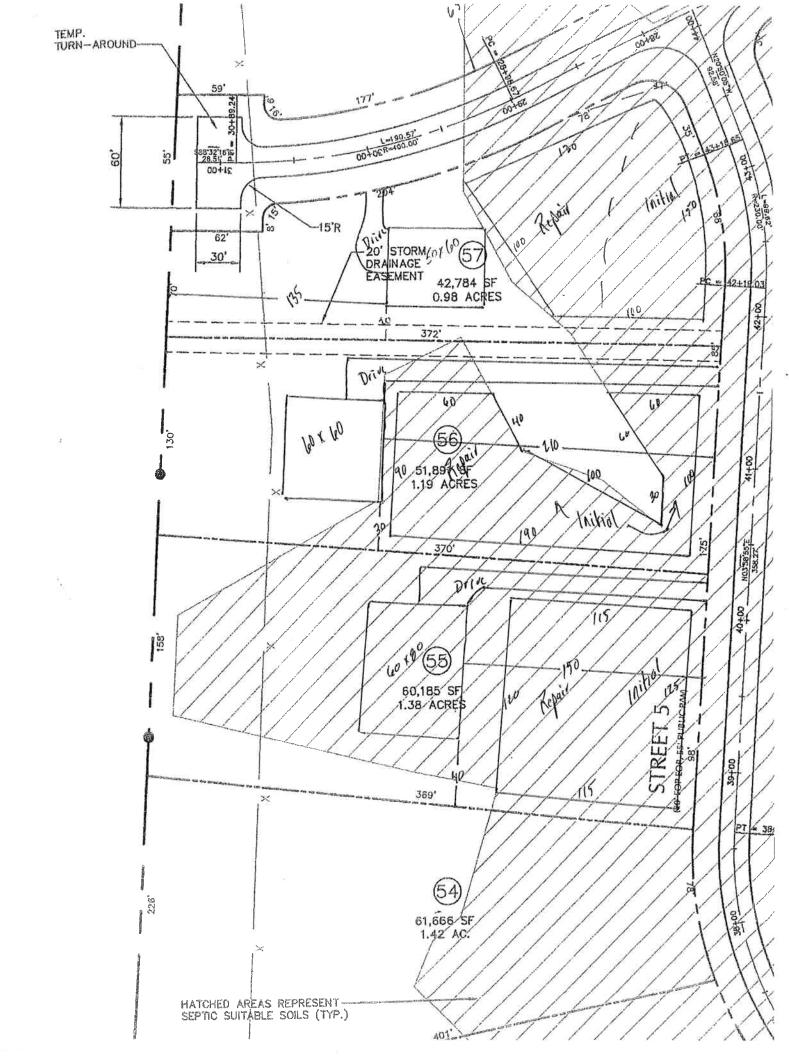
80 East Street P. O. Box 130 Pittsboro, NC 27312-0130
Phone (919) 542-8208 Fax (919) 542-8288

TPN
Permit No
Date
EHS
System Type

Improvement Permit for Wastewater Systems

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW REPAIR EXPANSION
An Improvement Permit is issued to
aacre site located
in Chatham County.' It is specifically issued for the following facility:
Facility: Residential (😾) Non-Residential ()
No. Bedrooms No. Residents/Employees/Cmax
Type Wastewater: Residential (∀) Commercial ()
Initial System Type: I () II () III () IV () V () VI ()
Description
Type System: Shallow Conventional () LPP () Other
Design FlowEGPD Application RateGPD/ft²
Size Tank(s) w/Risers and Effluent Filter STGal PTGal Nitrification Line (Length/Width/Max Depth)
Nitrification Line (Length/Width/Max Depth)
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I () II () III () IV () V ()
Special Conditions Trees to the Required Required
Special Conditions
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by <u>Howar Carbon A.S.</u> Environmental Health Specialist
N.C. Registration Number
Date8-19-06

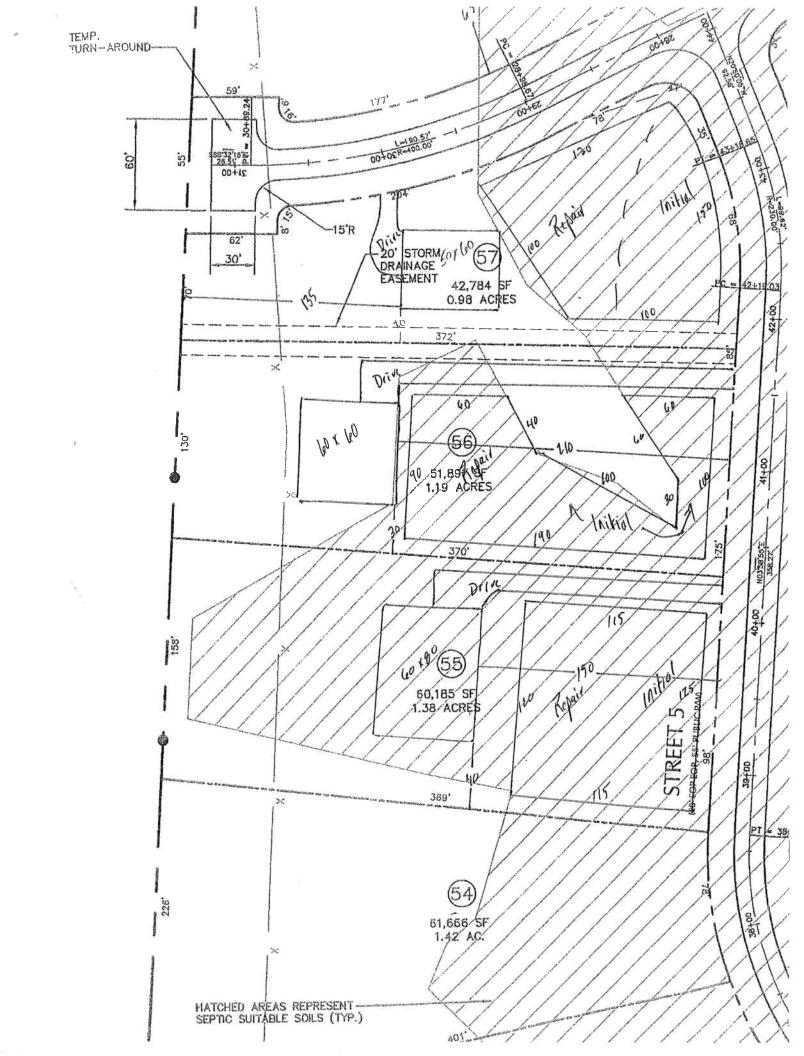


80 East Street P. O. Box 130 Pittsboro, NC 27312-0130

OFFICE USE ONLY TPN Permit No. Date _____ EHS____ System Type _____

Improvement Permit for Wastewater Systems

	ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES	
	NEW 🖾 REPAIR 🗆 EXPANSION 🗖	
	An Improvement Permit is issued to	fc
	a 90 acre site located 1157 7/2 Hamptons .	
	in Chatham County. It is specifically issued for the following facility:	
	Facility: Residential (/ Non-Residential ()	
	No. Bedrooms 5 No. Residents/Employees 10 Max	
	Type Wastewater: Residential () Commercial ()	
	Initial System Type: () II() III(() IV()V() VI()	
	Description	ą.
	Type System: Shallow Conventional () LPP ()	
	OtherFF5	
	Design FlowEGPD Application Rate3GPD/ft²	
	Size Tank(s) w/Risers and Effluent Filter STGalPT/250Gal	
	Nitrification Line (Length/Width/Max Depth) 335 v 2 v 27	
		-
	(On contour in approved septic area; sch. 40 PVC required over step-downs)	
	Repair System Type: I()II() III(扩) IV()V() VI()	
	Special Conditions Research Horles Required	ē
	Special Conditions Pressure Montale Required	_
		_
	A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications and any other information required by the department must be attached to be valid.	
	This permit is valid [] without expiration [] for five years but is subject to revocation if the site altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.	is
	THIS IS NOT AUTHORIZATION TO INSTALL . An authorization for Wastewater Construction must be obtained from this department before installation.	
9	Issued by <u>From as C. Boyce</u> 7.5. Environmental Health Specialist	
	N.C. Registration Number	
	N.C. Registration Number	

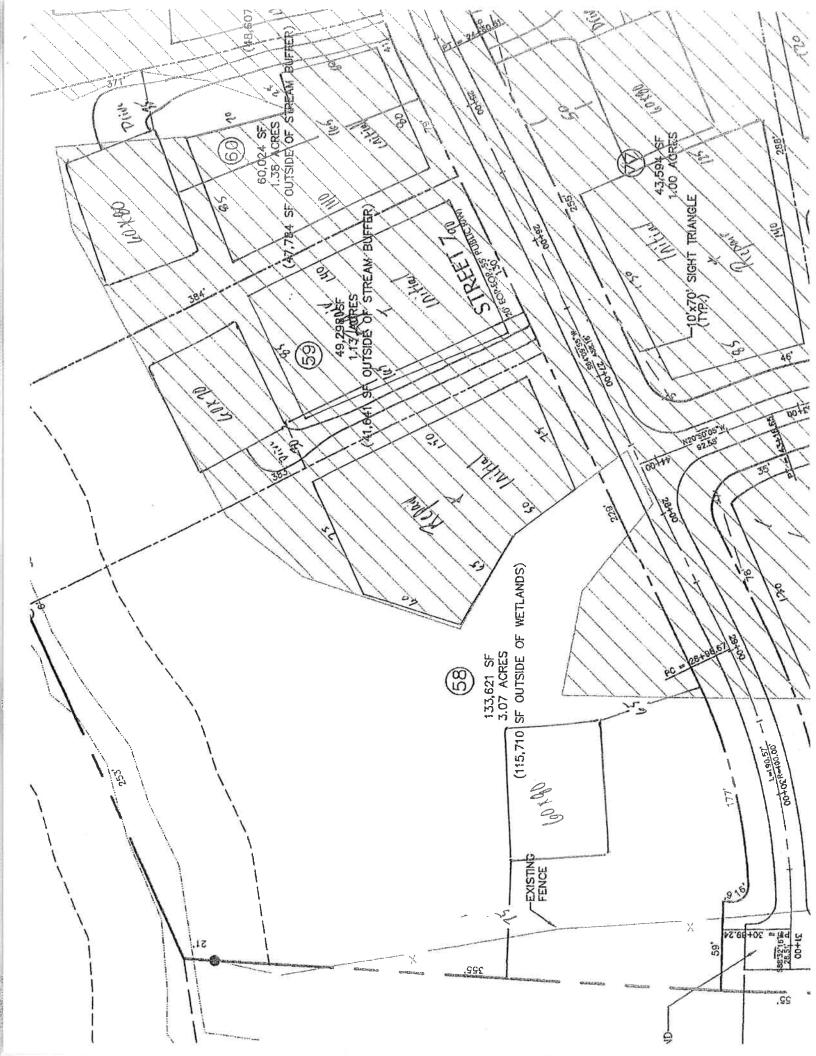


80 East Street P. O. Box 130 Pittsboro, NC 27312-0130 Phone (919) 542-8208 Fax (919) 542-8288

OFFICE USE ONLY TPN Permit No. Date EHS System Type ____

Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

	NEW TREPAIR TEXPANSION TEXT	
	An Improvement Permit is issued to	for
	a 200 acre site located let 58 The Hearthurs	—
	in Chatham County. It is specifically issued for the following facility:	
	Facility: Residential (🔫) Non-Residential ()	
	No. Bedrooms No. Residents/Employees // MAY	
	Type Wastewater: Residential (∀) Commercial ()	
	Initial System Type: Ⅰ()Ⅱ() Ⅲ(﴿) Ⅳ()Ⅴ() Ⅵ()	
	Description	
	Type System: Shallow Conventional () LPP () Other	
	Design Flow	
	Size Tank(s) w/Risers and Effluent Filter ST	
	(On contour in approved septic area; sch. 40 PVC required over step-downs)	
	Repair System Type: I()II() III() IV()V() VI()	
	DescriptionPFBBS	
	Special Conditions Progue Marketo Required	
	A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.	
	This permit is valid [] without expiration [🗓 for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.	is
	THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.	
90	Issued by Environmental Health Specialist	
	N.C. Registration Number	
	N.C. Registration Number 1353	



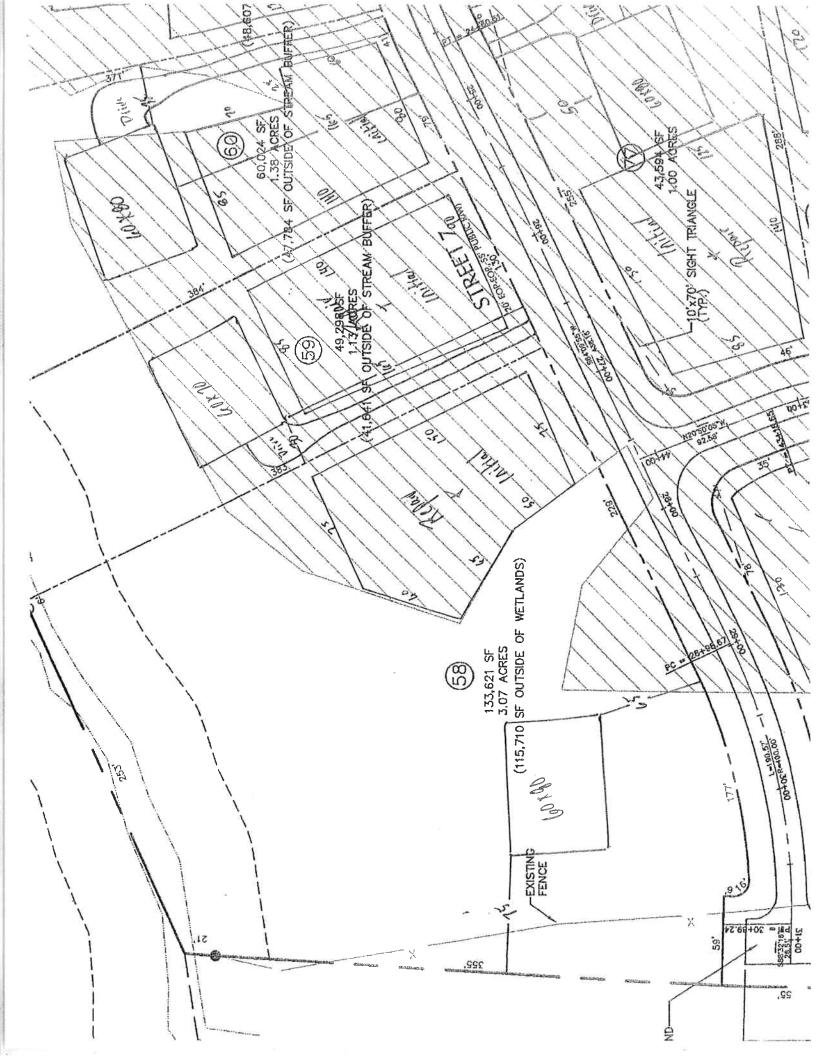
80 East Street P. O. Box 130 Pittsboro, NC 27312-0130
Phone (919) 542-8208 Fax (919) 542-8288

Permit No. _____ Date ____ EHS____ System Type

OFFICE USE ONLY

Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW REPAIR EXPANSION
An Improvement Permit is issued tofor
aacre site located
in Chatham County. It is specifically issued for the following facility:
Facility: Residential () Non-Residential ()
No. Bedrooms No. Residents/Employees_/watay
Type Wastewater: Residential () Commercial ()
Ínitial System Type: I() II(※) III(※) IV()V() VI()
Description
Type System: Shallow Conventional () LPP ()
Other
Design FlowEGPD Application RateGPD/ft ²
Size Tank(s) w/Risers and Effluent Filter STGal PT/250Gal
Nitrification Line (Length/Width/Max Depth) 335 477 477
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I()II() III() IV()V() VI()
Special Conditions Trees
Special Conditions Trees Handley required
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [\lor] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by Environmental Health Specialist
Environmental Health Specialist
N.C. Registration Number 1353
0-20-21



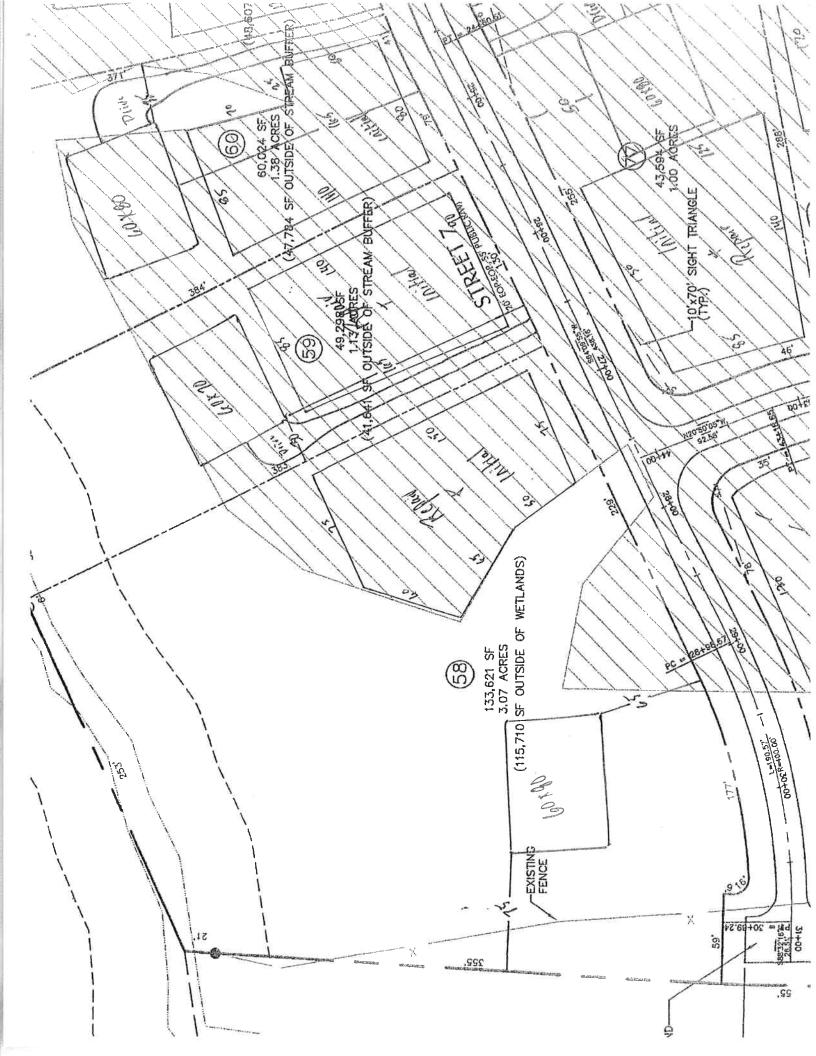
80 East Street P. O. Box 130 Pittsboro, NC 27312-0130
Phone (919) 542-8208 Fax (919) 542-8288

OFFICE USE ONLY TPN _____ Permit No. _____ Date ____ EHS ____ System Type _____

Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

An Improvement Pern	it is issued to Windian Dev.
1.38	acre site located Lat 60 The Hamplins .
	is specifically issued for the following facility:
Facility: Reside	ntial (室) Non-Residential ()
No. Bedrooms	No. Residents/Employees / Come &
Type Wastewater:	Residential () Commercial ()
	Shallow Conventional () LPP ()
Design Flow	600 EGPD Application Rate 3 GPD/ft²
Nitrification Line (Lo	ength/Width/Max Depth) 335 71 71
	oved septic area; sch. 40 PVC required over step-downs)
Repair System Typ	e: I() II() III(\) IV()V()
Repair System Typ	
Repair System Typ Description Special Conditions A plat with site plan shexisting buildings, projection	e: I() II() III(\) IV()V()
Repair System Typ Description Special Conditions A plat with site plan shexisting buildings, propand any other informations permit is valid [altered, soil disturbed,	owing specific location of the facility, the site for the proposed wastewater system, perty lines, water supplies, surface waters, the conditions for any site modifications;
Repair System Typ Description Special Conditions A plat with site plan shexisting buildings, propand any other information for the lattered, soil disturbed, the Improvement Performance of the Improvement Performanc	owing specific location of the facility, the site for the proposed wastewater system, perty lines, water supplies, surface waters, the conditions for any site modifications; ion required by the department must be attached to be valid.] without expiration [] for five years but is subject to revocation if the site is set-backs violated, or the plans of intended use are changed. In the site is set-backs violated. An authorization for Wastewater Construction must be artment before installation.
Repair System Typ Description Special Conditions A plat with site plan shexisting buildings, propand any other information for the lattered, soil disturbed, the Improvement Performance of the Improvement Performanc	owing specific location of the facility, the site for the proposed wastewater system, perty lines, water supplies, surface waters, the conditions for any site modifications; ion required by the department must be attached to be valid.] without expiration [] for five years but is subject to revocation if the site is set-backs violated, or the plans of intended use are changed. In the site is set-backs violated. An authorization for Wastewater Construction must be artment before installation.
Repair System Typ Description Special Conditions A plat with site plan shexisting buildings, propand any other information for the lattered, soil disturbed, the Improvement Performance of the Improvement Performanc	owing specific location of the facility, the site for the proposed wastewater system, perty lines, water supplies, surface waters, the conditions for any site modifications; ion required by the department must be attached to be valid.] without expiration [\cappa] for five years but is subject to revocation if the site is set-backs violated, or the plans of intended use are changed. Init shall not be affected by change in ownership. RIZATION TO INSTALL. An authorization for Wastewater Construction must be

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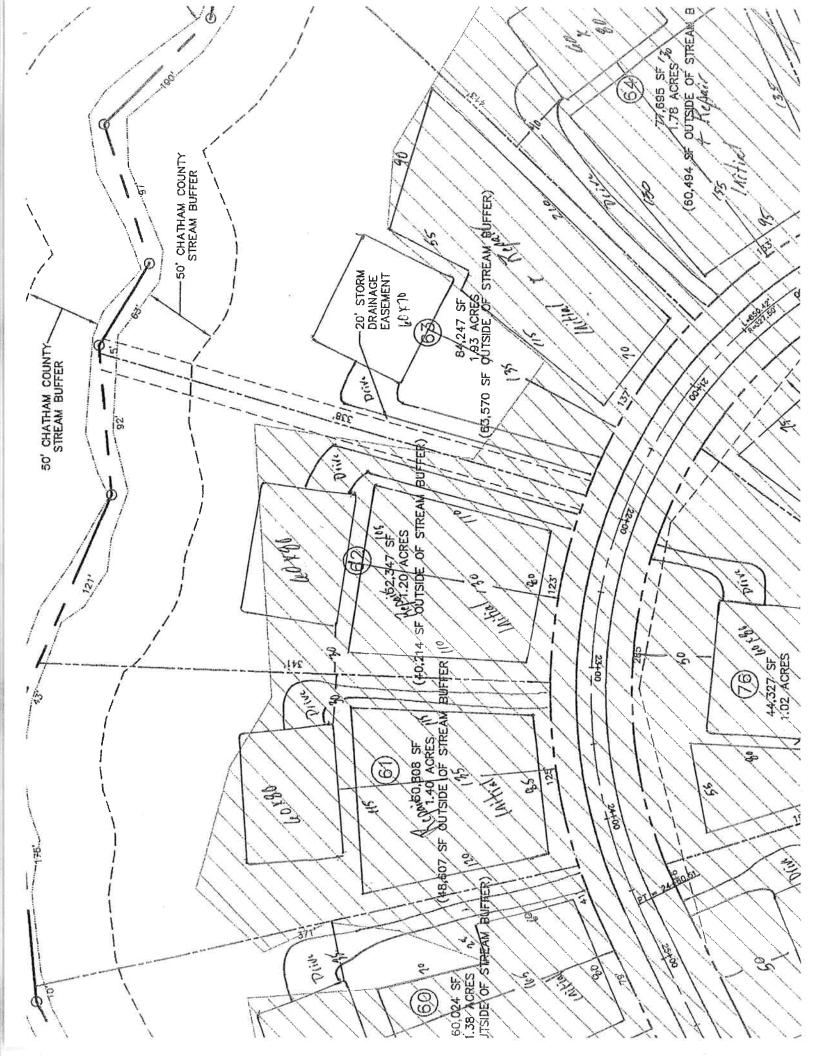


80 East Street P. O. Box 130 Phone (919) 542-8208 Fax (919) 542-8288

OFFICE USE ONLY TPN _____ Permit No. _____ Date ____ EHS ____ System Type ____

Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW REPAIR EXPANSION	
An Improvement Permit is issued to United to Dec	f
a / 1/6 acre site located 1 to 1 The Hamplans .	
in Chatham County. It is specifically issued for the following facility:	
Facility: Residential () Non-Residential ()	
No. Bedrooms No. Residents/Employees_/O_Max	
Type Wastewater: Residential (🖓) Commercial ()	
Initial System Type: $I()$ $II()$ $III($ $^{\times}$ $)$ $IV()$ $V()$ $VI()$	
Description	
Type System: Shallow Conventional () LPP ()	
Other	
Design FlowGPD/ft ²	
Size Tank(s) w/Risers and Effluent Filter ST/150GalPT/50Gal	
Nitrification Line (Length/Width/Max Depth)	
(On contour in approved septic area; sch. 40 PVC required over step-downs)	
Repair System Type: I () II () IV ()V () VI ()	
Description	
Special Conditions	0.000
A plat with site plan showing specific location of the facility, the site for the proposed wastewater syst existing buildings, property lines, water supplies, surface waters, the conditions for any site modification and any other information required by the department must be attached to be valid.	
This permit is valid [] without expiration [] for five years but is subject to revocation if the altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.	site is
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must obtained from this department before installation.	be
Issued by Formerital Health Specialist	
N.C. Registration Number 1959	
Date 9-29-06	



80 East Street P. O. Box 130 Pittsboro, NC 27312-0130

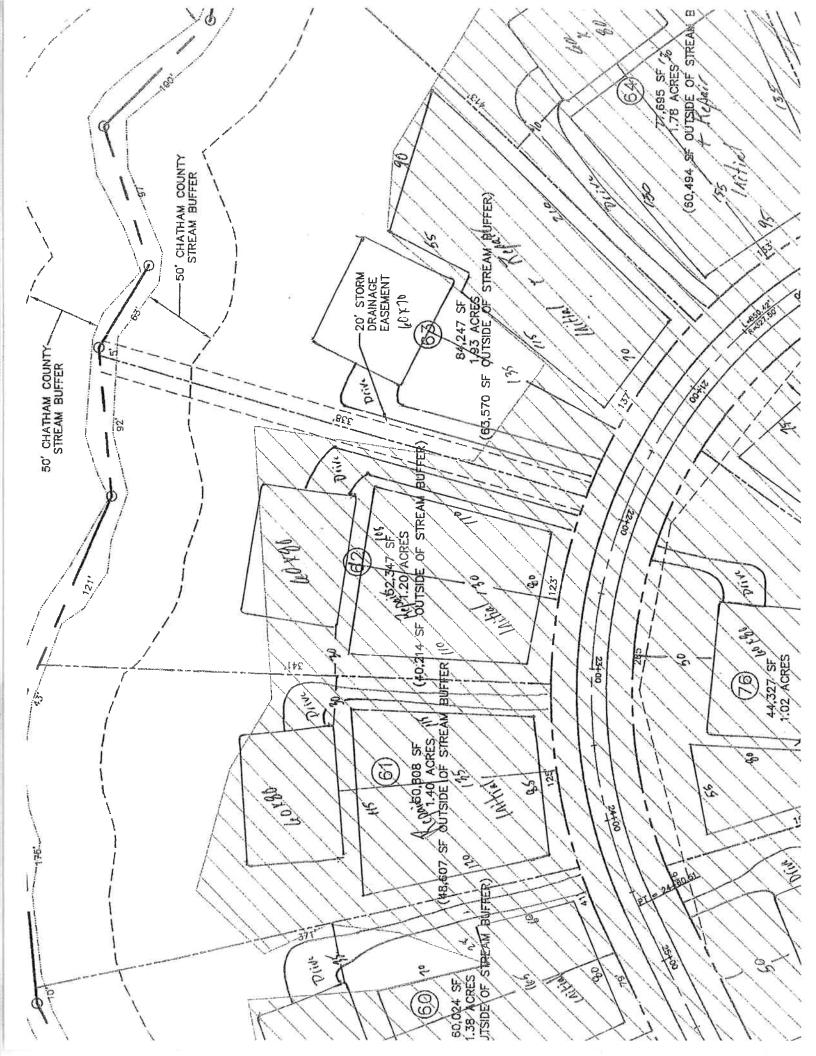
OFFICE USE ONLY TPN_ Permit No. Date __ EHS_ System Type _____

Improvement Permit for Wastewater Systems

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES
NEW TREPAIR EXPANSION
An Improvement Permit is issued to
a 170 acre site located 101 107 The Hamptons.
in Chatham County. It is specifically issued for the following facility:
Facility: Residential () Non-Residential ()
No. Bedrooms No. Residents/Emptoyees// Max
Type Wastewater: Residential () Commercial ()
Initial System Type: I () III () IV () V () VI ()
Description
Type System: Shallow Conventional () LPP ()
Other
Design FlowEGPD Application RateGPD/ft²
Size Tank(s) w/Risers and Effluent Filter ST <u>/150</u> Gal PT <u>/250</u> Gal
Nitrification Line (Length/Width/Max Depth) <u>るさがままずれ</u>
(On contour in approved septic area; sch. 40 PVC required over step-downs) Repair System Type: I () II () IV () V () VI () Description
Special Conditions Pressure Merchal Required
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by Environmental Health Specialist
N.C. Registration Number
N.C. Registration Number

Name

911 Address_



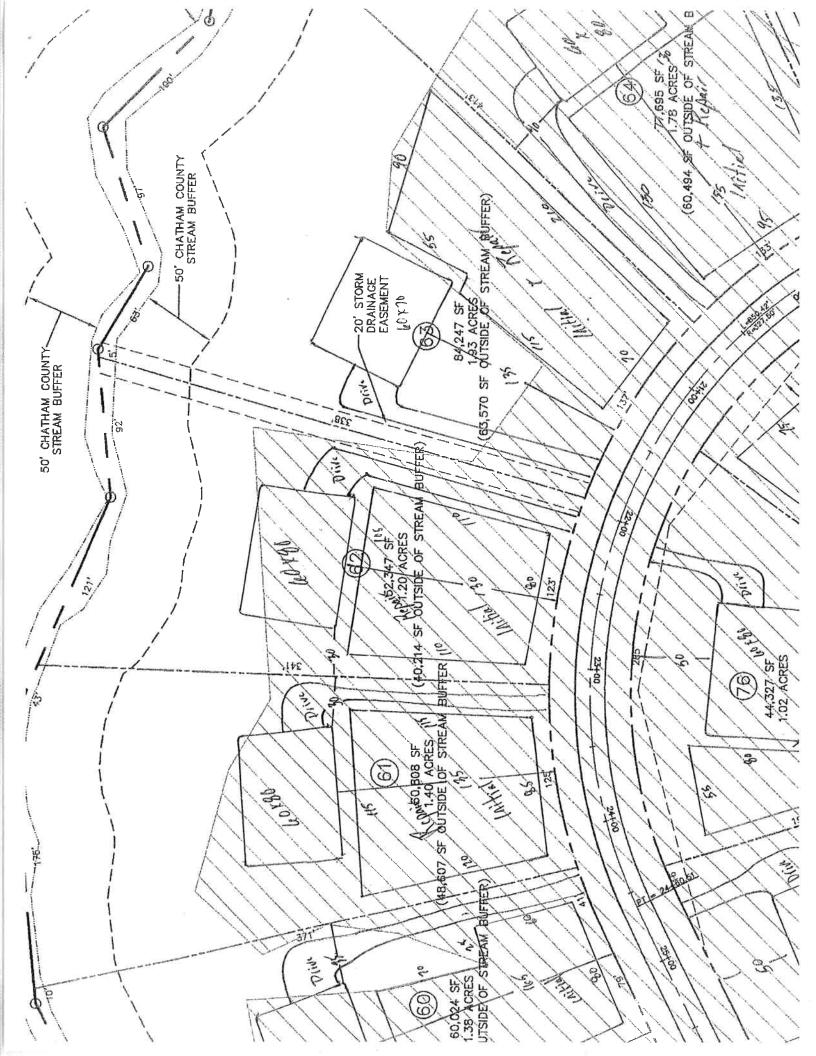
80 East Street P. O. Box 130 Phone (919) 542-8208 Fax (919) 542-8288

OFFICE USE ONLY
TPN
Permit No.
Date
EHS
System Type

Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW REPAIR EXPANSION	
An Improvement Permit is issued to	for
a1.73 acre site located1.t	
in Chatham County. It is specifically issued for the following facility:	
Facility: Residential () Non-Residential ()	
No. Bedrooms No. Residents/Employees	
Type Wastewater: Residential (>) Commercial ()	
Initial System Type: I () II () III () IV () V () VI ()	
Description	
Type System: Shallow Conventional () LPP ()	
Other Hamp to Accepted 18 to Benerline	
Design FlowEGPD Application RateGPD/ft ²	
Size Tank(s) w/Risers and Effluent Filter STGal PT/250Gal	
Nitrification Line (Length/Width/Max Depth)	
(On contour in approved septic area; sch. 40 PVC required over step-downs)	
Repair System Type: I () II () IV () V () VI ()	
Description Register Register Block Reduction	
Special Conditions Tressure Maribola Required	
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system,	8
existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.	
This permit is valid [] without expiration [$\sqrt[k]$] for five years but is subject to revocation if the site i altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.	s
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.	
Issued byEnvironmental Health Specialist	
N.C. Registration Number	
N.C. Registration Number 135 3 Date 8-79-06	

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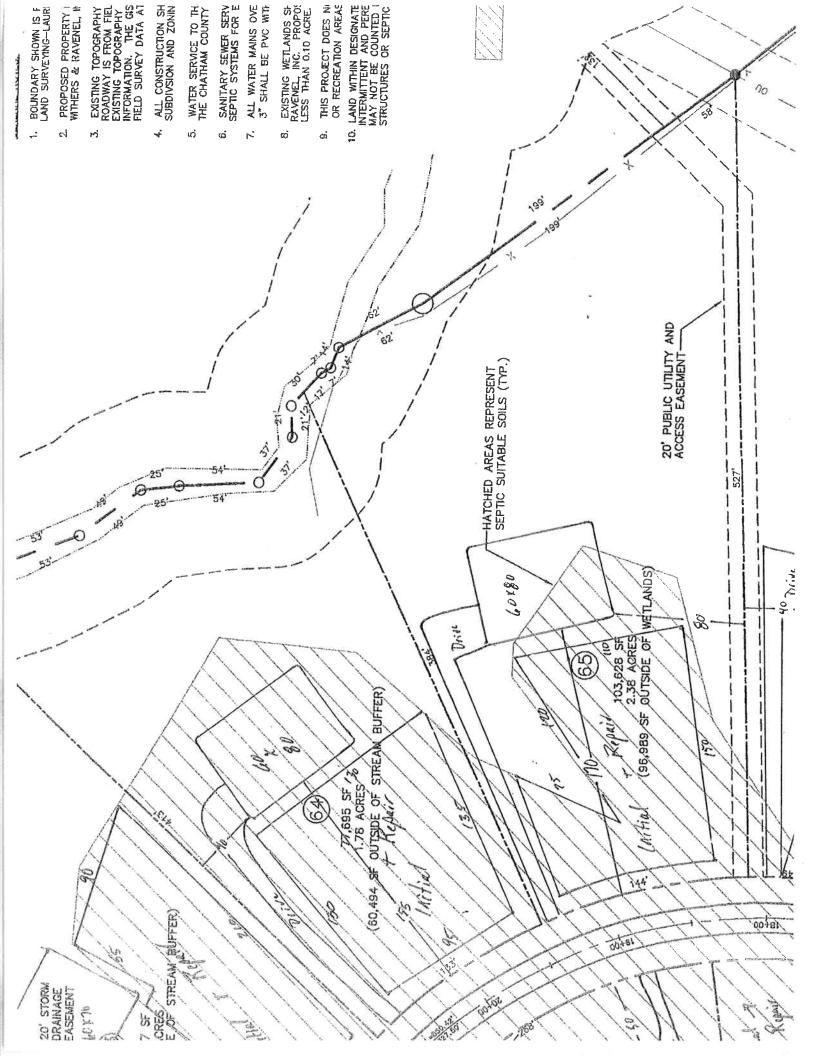
80 East Street P. O. Box 130 Pittsboro, NC 27312-0130
Phone (919) 542-8208 Fax (919) 542-8288

OFFICE USE ONLY TPN _____ Permit No. _____ Date _____ EHS _____ System Type _____

Improvement Permit for Wastewater SystemsARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW TREPAIR EXPANSION	
An Improvement Permit is issued to	f
aacre site locatedfot by 7 h. // // // // // // // // // // // // //	
in Chatham County. It is specifically issued for the following facility:	
Facility: Residential (🗹) Non-Residential ()	
No. BedroomsNo. Residents/Employees/O_N/a_v_	
Type Wastewater: Residential (\) Commercial ()	
Initial System Type: I() II() III() IV()V() VI()	
Description	
Type System: Shallow Conventional () LPP ()	
Other 1 Kny to 18cepts 18th Reduction	
Design Flow	
Size Tank(s) w/Risers and Effluent Filter STGalPTGalGal	
Nitrification Line (Length/Width/Max Depth)	_
(On contour in approved septic area; sch. 40 PVC required over step-downs) Repair System Type: () ()	_
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system existing buildings, property lines, water supplies, surface waters, the conditions for any site modification and any other information required by the department must be attached to be valid.	— า, ıs;
This permit is valid [] without expiration [[]] for five years but is subject to revocation if the sit altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.	e is
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.	!
Issued by The Town 1 The Test Town The Specialist	
N.C. Registration Number	
Date 9-19-016	

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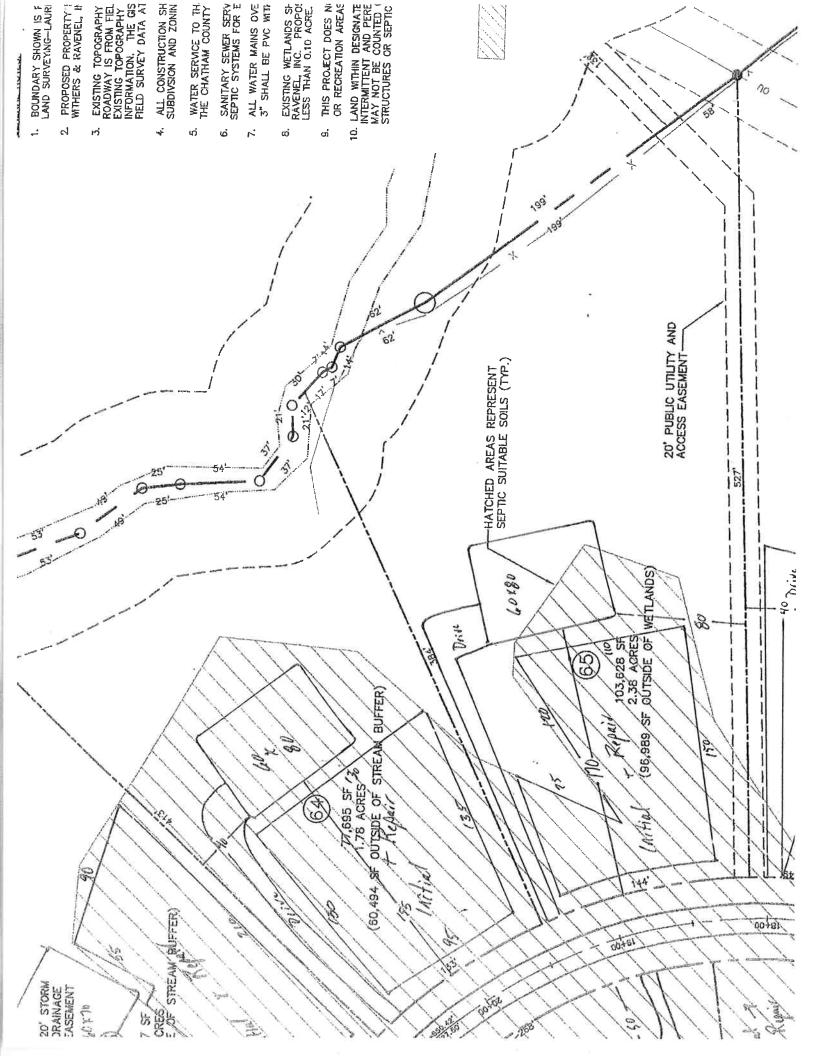


80 East Street P. O. Box 130 Pittsboro, NC 27312-0130

OFFICE USE ONLY TPN Permit No. Date _____ System Type____

Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW REPAIR EXPANSION
An Improvement Permit is issued to
a 2.38 acre site located 101 65 The Hampford
in Chatham County. It is specifically issued for the following facility:
Facility: Residential (Y) Non-Residential ()
No. Bedrooms 5 No. Residents/Employees / Oracing
Type Wastewater: Residential (⁽⁻⁾) Commercial ()
Initial System Type: I() II() III(√) IV()V() VI() Description
Type System: Shallow Conventional () LPP () Other
Design FlowEGPD Application RateGPD/ft²
Size Tank(s) w/Risers and Effluent Filter ST Y S S Gal PT X S S Gal
Nitrification Line (Length/Width/Max Depth)
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I()II() III() IV()V()
Description
Special Conditions Pressure Henricolo Kennied
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [[] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Environmental Health Specialist
N.C. Registration Number/353



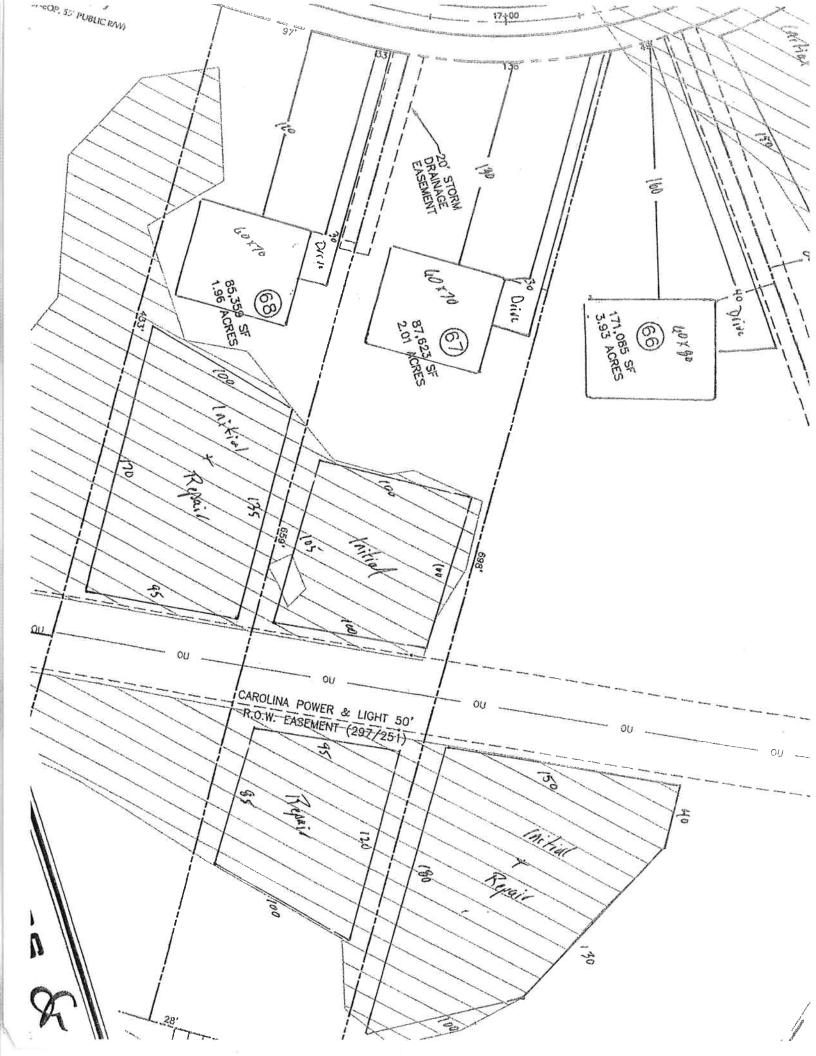
80 East Street P. O. Box 130 Pittsboro, NC 27312-0130
Phone (919) 542-8208 Fax (919) 542-8288

TPN	
Permit No	
Date	-
EHS	
System Type	*

Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW REPAIR EXPANSION
An Improvement Permit is issued to Wishing Day.
a 399 acre site located let ble The Sumptons
in Chatham County. It is specifically issued for the following facility:
Facility: Residential (⅓) Non-Residential ()
No. Bedrooms No. Residents/Employees_/UNIXV
Type Wastewater: Residential (½) Commercial ()
Initial System Type: Ⅰ()Ⅱ() Ⅲ(▽) Ⅳ()Ⅴ() Ⅵ()
Description
Type System: Shallow Conventional () LPP () OtherOther
Design FlowEGPD Application RateGPD/ft ² Size Tank(s) w/Risers and Effluent Filter ST 1/50 Gal PT 1/250 Gal
Nitrification Line (Length/Width/Max Depth) 253 × 7 × 7 × 7 × 7 × 7 × 7 × 7 × 7 × 7 ×
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I () II () III () IV ()V () VI ()
DescriptionPPRPS
Special Conditions Persone Manifeld Required
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [//] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by Environmental Health Specialist
N.C. Registration Number
N.C. Registration Number

Namo



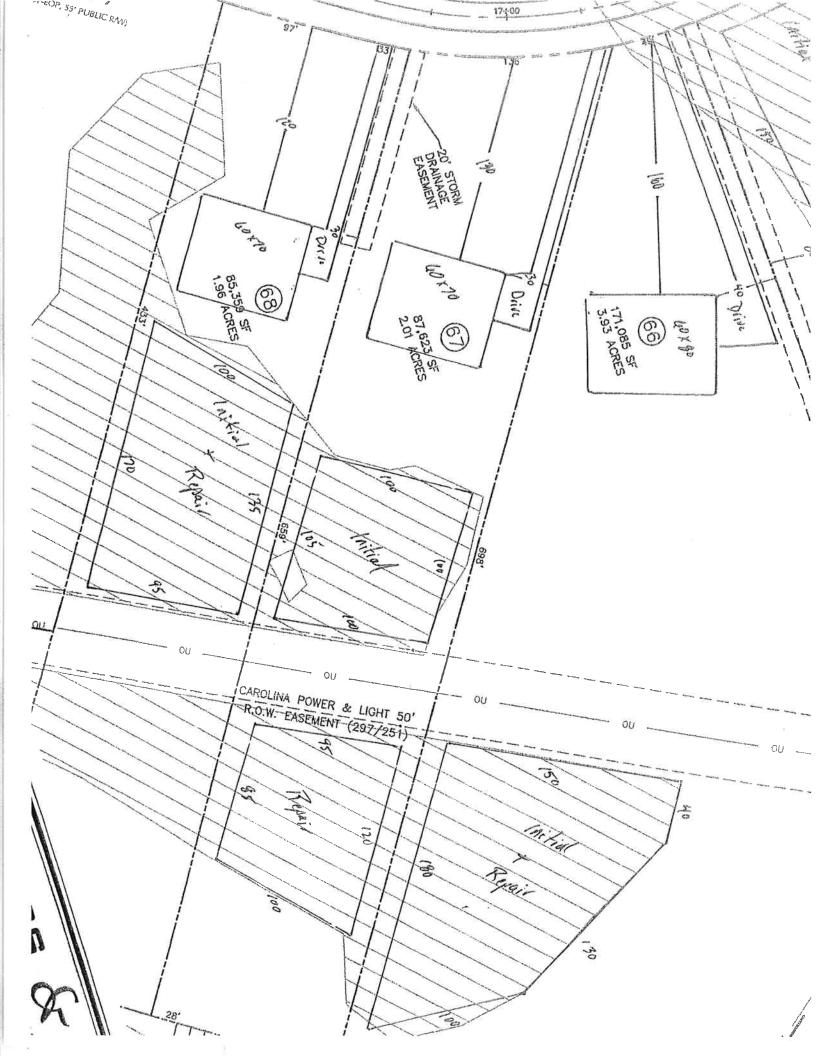
80 East Street P. O. Box 130 Pittsboro, NC 27312-0130 Phone (919) 542-8208 Fax (919) 542-8288

OFFICE USE ONLY TPN Permit No. _____ EHS System Type ____

Improvement Permit for Wastewater Systems

ARTICLE IL-CHAPTER 130A OF THE NC GENERAL STATUTES

ANTIGEE II OTHE PER TOOK OF THE NO SERVENCE OTATOTES
NEW 🖸 REPAIR 🗆 EXPANSION 🗖
An Improvement Permit is issued to
a 201 acre site located by 67 The Hemptons.
in Chatham County. It is specifically issued for the following facility:
Facility: Residential () Non-Residential ()
No. Bedrooms No. Residents/Employees/Corres
Type Wastewater: Residential () Commercial ()
Initial System Type: I () II () III () IV () V () VI () Description
Type System: Shallow Conventional () LPP () Other
Design FlowEGPD Application Rate GPD/ft ²
Size Tank(s) w/Risers and Effluent Filter ST_/250Gal_PT/250Gal
Nitrification Line (Length/Width/Max Depth)
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I () II () III () IV ()V () VI () Description
Special Conditions Pressur Winds Report
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [/] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Environmental Health/Specialist
N.C. Registration Number
Date

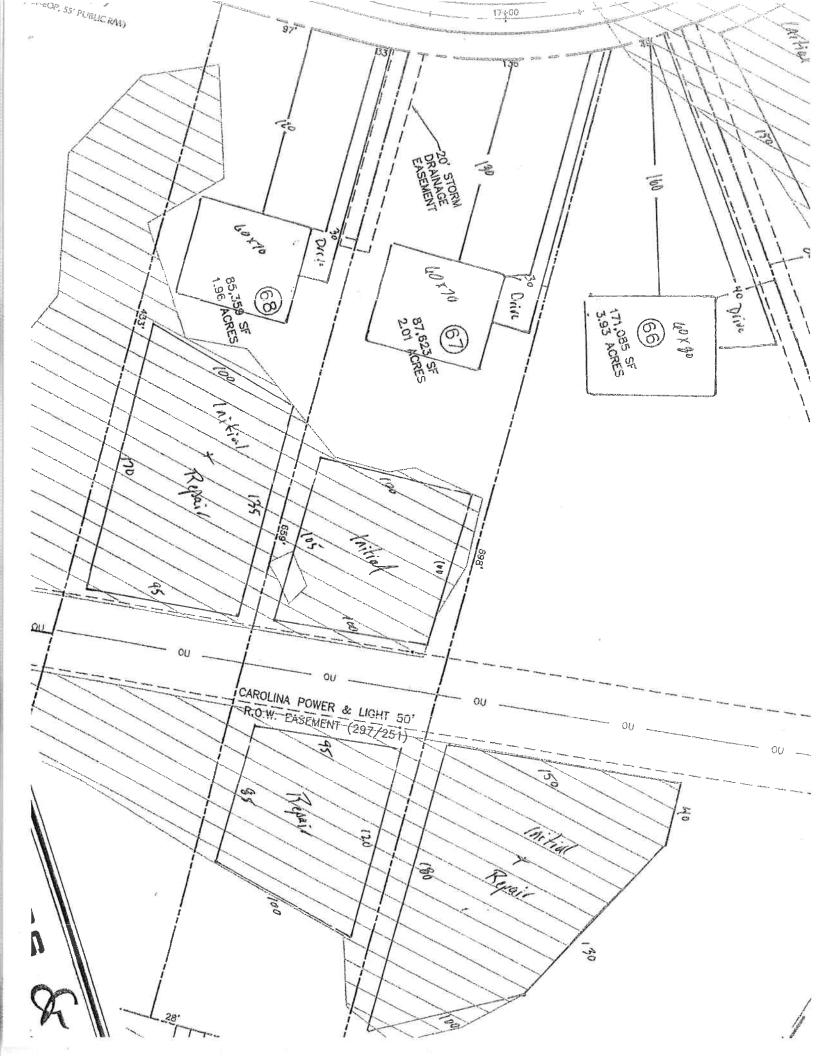


80 East Street P. O. Box 130 Pittsboro, NC 27312-0130
Phone (919) 542-8208 Fax (919) 542-8288

TPN	SE ONLY
Permit No	
Date	**
EHS	7.0
System Type	

Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW REPAIR EXPANSION
An Improvement Permit is issued to
a 1.96 acre site located 10+68 7h Hampiers.
in Chatham County. It is specifically issued for the following facility:
Facility: Residential () Non-Residential ()
No. Bedrooms No. Residents/Employees 10 max
Type Wastewater: Residential () Commercial ()
Initial System Type: I () II () III () IV () VI () Description
Type System: Shallow Conventional () LPP () Other
Design FlowEGPD Application RateGPD/ft²
Size Tank(s) w/Risers and Effluent Filter STGalPTGalGal
Size Tank(s) w/Risers and Effluent Filter ST 1750 Gal PT 1750 Gal Nitrification Line (Length/Width/Max Depth) 2355 277 277
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I () II () III (*) IV () V () VI () Description
Special Conditions Resser Marile Required
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid. This permit is valid [] without expiration [] for five years but is subject to revocation if the site is
altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by <u>France 7. Special 25.</u> Environmențal Health Specialist
N.C. Registration Number
Date 25 - 29 - 06

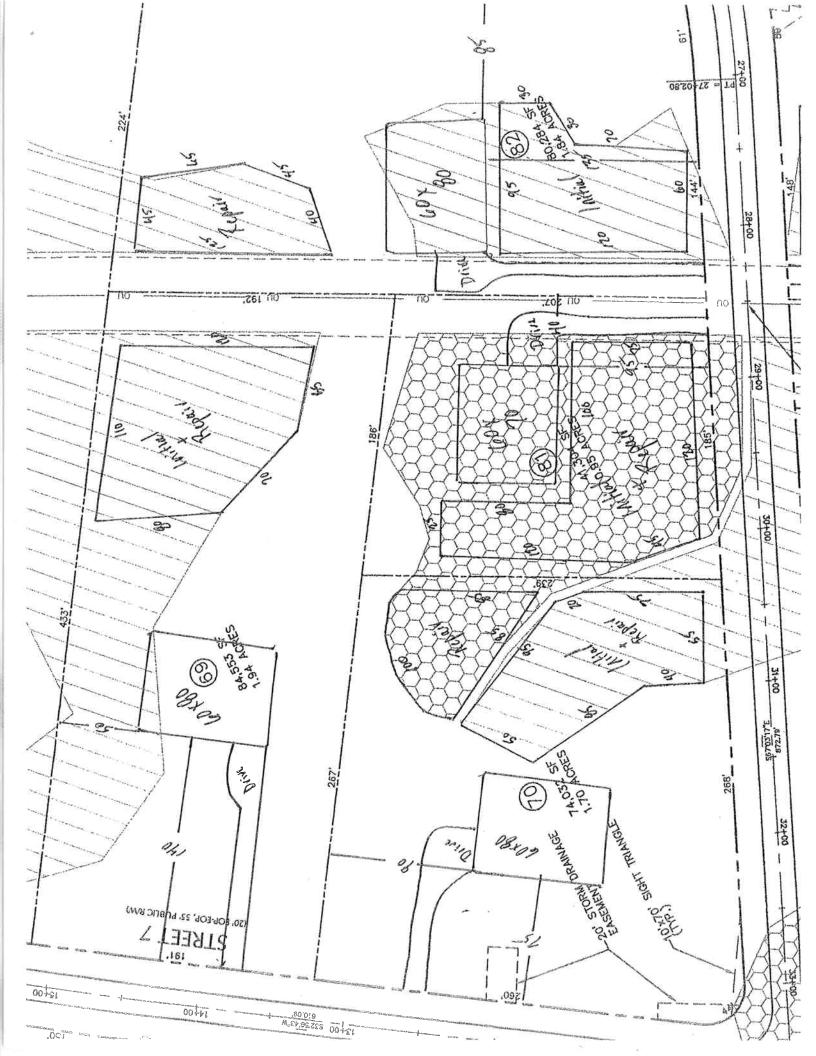


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OFFICE USE ONLY TPN _____ Permit No. _____ Date _____ EHS _____ System Type _____

Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NFW REPAIR EXPANSION An Improvement Permit is issued to Windjam Lav. for 1911 acre site located Let 69 The Hopptons. in Chatham County. It is specifically issued for the following facility: Residential () Non-Residential () Facility: No. Bedrooms______ No. Residents/Employees_____ / Omiss Type Wastewater: Residential (1) Commercial () Initial System Type: I () II () III (\times) IV () V () Description Type System: Shallow Conventional () LPP () Other______ Design Flow_____EGPD Application Rate______ GPD/ft² Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal Nitrification Line (Length/Width/Max Depth) 335 x 7 x 72 x 22 x (On contour in approved septic area; sch. 40 PVC required over step-downs) Repair System Type: I () II () IV () V () VI () Special Conditions Transport Alexand Keeping A plat with site plan showing specific location of the facility, the site for the proposed wastewater system. existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid. This permit is valid [] without expiration [(] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership. THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation. Issued by Thomas Ch. Borga R.S.
Environmental Health Specialist



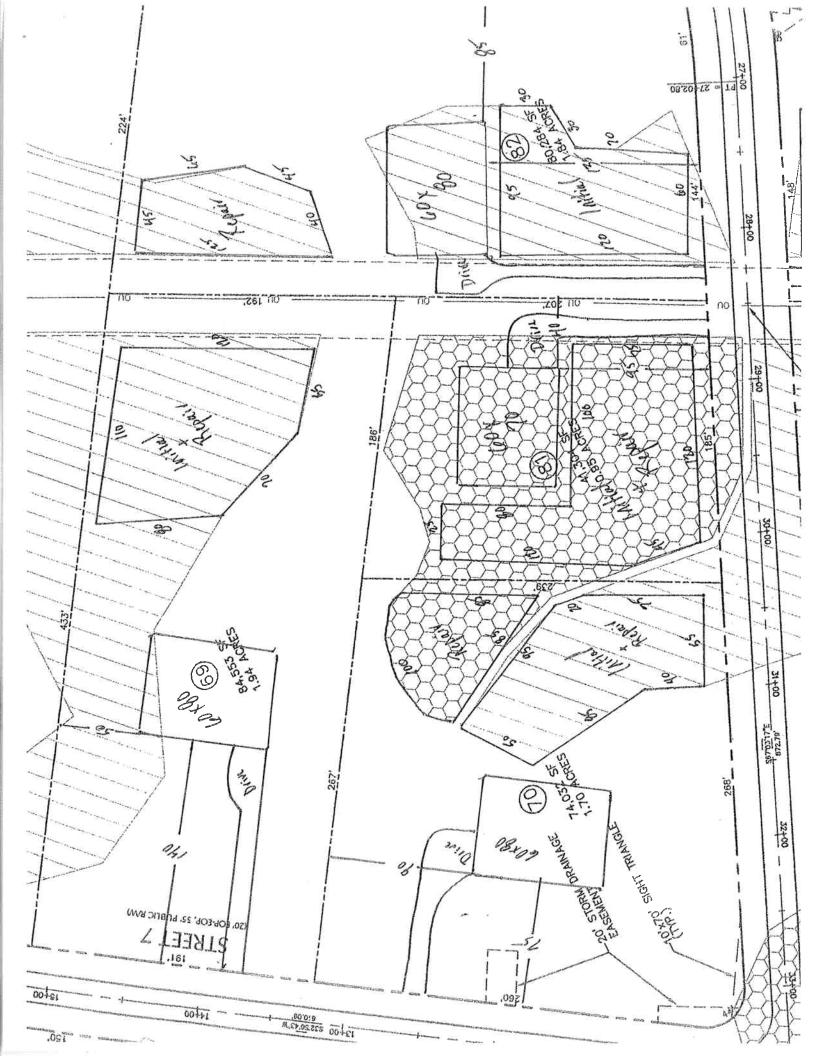
ENVIRONMENTAL HEALTH DIVISION

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OFFICE USE ONLY Permit No. Date EHS System Type

Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW 🔽 REPAIR 🗆 EXPANSION 🗖
An Improvement Permit is issued to Alind Jew Dev
a 1.70 acre site located Lot 10 The Humptons.
in Chatham County. It is specifically issued for the following facility:
Facility: Residential () Non-Residential ()
No. Bedrooms No. Residents/Emptoyees/Oma(_
Type Wastewater: Residential (∤) Commercial ()
Initial System Type: I()Ⅱ() Ⅲ() Ⅳ()Ⅴ(ヾ) Ⅵ()
Description
Type System: Shallow Conventional () LPP ()
Other Ling Trigetion in Tretocationet
Design Flow
Size Tank(s) w/Risers and Effluent Filter STGal PTGal Gal
Nitrification Line (Length/Width/Max Depth)
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I()II() III() IV()V() VI()
Description Dry Kingdon - No Technologist
Special Conditions Plans required by expirit as person contiled by Manufactures
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by <u>France R.S</u> Environmental Health Specialist
Environmental Health Specialist
N.C. Registration Number
Date 8-79-06

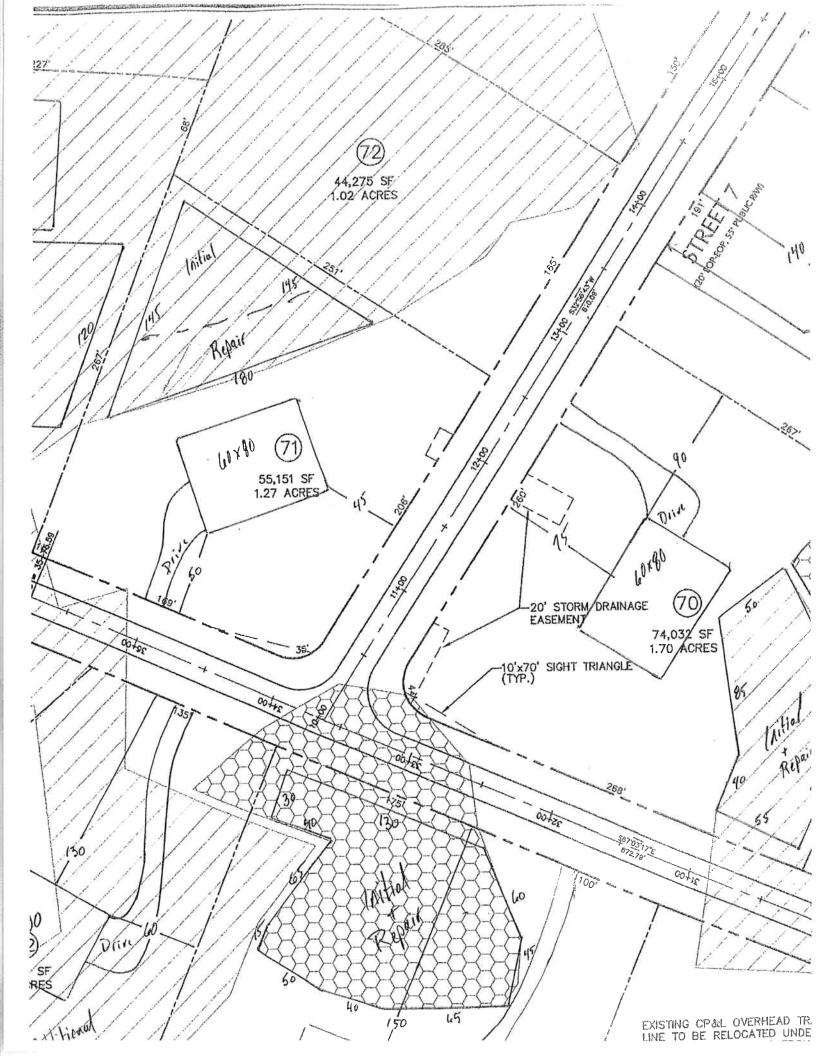


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TPN
Permit No.
Date
EHS
System Type

Improvement Permit for Wastewater SystemsARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW 🛅 F	REPAIR	EXPANSION [REVIS	ED 🔲	
An Improvement P	ermit is issued to	Mayor D	v.		fc
a	acre site locate	d	K. Mangles		
in Chatham County	. It is specifically is	sued for the follow	ng facility:	*	
Facility:	Resident	,	Non-Residential	()	
No. Bedroo	ms	No. Residents	Employees / O /A	â. Y	
Type Waste	ewater: Resident		·		
Initial Syste	m Type:	() ()	III (➣) IV ()	V () V	Ί ()
Descript	ion				
Type Syste		Conventional ()	LPP ()		
Design Flow	v	EGPD	Application Rate	GPD/f	t ²
	s) w/Risers and Efflu			PTG	Sal
Nitrification	Line (Length/Width	/Max Depth)33	5 6 2 1 22 1		
	idikan di anang ang kanang	- mail tolowers trove			
(On contou	r in approved septic	area; sch. 40 PVC	required over step-	-downs)	
• •	em Type:	` ' ' '	III (") IV ()	` '	1 ()
Description_	ns Person	grove Arryst	11 15% Keda. K	ien.	
Special Conditio	ns	in Maxifold	Required		
			,		
A plat with site plan existing buildings, pand any other information	property lines, water	supplies, surface v	vaters, the condition	ns for any site mo	
This permit is valid altered, soil disturbe The Improvement F	ed, set-backs violate	ed, or the plans of i	ntended use are ch		if the site is
THIS IS NOT AUTH obtained from this of	lepartment before ir	nstallation,			must be
	Issued by	Environment	F. Buya R.S. al Health Specialist		
	N.C. Registrat	ion Number	135 3		
		Date	- 19.06		



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Permit No.
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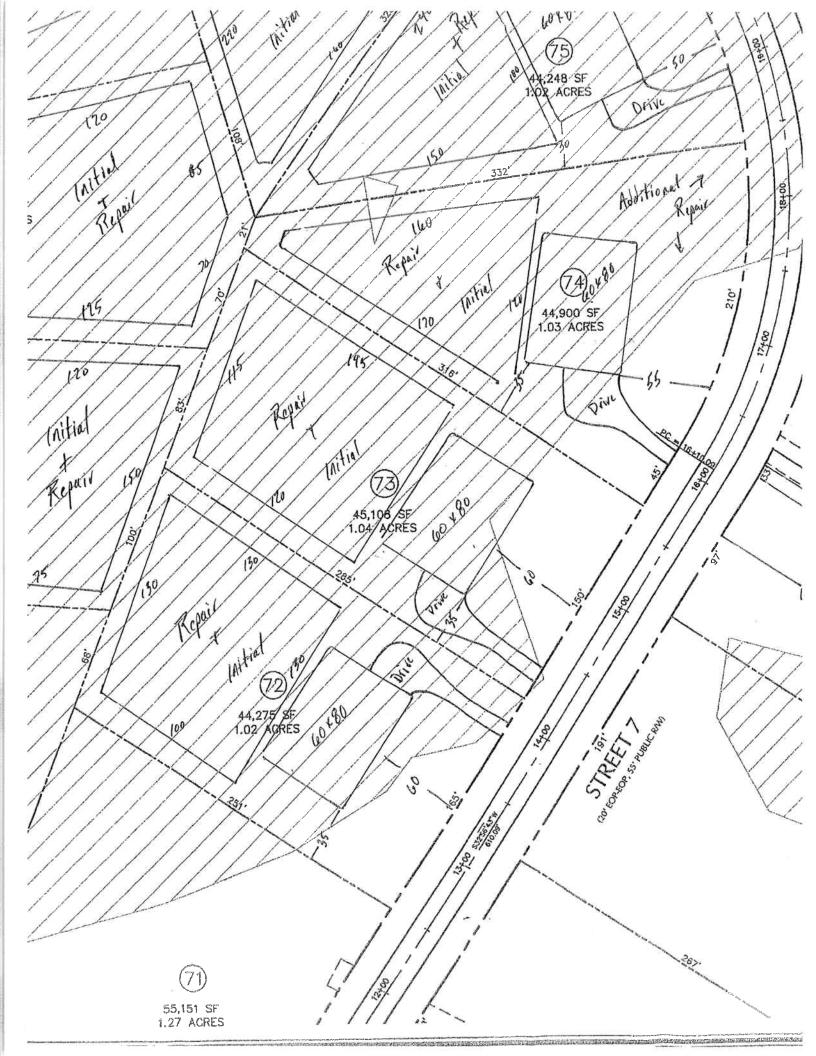
Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW 🛐 REPAIR EXPANSION REVISED in Chatham County. It is specifically issued for the following facility: Residential () Non-Residential () Facility: No. Bedrooms No. Residents/Employees Type Wastewater: Residential () Commercial () Initial System Type: I () II () IV () V () VI () Description Shallow Conventional () LPP () Type System: Other 57 575 600 EGPD Application Rate GPD/ft² Design Flow Size Tank(s) w/Risers and Effluent Filter ST_______Gal Nitrification Line (Length/Width/Max Depth)____ (On contour in approved septic area; sch. 40 PVC required over step-downs) $I(\cdot) \quad II(\cdot) \quad III(\cdot) \quad IV(\cdot) \quad V(\cdot) \quad VI(\cdot)$ Repair System Type: A plat with site plan showing specific location of the facility, the site for the proposed wastewater system. existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid. This permit is valid [] without expiration [χ] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.

THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be

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obtained from this department before installation.



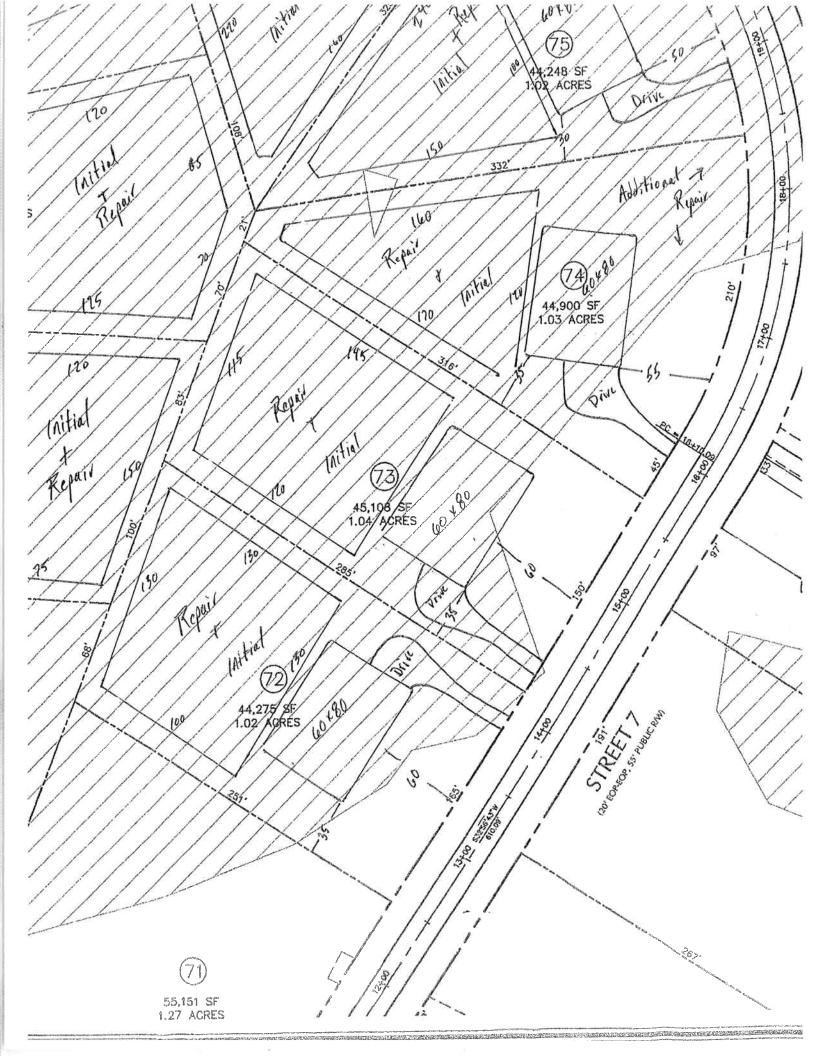
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System Type	

Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW 🗓	repair [],	EXPANSION		REVISED	o 🗖		
An Improv	vement Permit is is	sued to	Distribut De	į.	<u> </u>			fo
	<u>∂</u>			The Ho	maless			
in Chatha	ım County. It is spe	ecifically issu	ed for the follo	owing facility	: '			
Fa	acility:	Residential	(()	Non-Re	sidential ()		
No	o.Bedrooms	امر ام	No. Resider	nts/Employee	S PANA	(<u> </u>		
Ty	/pe Wastewater:	Residential	([\] ^)	Comme	ercial ()			
lni	itial System Type: Description) ()	III (½)	IV ()	V ()	VI ()	24
Ту	/pe System:		nventional (
De	esign Flow	1 510	EGPD	Application	n Rate	GF	PD/ft ²	
Si	ze Tank(s) w/Riser	s and Effluer	nt Filter ST	1850	_Gal PT	12.5 17	Gal	
Ni	itrification Line (Len	gth/Width/Ma	ax Depth)_ <i>.∄</i>	35 47 4	27"	,		
			/ Control Control					
(C	n contour in appro	ved septic ar	ea; sch. 40 P	VC required	over step-do	owns)		
	epair System Type:			(()	IV ()	V ()	VI ()	
Des	cription	Ž	1873					
Specia	l Conditions	15.	1551 1 Ma	idalo Ra	Hirel			
•	-			,				
existing bu	n site plan showing uildings, property lir ther information rec	nes, water su	ipplies, surfac	e waters, the	e conditions	for any site		
altered, so	it is valid []with bil disturbed, set-ba bvement Permit sha	cks violated,	or the plans	of intended u	se are chán		tion if the s	site is
	OT AUTHORIZAT			thorization fo	or Wastewat	er Construc	tion must t	ое
obtained f	rom this departmer	nt before inst ed by	Environme	J. Boiya	78.5.			
	N.C	. Registration	n Number	1753				
			Date	8 79-0	6	A-11-17-111		

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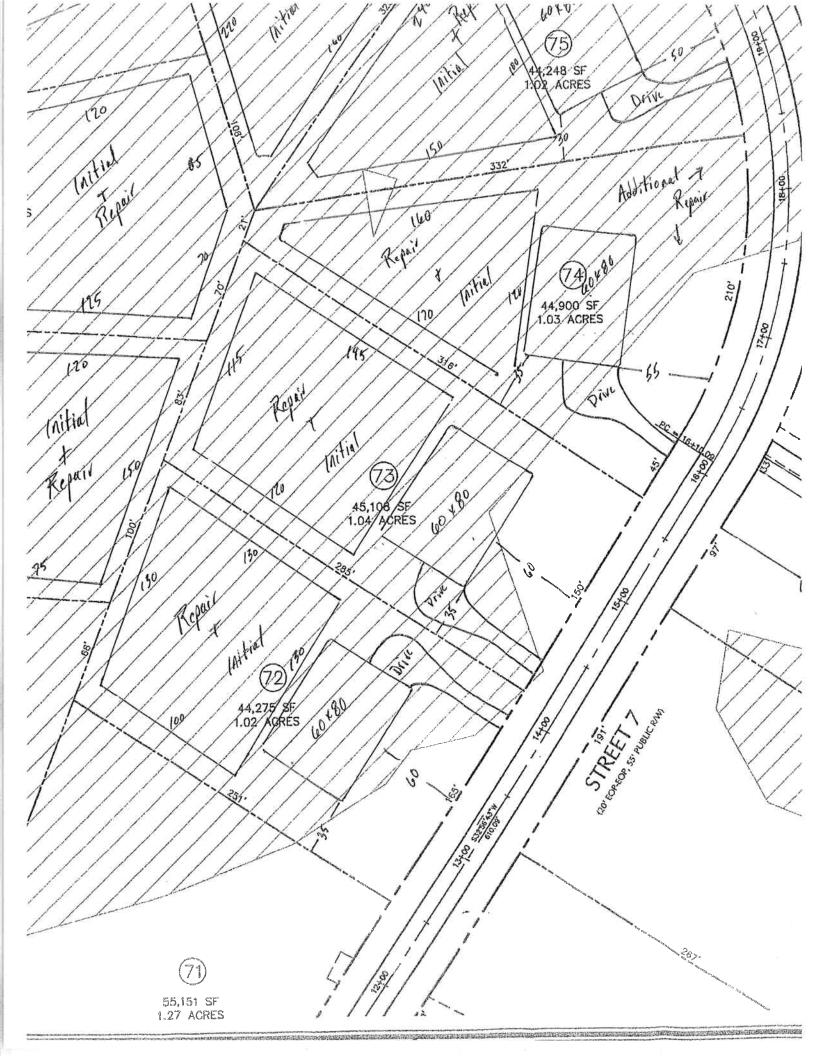


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OFFICE U	JSE ONLY
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Permit No	
Date	
EHS	_
System Type	

Improvement Permit for Wastewater Systems

NEW 🔘	REPAIR	_	THE NC GENE EXPANSION		REVISED			
An Improveme	nt Permit is is	ssued to	1)(s) (s)	Dy.				f
			ssued for the folio					
Facility:			tial (😪))		
No. Bed	drooms		No. Residen	ts/Employ	es_/Datac			
Type W			tial (火)					
			() ()	III (k-)	IV ()	V ()	VI ()	
		Shallow	Conventional(
Design	Flow		EGPD			GI	PD/ft ²	
			uent Filter ST /Max Depth)			1150	Gal	
(On cor	ntour in appro	ved seption	area; sch. 40 P\	/C require	d over step-do	wns)		-
Repair	System Type	: 1	() ()	H (;)	IV ()	V ()	VI ()	
Description	on		<u>PPDFS </u>					_
Special Con	ditions	j.	ressure Ala.	0.7 N Kg	91.21			
existing building	gs, property li	nes, water	ocation of the faci supplies, surfac the department m	e waters, t	he conditions f	or any site		
altered, soil dis	turbed, set-ba	acks violat	ration [[v] for ed, or the plans of the pl	of intended	use are chang	t to revoca ged.	ition if the site	e is
THIS IS NOT A obtained from t			ISTALL. An autostallation.	thorization	for Wastewate	er Construc	ction must be	
	Issu	ied by	Environme	ntal Health	Specialist		•	
	N.C	c. Registra	tion Number	135	3			
			Data	1-79	P. C.			



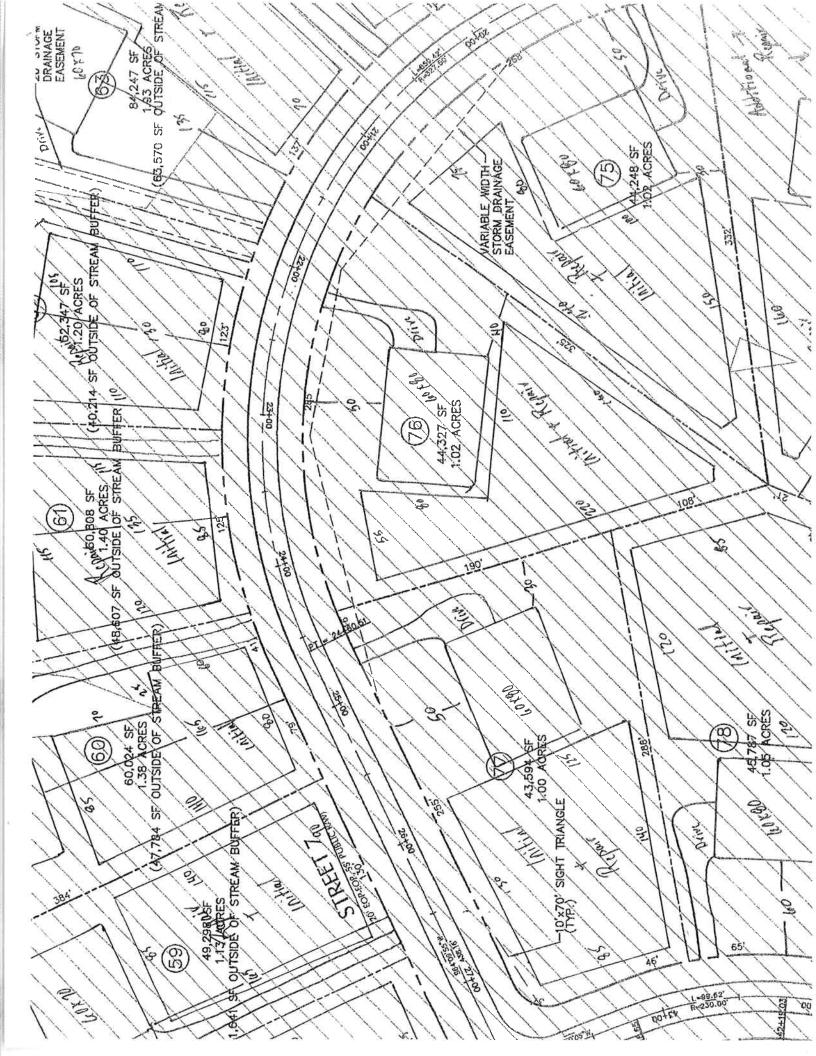
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OFFICE USE ONLY	
TPN	_
Permit No.	_
Date	_
EHS	_
System Type	

Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW 📉	REPAIR	
An Improvem	ent Permit is issued to	fo
	acre site located 14 75 The Manufaces	
in Chatham (ounty. It is specifically issued for the following facility:	
Facili	52	
No. B	edroomsNo. Residents/Employees///MAK	
Type	Wastewater: Residential (√) Commercial ()	
	System Type: I() II() III() IV() V() VI() scription	
Туре	System: Shallow Conventional () LPP () Other	
Desig	n FlowEGPD Application RateGPD/ft²	
Size [*] Nitrifi	ank(s) w/Risers and Effluent Filter ST <u>7250</u> Gal PT <u>7250</u> Gal eation Line (Length/Width/Max Depth) <u>550 F 2 F 72</u>	
`	ontour in approved septic area; sch. 40 PVC required over step-downs)	
	r System Type: I () II () III (r) IV () V () VI ()	
Descrip	tion	
Special Co	nditions_ Fressure Name Required	4
existing build and any othe	e plan showing specific location of the facility, the site for the proposed wastewater system, ngs, property lines, water supplies, surface waters, the conditions for any site modifications information required by the department must be attached to be valid. valid [] without expiration [] for five years but is subject to revocation if the site	;
altered, soil d	sturbed, set-backs violated, or the plans of intended use are changed. nent Permit shall not be affected by change in ownership.	13
	AUTHORIZATION TO INSTALL . An authorization for Wastewater Construction must be this department before installation.	
	Issued by Environmental Health Specialist	
	N.C. Registration Number	
	Date 8 79.66	

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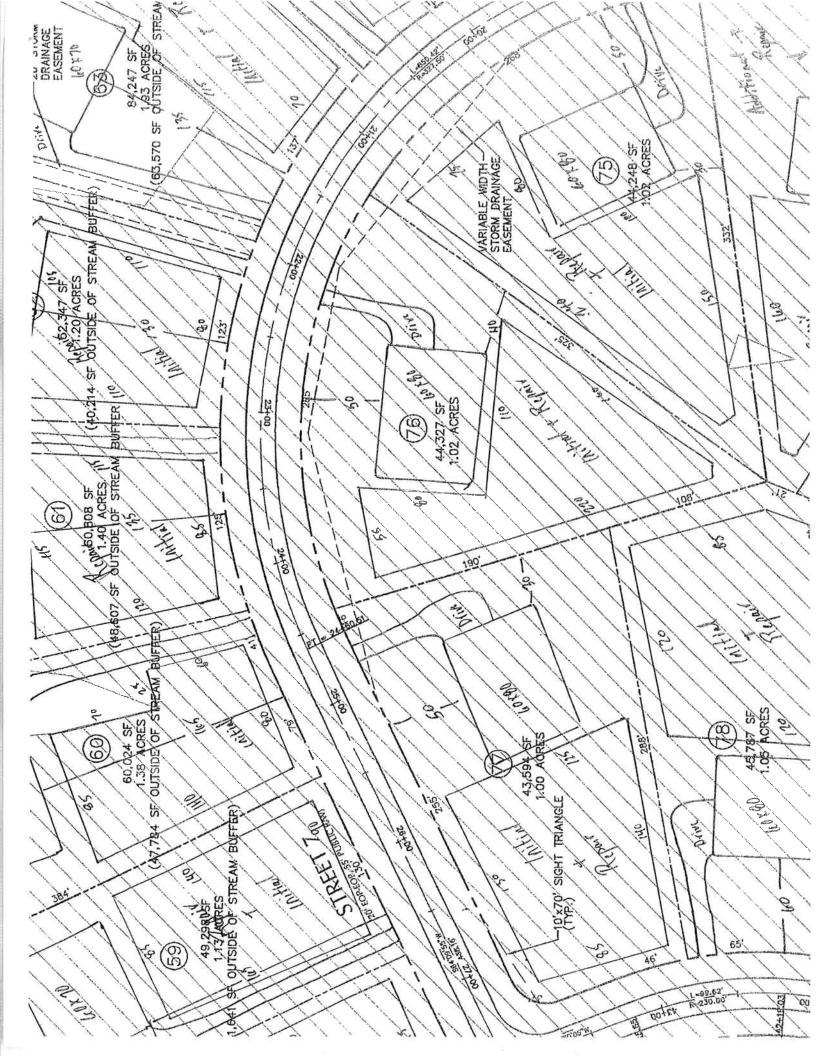
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OFFICE USE ONLY
Permit No.
Date
EHS
System Type

Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW TREPAIR TEXPANSION TREVISED TO	
An Improvement Permit is issued to	_fo
aacre site located	
in Chatham County. It is specifically issued for the following facility:	
Facility: Residential () Non-Residential ()	
No. Bedrooms No. Residents/Employees_/ OMAX	
Type Wastewater: Residential () Commercial ()	
Initial System Type: I() II() III() IV() V() VI() Description	
Type System: Shallow Conventional () LPP () Other	
Design FlowEGPD Application Rate3GPD/ft²	
Size Tank(s) w/Risers and Effluent Filter ST 7256 Gal PT 7259 Gal	
Nitrification Line (Length/Width/Max Depth)	
(On contour in approved septic area; sch. 40 PVC required over step-downs)	
Repair System Type: I() II() III() IV() V() V()	
Description	
Special Conditions Frestore Mandell Kenned	
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.	
This permit is valid [] without expiration [\(\)] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.	3
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.	
Issued by Environmental Health Specialist	
N.C. Registration Number	
N.C. Registration Number	

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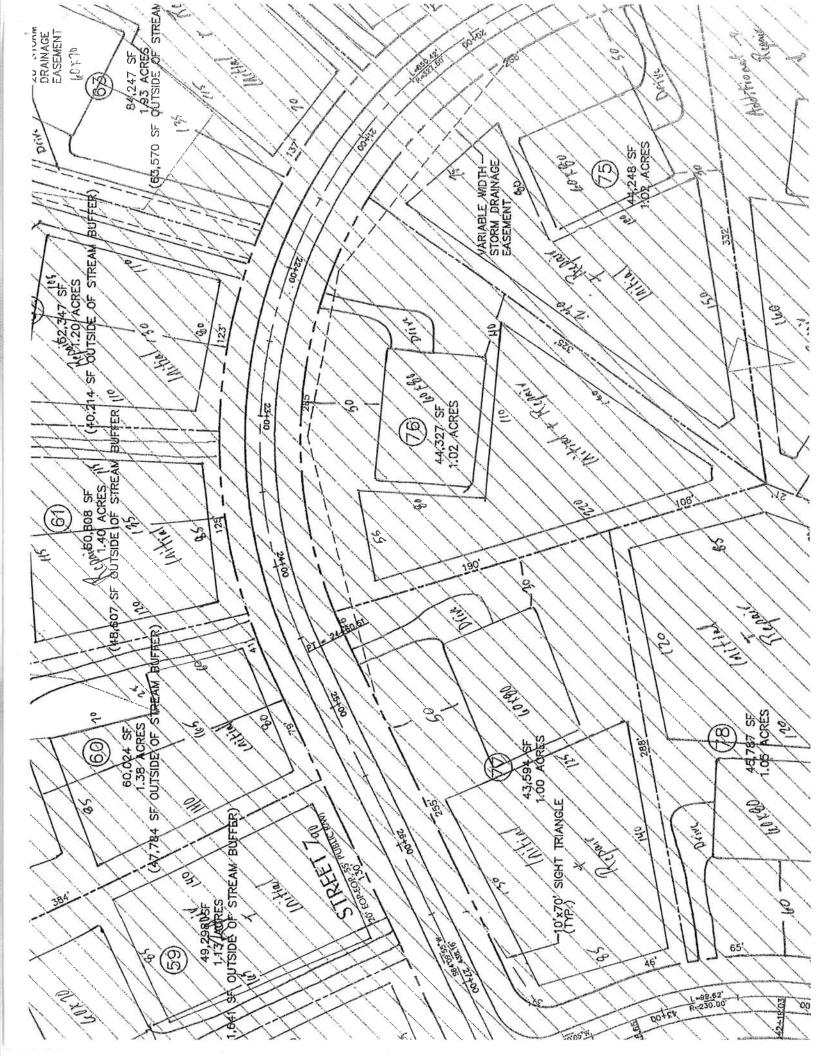


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Permit No
Date
EHS
System Type

Improvement Permit for Wastewater SystemsARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW ☐ REPAIR ☐ EXPANSION ☐ REVISED ☐	
An Improvement Permit is issued to	fc
aacre site located	
in Chatham County. It is specifically issued for the following facility:	
Facility: Residential (>) Non-Residential ()	
No. Bedrooms No. Residents/Employees_ A AND AND AND AND AND AND AND AND AND A	
Type Wastewater: Residential (½) Commercial ()	
Initial System Type: I() Ⅱ() Ⅲ(ધ) Ⅳ() Ⅴ() Ⅵ()	
Description	
Type System: Shallow Conventional () LPP () Other	
Design FlowEGPD Application Rate3GPD/ft²	
Size Tank(s) w/Risers and Effluent Filter ST/250Gal PT/250Gal	
Nitrification Line (Length/Width/Max Depth) 535 52 427	
(On contour in approved septic area; sch. 40 PVC required over step-downs) Repair System Type: I () II () III (r) IV () V () VI () Description Special Conditions	•
	-
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications and any other information required by the department must be attached to be valid.	
This permit is valid [] without expiration [] for five years but is subject to revocation if the site altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.	: is
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation	
Issued by Environmental Health/Specialist	
Environmental Health/Specialist	
N.C. Registration Number	



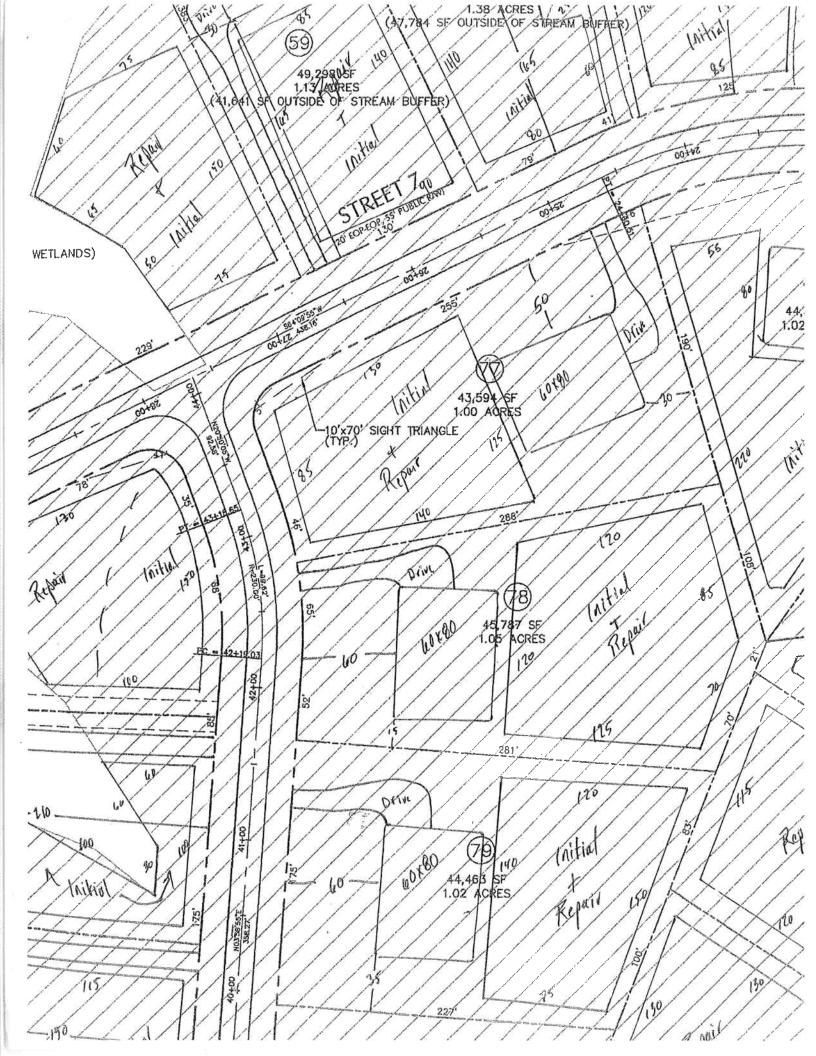
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TPN	
Permit No.	
Date	
EHS	
System Type	

Improvement Permit for Wastewater Systems

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW 🗓	REPAIR [EXPANSION		REVISED			
	ment Permit is is		Windjan De	a Lia Man				f
	County. It is spe			7				11.000
Facil	,	Residential		Non-Res	idential ()		
No. I	Bedrooms	, t-j	No. Resident	s/Employees	10 may			
Турє	e Wastewater:							
	I System Type: Description	l ()	III (*)	IV ()	V ()	VI ()	
Туре	e System:		onventional () LPP ()			
Desi	gn Flow	600	EGPD	Application	n Rate	GPE	D/ft ²	
	Tank(s) w/Riser fication Line (Ler			254 2351+5	Gal PT_	1250	_Gal	
Descri	air System Type iption conditions	127	2681	III (v)	IV ()	V ()	VI ()	
ороски о								
existing build	ite plan showing dings, property li	nės, water si	upplies, surface	waters, the	conditions fo	r any site m	nodificat	•
existing build and any other This permit in altered, soil	,	nes, water su quired by the nout expirati acks violated	upplies, surface e department mi ion [﴿] for f , or the plans of	waters, the ust be attach five years the fintended us	conditions fo led to be valid out is subject e are change	r any site m d. to revocatio	nodificat	ions;
existing build and any other This permit is altered, soil of The Improve THIS IS NO	dings, property li er information re- s valid [] with disturbed, set-ba ement Permit sha T AUTHORIZAT m this departme	nes, water so quired by the nout expiration acks violated all not be affection TON TO INS nt before inst	upplies, surface edepartment mode [] for for for for for for for for the plans of ected by change TALL. An authallation.	waters, the ust be attach ive years the intended use in ownersh norization for	conditions for led to be valid out is subject e are change ip.	r any site md. to revocation ed. Construction	nodificat	ions; site is
existing build and any other This permit is altered, soil of The Improve THIS IS NO	dings, property li er information re- s valid [] with disturbed, set-ba ement Permit sha T AUTHORIZAT m this departme	nes, water so quired by the nout expiration acks violated all not be affection TON TO INS nt before inst	upplies, surface department mo ion [(] for f , or the plans of ected by change TALL. An auth	waters, the ust be attach ive years the intended use in ownersh norization for	conditions for led to be valid out is subject e are change ip.	r any site md. to revocation ed. Construction	nodificat	ions; site is

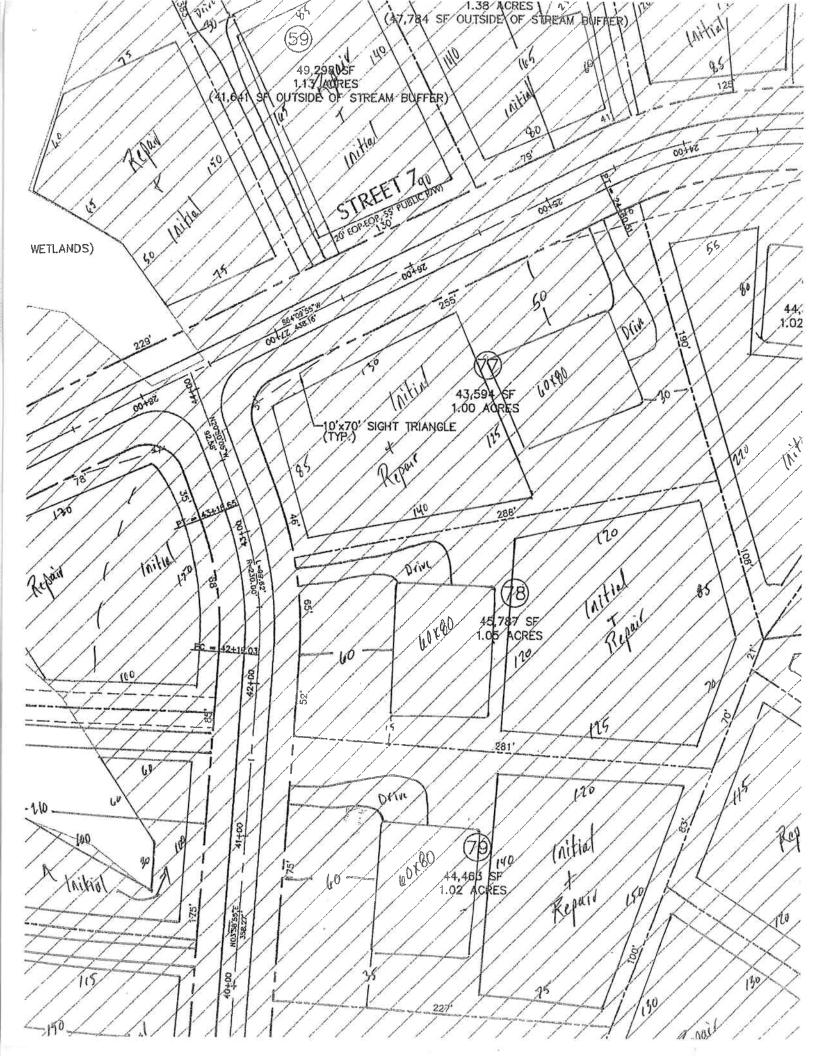


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System Type	

Improvement Permit for Wastewater SystemsARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

	NEW REPAIR EXPANSION REVISED	
	An Improvement Permit is issued to	fo
	aacre site located	
	in Chatham County. It is specifically issued for the following facility:	
	Facility: Residential () Non-Residential ()	
	No. BedroomsNo. Residents/Employees/Congress	
	Type Wastewater: Residential () Commercial ()	
	Initial System Type: I() II() III() IV() V() V()	
	Description	
	Type System: Shallow Conventional () LPP () Other	
	Design FlowEGPD Application RateGPD/ft²	
	Size Tank(s) w/Risers and Effluent Filter ST_/255 Gal PT_/2550 Gal	
	Nitrification Line (Length/Width/Max Depth) 335/x 2/x 2/x	
	(On contour in approved septic area; sch. 40 PVC required over step-downs)	
	Repair System Type: I () II () III (P) IV () V () VI ()	
	Description	
	Special Conditions Pressure Manuful Required	
	A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.	
	This permit is valid [] without expiration [] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.	S
	THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.	
•	Issued by Environmental Health Specialist	
	Environmental Health Specialist	
	N.C. Registration Number	
	N.C. Registration Number 1353	



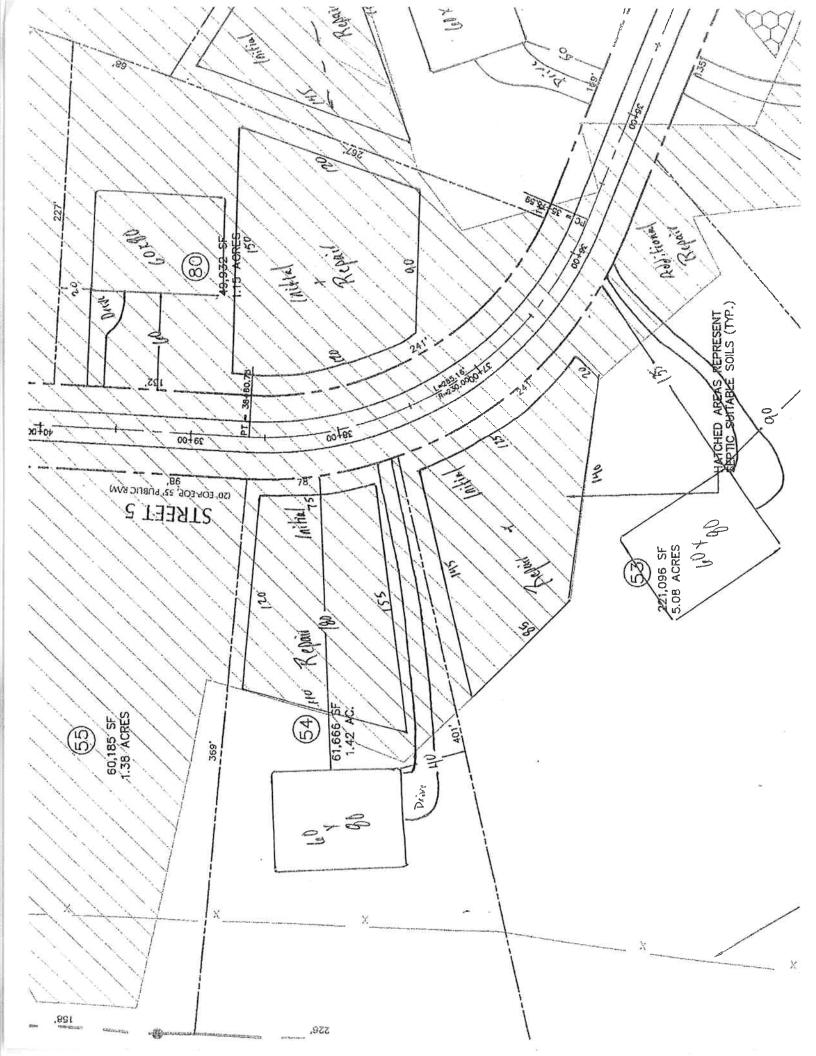
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Phone (919) 542-8208 • Fax (919) 542-8288

TPN	- ONLY
Permit No	
Date	
EHS	
System Type	

Improvement Permit for Wastewater Systems

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

ARTICLE II-CHAI TER 130A OF THE NO GENERAL STATUTES	
NEW ☐ REPAIR ☐ EXPANSION ☐ REVISED ☐	
An Improvement Permit is issued to	_fo
aacre site locatedtet 80 The Hometons	_
in Chatham County. It is specifically issued for the following facility:	
Facility: Residential () Non-Residential ()	
No. Bedrooms No. Residents/Employees/On ** V	
Type Wastewater: Residential ()	
Initial System Type: I() II() III() IV() V() VI()	
Description	_
Type System: Shallow Conventional () LPP () Other	
Design FlowEGPD Application Rate3GPD/ft²	
Size Tank(s) w/Risers and Effluent Filter ST/350Gal PT_/230Gal	
Nitrification Line (Length/Width/Max Depth)	
	-
(On contour in approved septic area; sch. 40 PVC required over step-downs)	
Repair System Type: I() II() III() IV() V() VI()	
Description	
Special Conditions History havitald Kegwick	
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.	
This permit is valid [] without expiration [] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.	S
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.	
Issued by Environmental Health Specialist	
N.C. Registration Number	
N.C. Registration Number 1353	

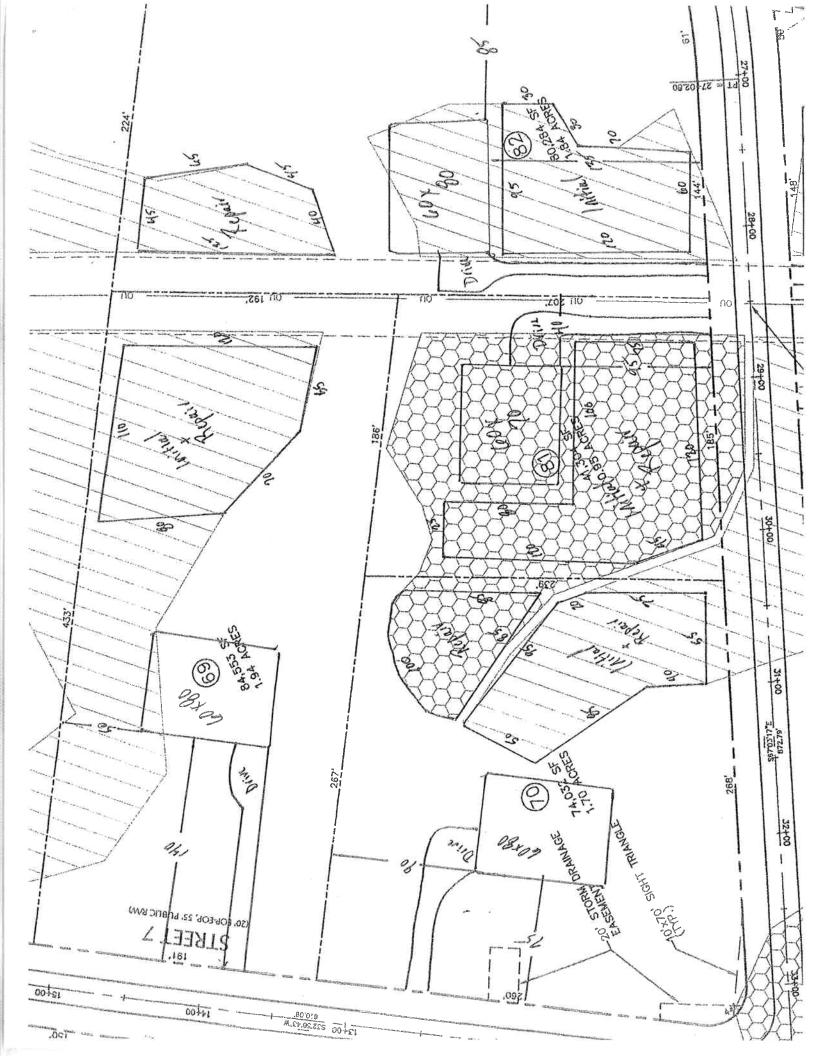


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OFFICE USE ONLY			
TPN			
Permit No.			
Date			
EHS			
System Type			

Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES.

NEW []	_	EVENNOION [
An Improvement i	REPAIR L Permit is issued to _ acre site locate	EXPANSION L William DV ed 12 El The Ha	REVISED L	fc
in Chatham Coun Facility:		ssued for the following facil	•	
No. Bedro	4	, ,	3 5	
Type Was	tewater: Residen	itial (╡) Comi	mercial ()	
Initial Syst Descrip		() () ()	IV () V (%)	VI ()
Type Syst	em: Shallow Other_	Conventional () LPP		
Design Flo	ow	EGPD Applica	ation RateG	PD/ft ²
	• •	luent Filter ST <u>/750</u>		Gal
Nitrification	n Line (Length/Width	n/Max Depth) <u>3750(+</u> /	" x & "	
Repair Sys	stem Type:	c area; sch. 40 PVC require () II() III() c Freque for the grown to	IV () V ()	
	entitud.	low manufactions		
existing buildings,	property lines, wate	ocation of the facility, the si r supplies, surface waters, the department must be att	the conditions for any site	water system, modifications;
altered, soil disturb	oed, set-backs violat	ration [[]] for five years ted, or the plans of intended affected by change in owne	d use are changed.	ation if the site is
	department before i			ction must be
	Issued by	Environmental Healt	n Specialist	
	N.C. Registra	ation Number/353		
		ntion Number <u>/353</u> Date <u>8 79</u>	06	

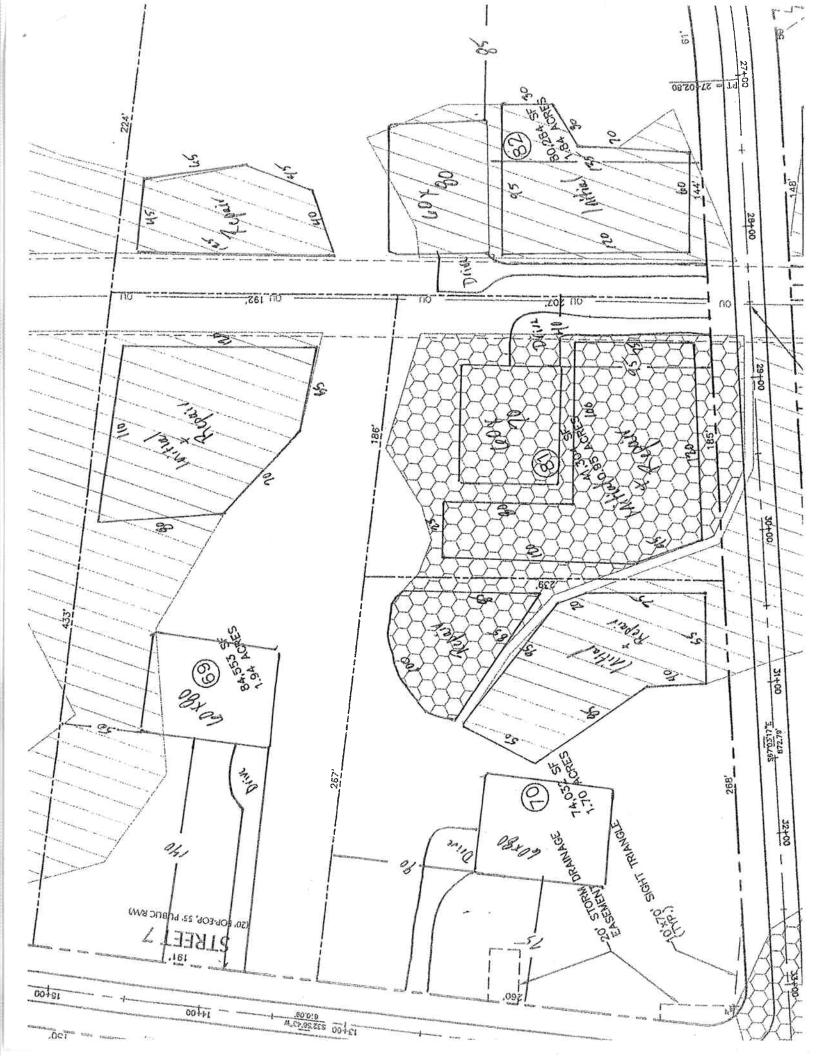


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TPN	
Permit No.	
Date	
EHS	
System Type	

Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

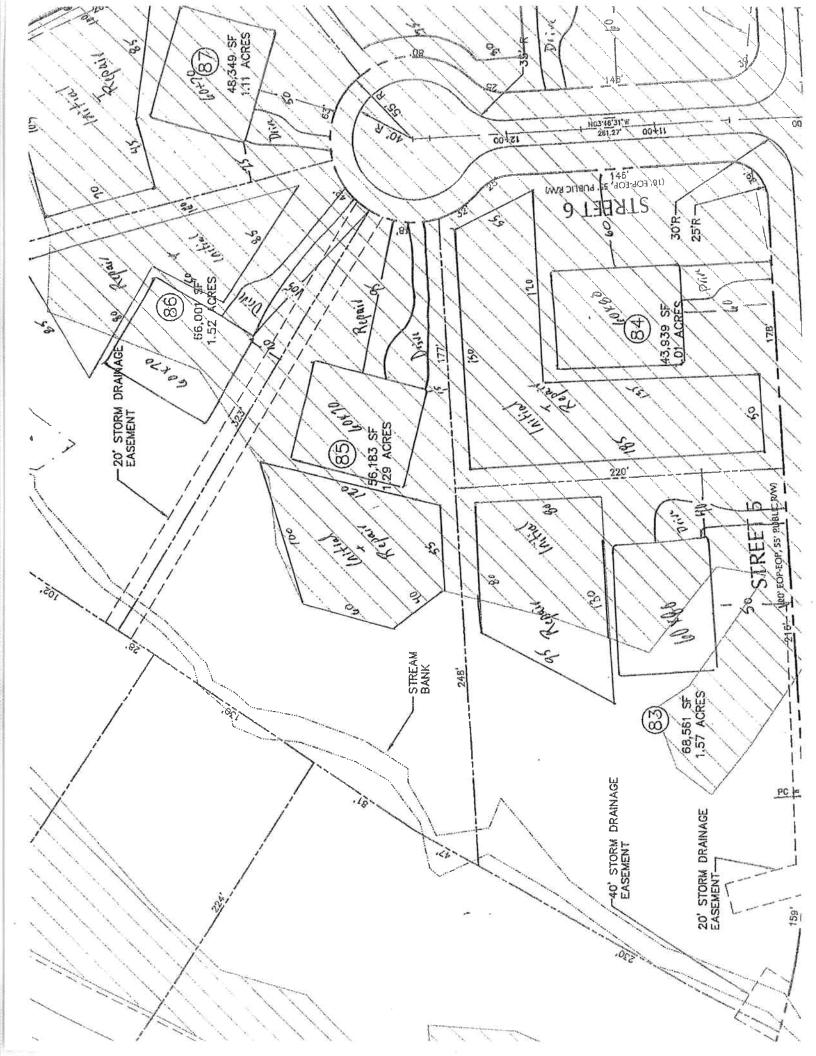
NEW 🖸	REPAIR 🔲	EXPANSION	REVISED
	ent Permit is issued to		
a 1.80	acre site loca	ated <u>id 82 The 14</u>	oup lons
in Chatham C	ounty. It is specifically	issued for the following facili	ity:
Facility	. 2-	ential () Non-F	
No. Be	edrooms	No. Residents/Employ	ees /2/2 1 k
Type V	Vastewater: Reside	ential (😉) Comn	nercial ()
	System Type: scription		IV () V () VI ()
Type S	_	w Conventional() LPP(
Desigr	າ Flow <i>ວັດ</i> ເ	EGPD Applica	tion RateGPD/ft²
Size T	ank(s) w/Risers and Ef	ffluent Filter ST	Gal PT <i>/2556</i> Gal
Nitrific	ation Line (Length/Wid	lth/Max Depth)35′ v :	2' x 22 "
Descript	r System Type: ion	PERS	IV () V () VI ()
Special Col	iditions	it wastilied seguited	
existing building			e for the proposed wastewater system, the conditions for any site modifications
and any other			ached to be valid.
This permit is altered, soil dis	information required by valid [] without expeturbed, set-backs violated.	y the department must be atta	ached to be valid. but is subject to revocation if the site luse are changed.
This permit is altered, soil dis The Improvem	information required by valid [] without exp sturbed, set-backs violated the permit shall not be authorization to this department before	y the department must be attained in the plans of intended affected by change in owner installation.	ached to be valid. but is subject to revocation if the site luse are changed. rship. for Wastewater Construction must be
This permit is altered, soil dis The Improvem	information required by valid [] without exp sturbed, set-backs violated the permit shall not be authorization to this department before	y the department must be atta piration [] for five years ated, or the plans of intended affected by change in owner INSTALL. An authorization	ached to be valid. but is subject to revocation if the site luse are changed. rship. for Wastewater Construction must be
This permit is altered, soil dis The Improvem	information required by valid [] without exp sturbed, set-backs violatent Permit shall not be AUTHORIZATION TO this department before	y the department must be attained in the plans of intended affected by change in owner installation.	ached to be valid. but is subject to revocation if the site luse are changed. rship. for Wastewater Construction must be his pecialist



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System Type	

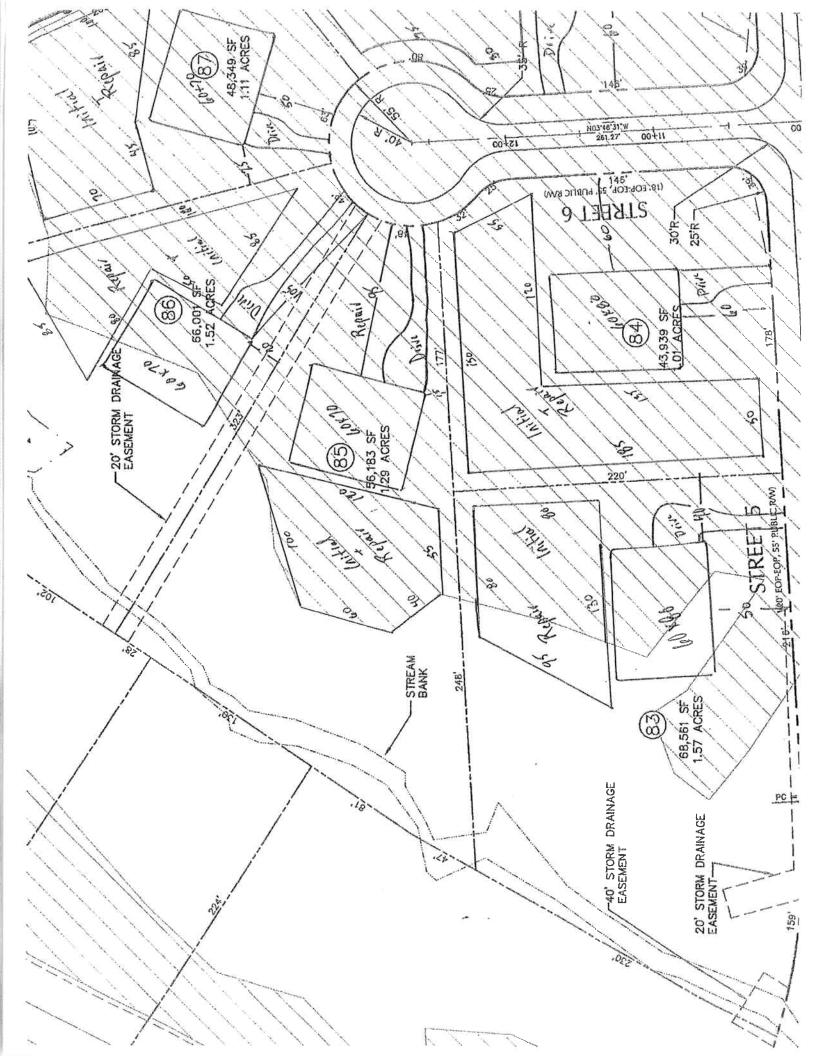
ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES
NEW REPAIR EXPANSION REVISED
An Improvement Permit is issued to Window Dev
a/57acre site located/at 83 He my fong
in Chatham County. It is specifically issued for the following facility:
Facility: Residential () Non-Residential ()
No. Bedrooms 5 No. Residents/Employees 10 max
Type Wastewater: Residential (() Commercial ()
Initial System Type: I() II() III() IV() V() VI() Description
Type System: Shallow Conventional () LPP ()
Other
(On contour in approved septic area; sch. 40 PVC required over step-downs) Repair System Type: I () II () III (+) IV () V () VI () Description Special Conditions
Special Conditions 1145SAR The May 1001 Deglared
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid. This permit is valid [] without expiration [] for five years but is subject to revocation if the site is
altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Environmental Health Specialist
N.C. Registration Number
Date



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OFFICE USE ONLY
TPN
Permit No.
Date
EHS
System Type

ARTICLE II-CHAPTER 130A OF THE NO GENERAL STATUTES	
NEW REPAIR EXPANSION REVISED	
An Improvement Permit is issued to Wirking 1994.	fo
An Improvement Permit is issued to	
in Chatham County. It is specifically issued for the following facility:	
Facility: Residential (🖺) Non-Residential ()	
No. Bedrooms No. Residents/Employees	
Type Wastewater: Residential () Commercial ()	
Initial System Type: I() II() III() IV() V() VI() Description	
Type System: Shallow Conventional () LPP () Other	
Design FlowEGPD Application RateGPD/ft²	
Size Tank(s) w/Risers and Effluent Filter ST 250 Gal PT 250 Gal Nitrification Line (Length/Width/Max Depth) 335 x 2 x 2 2	
(On contour in approved septic area; sch. 40 PVC required over step-downs) Repair System Type: () () () V () V () V () Description Special Conditions	
Special Conditions Present Parties Required	
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.	
This permit is valid [] without expiration [] for five years but is subject to revocation if the site altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.	is
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be	
obtained from this department before installation. Issued by Environmental Health Specialist	
N.C. Registration Number/353	
Date	

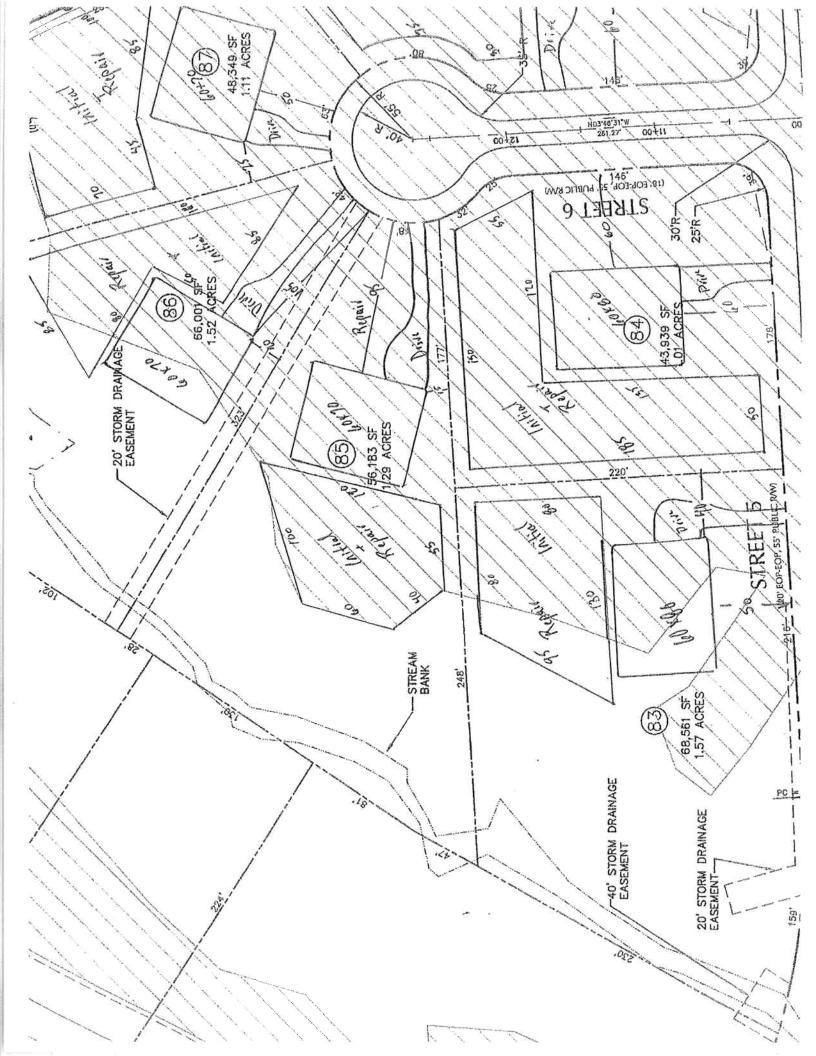


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OFFICE USE ONLY TPN					
Permit No					
Date					
EHS					
System Type					

	repair [-	EXPANSION	Q	REVISED			
An Improvemen	nt Permit is is	sued to	dindien	Acu				fo
a /.29	acre	site located_	10 + 85	The Har	pleas			
in Chatham Co	ounty. It is spe	ecifically issu	ed for the follo	wing facility:				
Facility:			(F)		•)		
No. Bed	drooms	5	No. Residen	ts/Employee	s 10,000	<u>.t</u>		
Type W	/astewater:	Residential	()	Comme	cial ()			
Initial S	ystem Type:	1 () ()	III (x)	lV ()	V ()	VI ()
Des	cription			=======================================				
Type Sy	ystem:		nventional()			
Design	Flow	600	EGPD	Applicatio	n Rate	GF	PD/ft ²	
Size Ta	nk(s) w/Riser	s and Effluer	nt Filter ST	1350	_Gal PT_	1250	Gal	,
			ax Depth)					
11 - 11 - 11 - 11								
(On cor	ntour in appro	ved septic ar	ea; sch. 40 PV	C required c	ver step-do	wns)		
(230)	, ,							
`	System Type:	and the second) ()	III (F)	IV ()	V ()	VI ()
Repair	System Type:	1) II() BPS		,	V ()	VI ()
Repair Descriptio	•	<u> </u>	BPS //		,	V ()	VI ()
Repair Descriptio	on	<u> </u>	BPS BPS		IV ()	V ()	VI ()
Repair Descriptio	onditions plan showing gs, property ling	specific local	tion of the facilipplies, surface	lity, the site for waters, the	or the propo	sed wastev	water sy	stem,
Repair Description Special Cond A plat with site existing building	ditions plan showing gs, property linformation recalled [] with turbed, set-ba	specific local nes, water su quired by the nout expiration	tion of the facilipplies, surface department mon [x] for or the plans o	lity, the site for waters, the sust be attach	or the propo conditions f ned to be va out is subject se are change	sed wastev for any site lid. et to revoca	water sy modifica	stem,
Repair Description Special Cond A plat with site pexisting building and any other in This permit is valued altered, soil dist	ditions	specific local nes, water su quired by the nout expiration acks violated, all not be affe ION TO INST nt before insta	tion of the facilipplies, surface department mon [] for or the plans octed by change [ALL. An autallation.	lity, the site for waters, the sust be attach five years of intended use in ownersh horization for	or the proporconditions for the proporconditio	sed wastev for any site lid. et to revoca ged. er Construc	water sy modifica	stem, ations;
Repair Description Special Cond A plat with site is existing building and any other in This permit is valuered, soil distorted the Improvement THIS IS NOT A	ditions	specific local nes, water su quired by the nout expiration acks violated, all not be affe ION TO INST nt before insta	tion of the facilipplies, surface department mon [] for or the plans octed by change [ALL. An autallation.	lity, the site for waters, the sust be attach five years of intended use in ownersh horization for	or the proporconditions for the proporconditio	sed wastev for any site lid. et to revoca ged. er Construc	water sy modifica	stem, ations;
Repair Description Special Cond A plat with site is existing building and any other in This permit is valuered, soil distorted the Improvement THIS IS NOT A	ditions plan showing gs, property limited and a limited set-batent Permit shawing the department of the department	specific local nes, water su quired by the nout expiration acks violated, all not be affe ION TO INST nt before insta-	tion of the facilipplies, surface department mon [] for or the plans octed by change [ALL. An aut	lity, the site for waters, the lust be attach five years of intended use in ownersh horization for the later Health S	or the proportions of the proportion of the proportions of the proportion of the pro	sed wastev for any site lid. et to revoca ged. er Construc	water sy modifica	stem, ations;

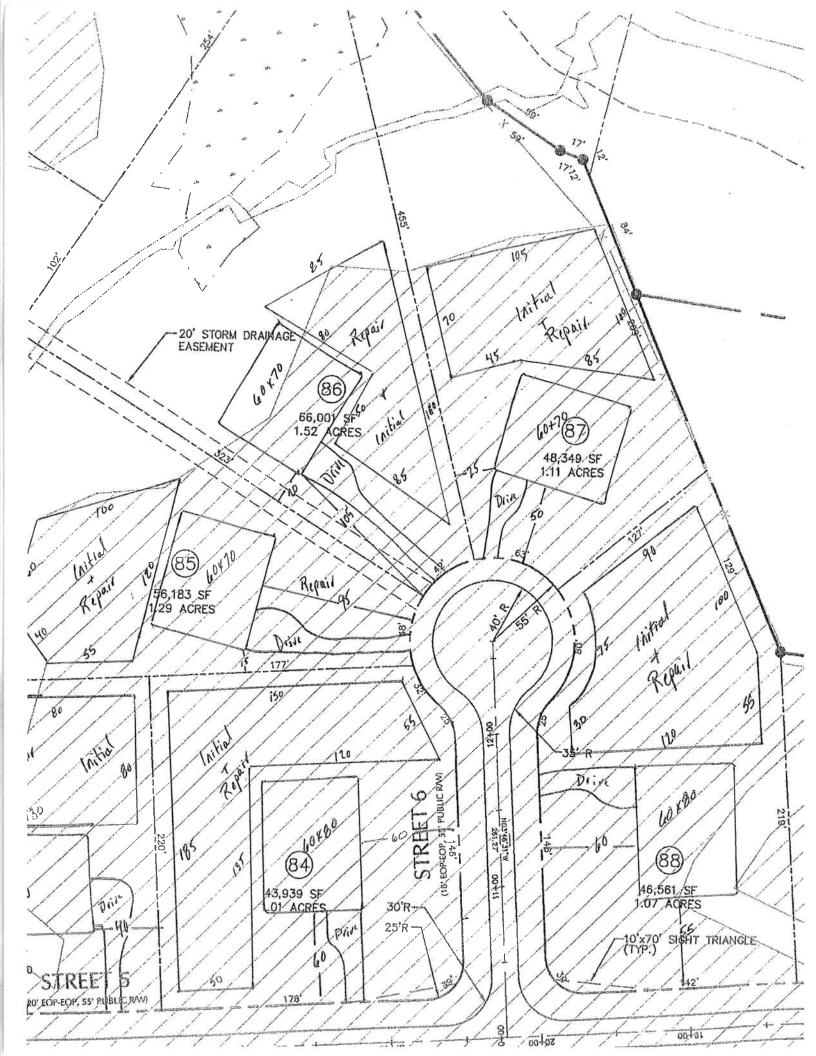


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TPN
Permit No.
Date
EHS
System Type

Improvement Permit for Wastewater SystemsARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW 🛄	REPAIR	EXPANSION	REVISED	
An Improveme	nt Permit is issued to	Wildiam Div		fc
a	acre site located	11:86 The	Harphis	
in Chatham Co	unty. It is specifically iss	ued for the following fac	cility:	
Facility:	Residentia	al (Nor	n-Residential ()	
No. Bed	drooms	No. Residents/Empl	oyees / O M & V	
Type W	astewater: Residentia	al (//) Cor	mmercial ()	
Initial S	ystem Type: I () Ⅱ() Ⅲ(物) IV () V () VI ()
Desc	cription	Opposite Company of the Company of t		
Type Sy	ystem: Shallow C Other	onventional () LPF	P ()	
Design	Flow	EGPD Appli	cation Rate	_GPD/ft ²
	nk(s) w/Risers and Efflue			Gal
Nitrifica	tion Line (Length/Width/N	Max Depth)	21 122"	
		×10		·
(On cor	ntour in approved septic a	area; sch. 40 PVC requi	red over step-downs)	107
Repair	System Type:) () (t/) IV () V () VI ()
Description	on	75		
Special Cond	ditions	ver Months	Required	
existing building	plan showing specific loc gs, property lines, water s nformation required by th	supplies, surface waters	s, the conditions for any s	
altered, soil dist	alid [] without expira aurbed, set-backs violated ant Permit shall not be aff	d, or the plans of intend	ed use are changed.	ocation if the site is
	UTHORIZATION TO INS	stallation.		
	Issued by	Environmental Hea	Mth Specialist	- #
	N.C. Registration	on Number	3	
		Date	72-06	



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Permit No. Date _____

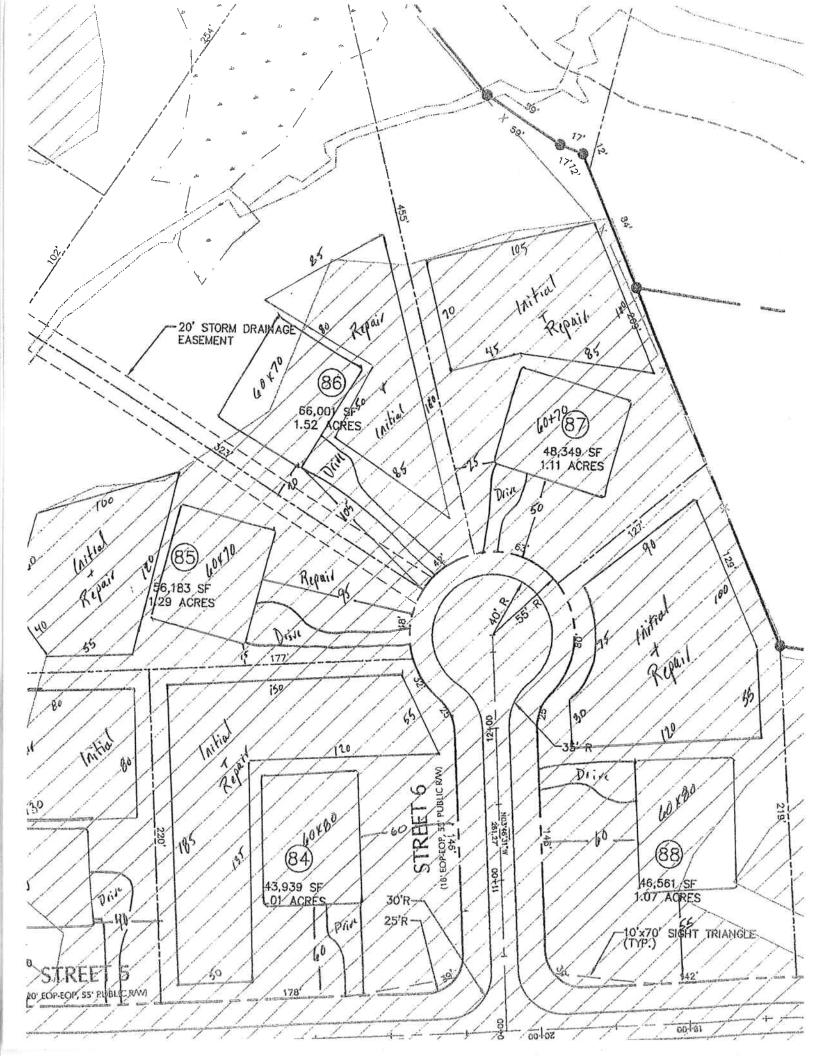
System Type _____

OFFICE USE ONLY

Improvement Permit for Wastewater Systems

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES.

NEW REPAIR EXPANSION REVISED REVISED
An Improvement Permit is issued to William Deve
a/_/ acre site located/ 67 The Hamptons
in Chatham County. It is specifically issued for the following facility:
Facility: Residential (//) Non-Residential ()
No. Bedrooms No. Residents/Employees_/@max
Type Wastewater: Residential () Commercial ()
Initial System Type: I() II() III() IV() V() VI() Description
Type System: Shallow Conventional () LPP () Other
Design FlowEGPD Application RateGPD/ft²
Size Tank(s) w/Risers and Effluent Filter ST_ <u>7250</u> Gal PT_ <u>7250</u> Gal
Nitrification Line (Length/Width/Max Depth)
(On contour in approved septic area; sch. 40 PVC required over step-downs) Repair System Type: I () II () IV () V () VI () Description
Opeoidi Coridinoria
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [γ] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by <u>Karay Daya</u> R.S. Environmental Health Specialist
N.C. Registration Number
Date



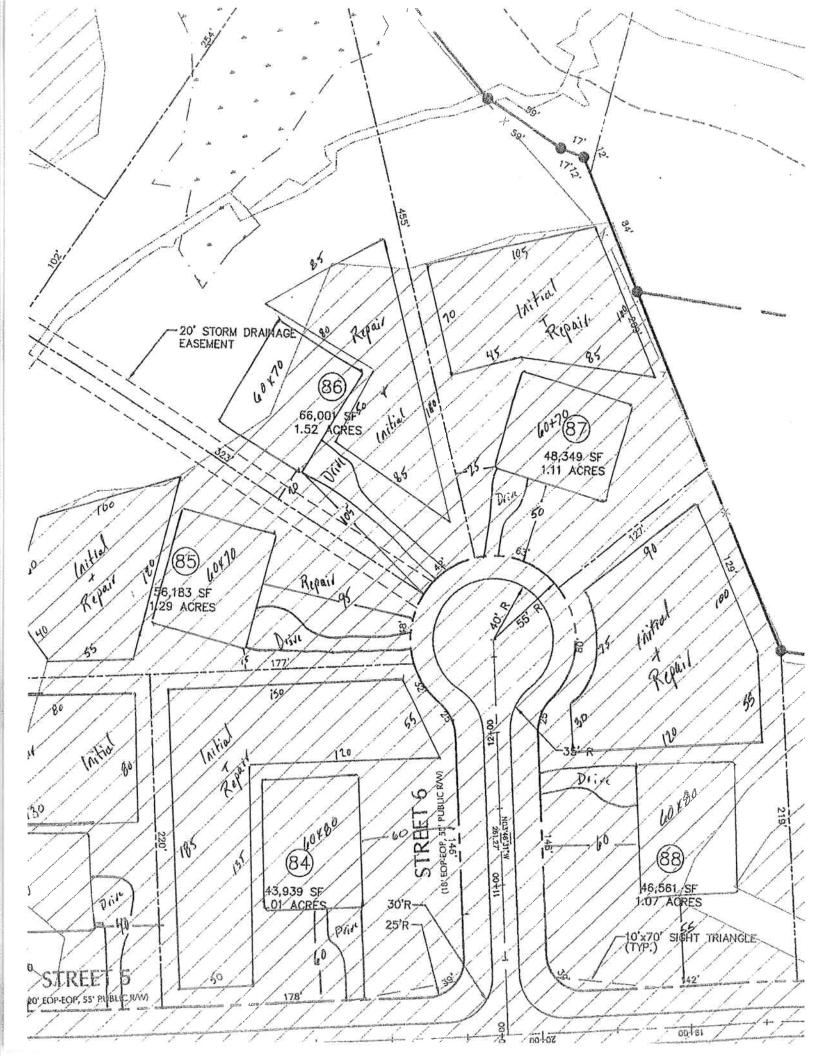
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System Type __

OFFICE USE ONLY

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES
NEW REPAIR □ EXPANSION □ REVISED □
An Improvement Permit is issued to Alindian Ded. fo
a 100 acre site located 101 88 The Humptons
in Chatham County. It is specifically issued for the following facility:
Facility: Residential (¾) Non-Residential ()
No. Bedrooms No. Residents/Employees_/Orman
Type Wastewater: Residential () Commercial ()
Initial System Type: I() II() III() IV() V() VI()
Description
Type System: Shallow Conventional () LPP () Other
Design FlowEGPD Application RateGPD/ft²
Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal
Nitrification Line (Length/Width/Max Depth)
(On contour in approved septic area; sch. 40 PVC required over step-downs)
Repair System Type: I() II() III() IV() V() VI()
Description
Special Conditions Forester Marrielo Required
Opecial Conditions
A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.
This permit is valid [] without expiration [[] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership.
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.
Issued by Jawan G. Botta 7.5. Environmental Health Specialist
N.C. Registration Number



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TPN	
Permit No	
Date	-
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System Type	

Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES.

NEW C	REPAIR	EXPANSION	REVISED	
An Imp	rovement Permit is issued to acre site located	Windyam Dr.	REVISED L	fo
	Initial System Type: I Description	ial (() Non-lial () No. Residents/Employ ial (() Comi () II () III () Conventional () LPP EGPD Application	Residential () vees mercial () IV () V () () ation RateGP	VI () D/ft² _Gal
	(On contour in approved septic Repair System Type:	area; sch. 40 PVC require	ed over step-downs)	VI ()
existing	vith site plan showing specific loo buildings, property lines, water other information required by the	supplies, surface waters,	the conditions for any site r	modifications;
altered,	rmit is valid [] without expira soil disturbed, set-backs violate provement Permit shall not be at	ed, or the plans of intended	d use are changed.	ion if the site is
	B NOT AUTHORIZATION TO IN d from this department before in Issued by			ion must be
	N.C. Registrat	ion Number	· · · · · · · · · · · · · · · · · · ·	
		Date		

