

CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 II-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 Windjam Dev. Group for
a 2.44 acre site located lot 1 Mt. Gilcard Ch. Rd

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 (x) Commercial ()

Initial System Type: I () II () III () IV () V (x) VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other Drip Irrigation - No Pre-treatment

Design Flow 600 EPGD Application Rate .1 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 min Gal

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 (x) VI ()

Description Same

Special Conditions System must be designed by an individual authorized by the manufacturer

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.

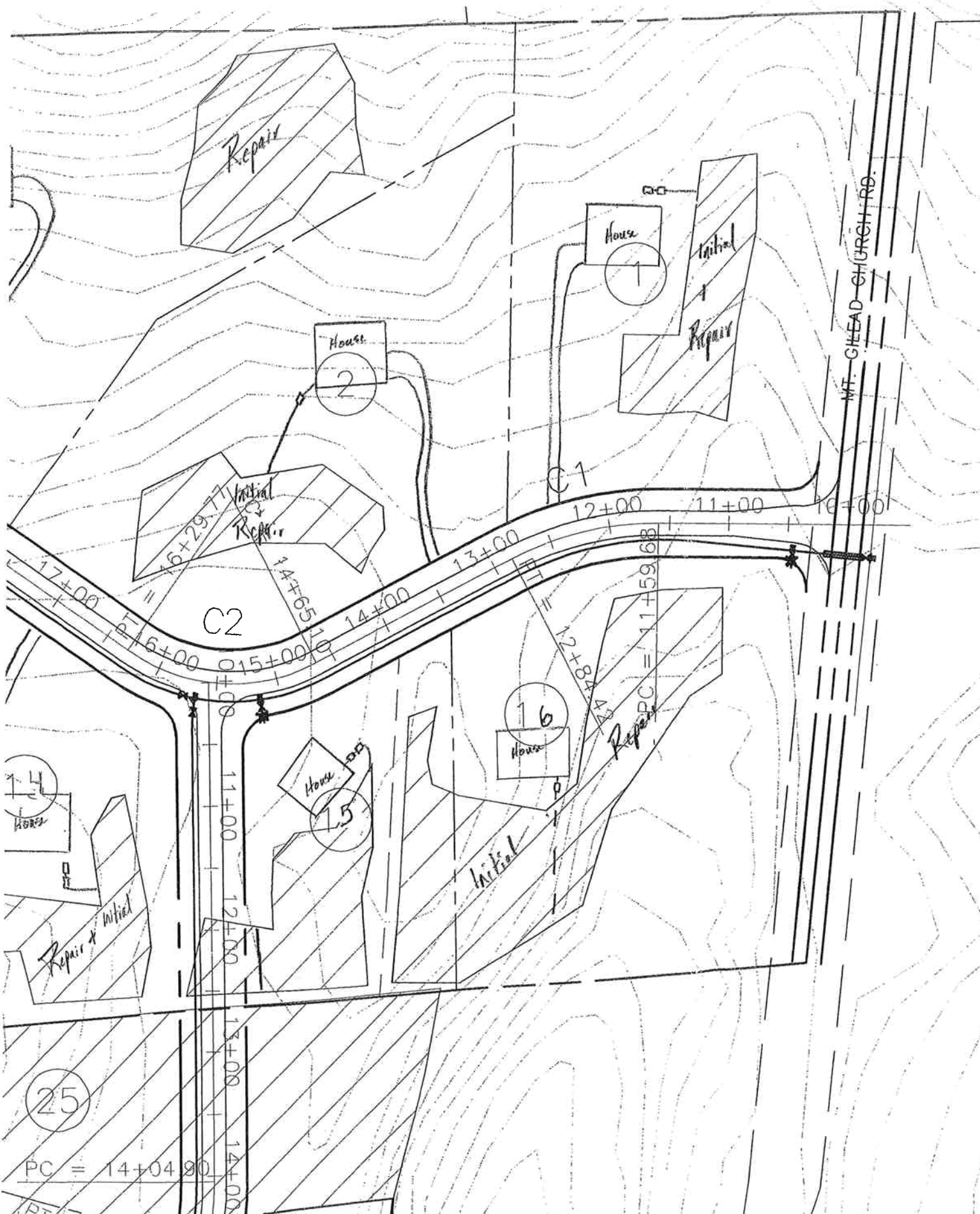
Issued by Thomas J. Boyce R.S.
Environmental/Health Specialist

N.C. Registration Number 1353

Date 11-18-05

911 Address

Name



Repair

House

Initial

Repair

House

2

Initial

Repair

C2

C1

MT. CLEAD CHURCH RD.

House

6

House

5

Initial

Repair

Repair & Initial

25

PC = 14+04.90

PC = 11+59.68

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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 2.14 acre site located lot 2 Mr Gilford 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 (☒) Commercial ()

Initial System Type: I () II (☒) III () IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other Accepted 25% Reduction

Design Flow 600 EPGD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT _____ Gal

Nitrification Line (Length/Width/Max Depth) 500' x 3' x 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.

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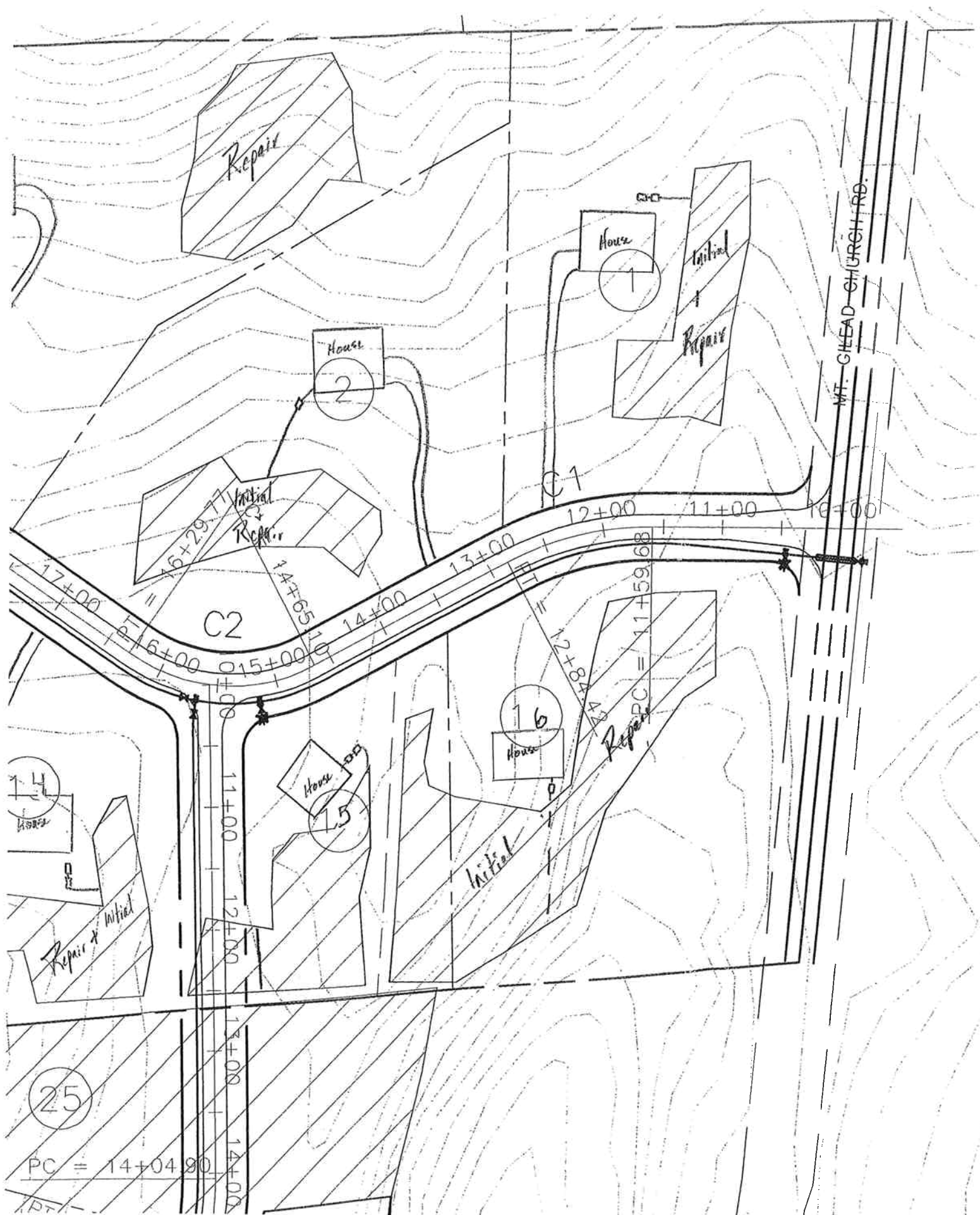
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Issued by Thomas J. Boyce R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 11-18-05



Repair

C1

House

Initial

Repair

House

2

Initial

Repair

C2

C1

12+00

11+00

10+00

17+00

16+29

14+65

14+00

13+00

12+00

11+00

10+00

16+00

15+00

14+00

13+00

12+00

11+00

10+00

14

House

0

Repair & Initial

House

15

16

House

Initial

Repair

11+59.68

25

PC = 14+04.90

PT =

MT. GHEAD CHURCH RD.

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EHS _____
System Type _____

NEW ☒ REPAIR ☐ EXPANSION ☐

An Improvement Permit is issued to Winnjam Dev. Group for
a 4.63 acre site located lot 3 Mt. Gilboa Ch. Rd

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 (x) Commercial ()

Initial System Type: I () II () III () IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other Accepted 25% reduction

Design Flow 600 EPGD Application Rate .25 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT _____ Gal

Nitrification Line (Length/Width/Max Depth) 600' x 3' x 12"

16" 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 (x) VI ()

Description Drip Irrigation - 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.

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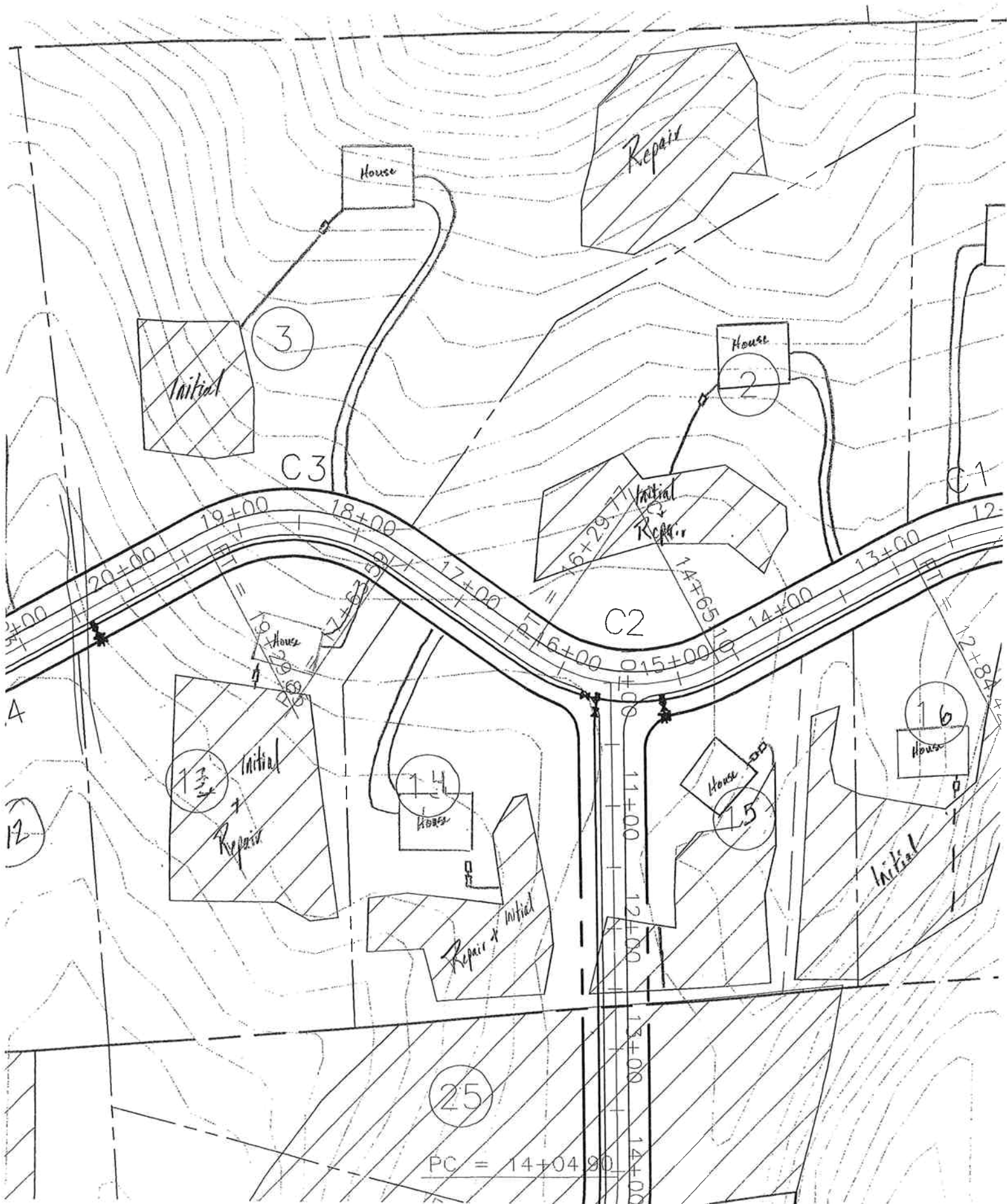
Issued by Thomas J. Boger R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 11-18-05

911 Address

Name



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EHS	_____
System Type	_____

NEW ☒ REPAIR ☐ EXPANSION ☐

An Improvement Permit is issued to Windjam Dev Group for
a 5.03 acre site located Lot 4 Mt Gilad Ch. Rd

in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()

No. Bedrooms 5 No. Residents/Employees _____

Type Wastewater: Residential (☒) Commercial ()

Initial System Type: I () II (☒) III () IV () V () VI ()

Description _____

Type System: Shallow Conventional (☒) LPP ()

Other _____

Design Flow 600 EGPD Application Rate .275 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT _____ Gal

Nitrification Line (Length/Width/Max Depth) 730 x 3 x 16"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III () IV () V (☒) VI ()

Description Drip Irrigation - 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.

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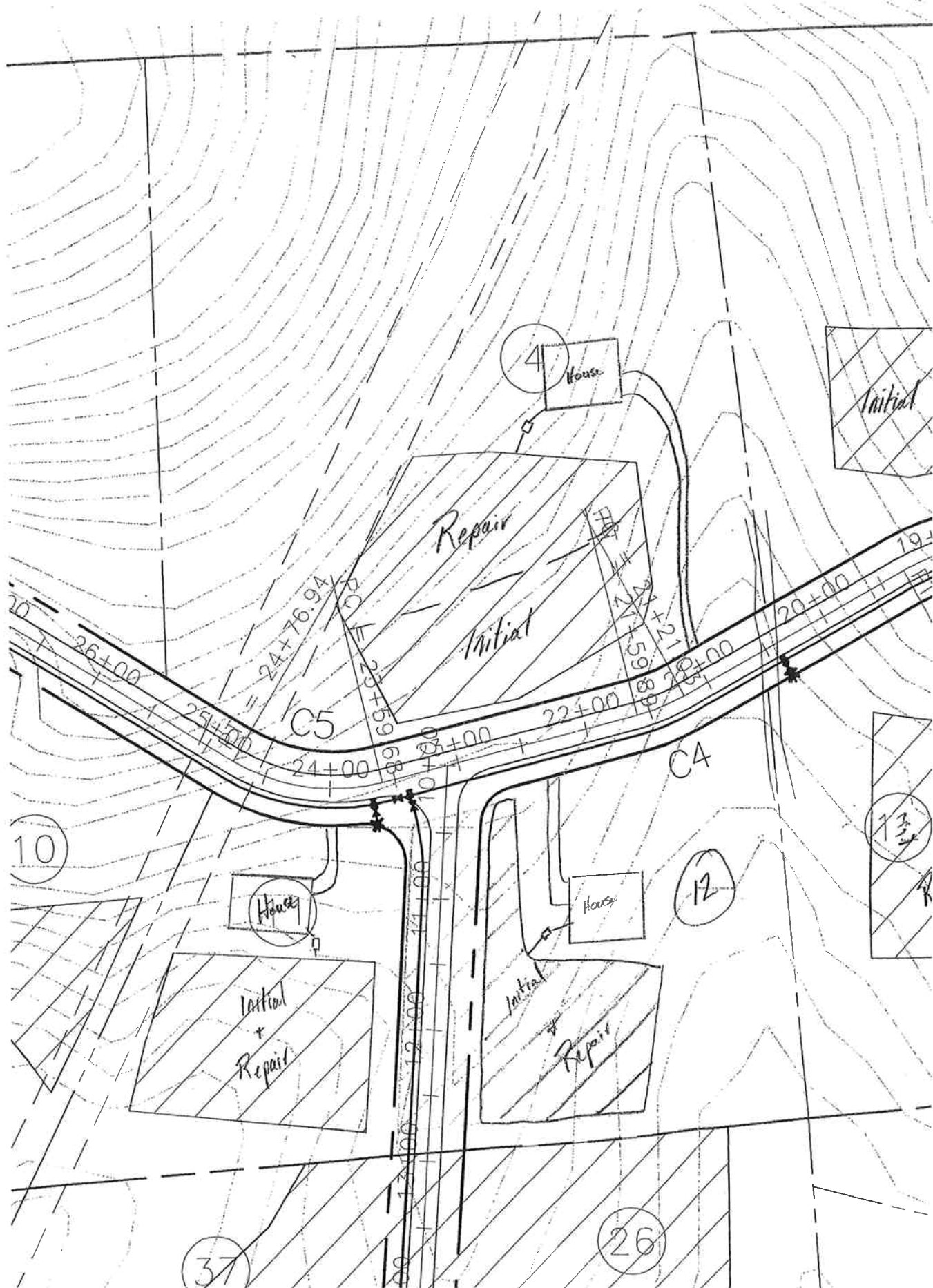
The Improvement Permit shall not be affected by change in ownership.

THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.

Issued by Thomas J. Boyer R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 11-18-05



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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 Winjam Dev. Group for
a 3.78 acre site located Lot 5 Mt. Gilboa 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 (☒) Commercial ()

Initial System Type: I () II () III () IV () V (☒) VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other Drip Irrigation NO Pretreatment

Design Flow 600 EPGD Application Rate 1 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 min Gal

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 (☒) VI ()

Description Drip Irrigation NO Pretreatment

Special Conditions System must be designed by an individual authorized by the manufacturer

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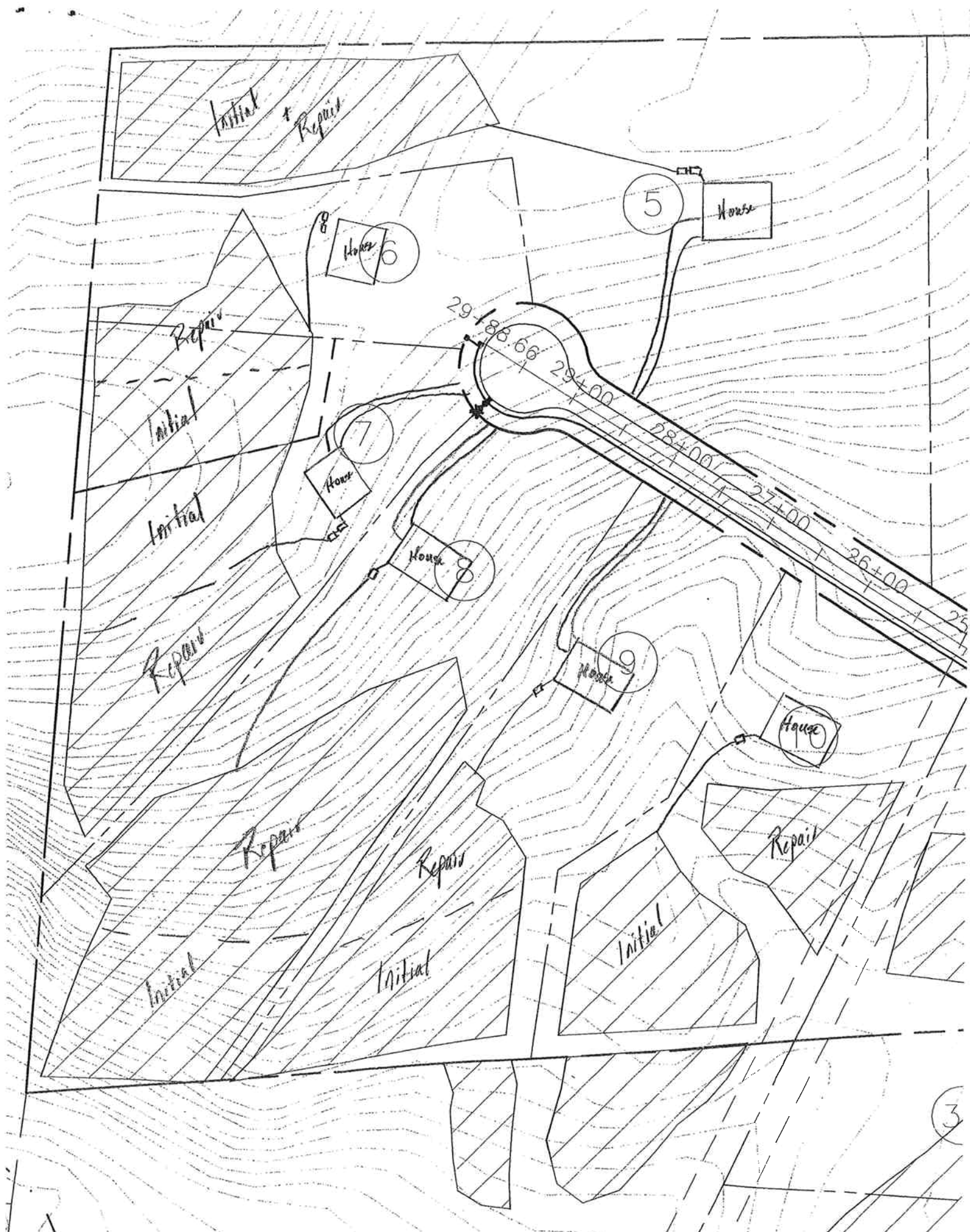
Issued by Thomas J. Boyer P.E.
Environmental Health Specialist

N.C. Registration Number 1353

Date 11-18-05

911 Address

Name Winjam Dev. Lot 5



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EHS _____
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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 for
a 1.08 acre site located Lot 6 Mt Gilead 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 () Commercial ()

Initial System Type: I () II () III (☒) IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other Accepted 25% Reduction

Design Flow 600 EPGD Application Rate .25 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 100' x 3' x 12"
6" corr 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 Drip Irrigation 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.

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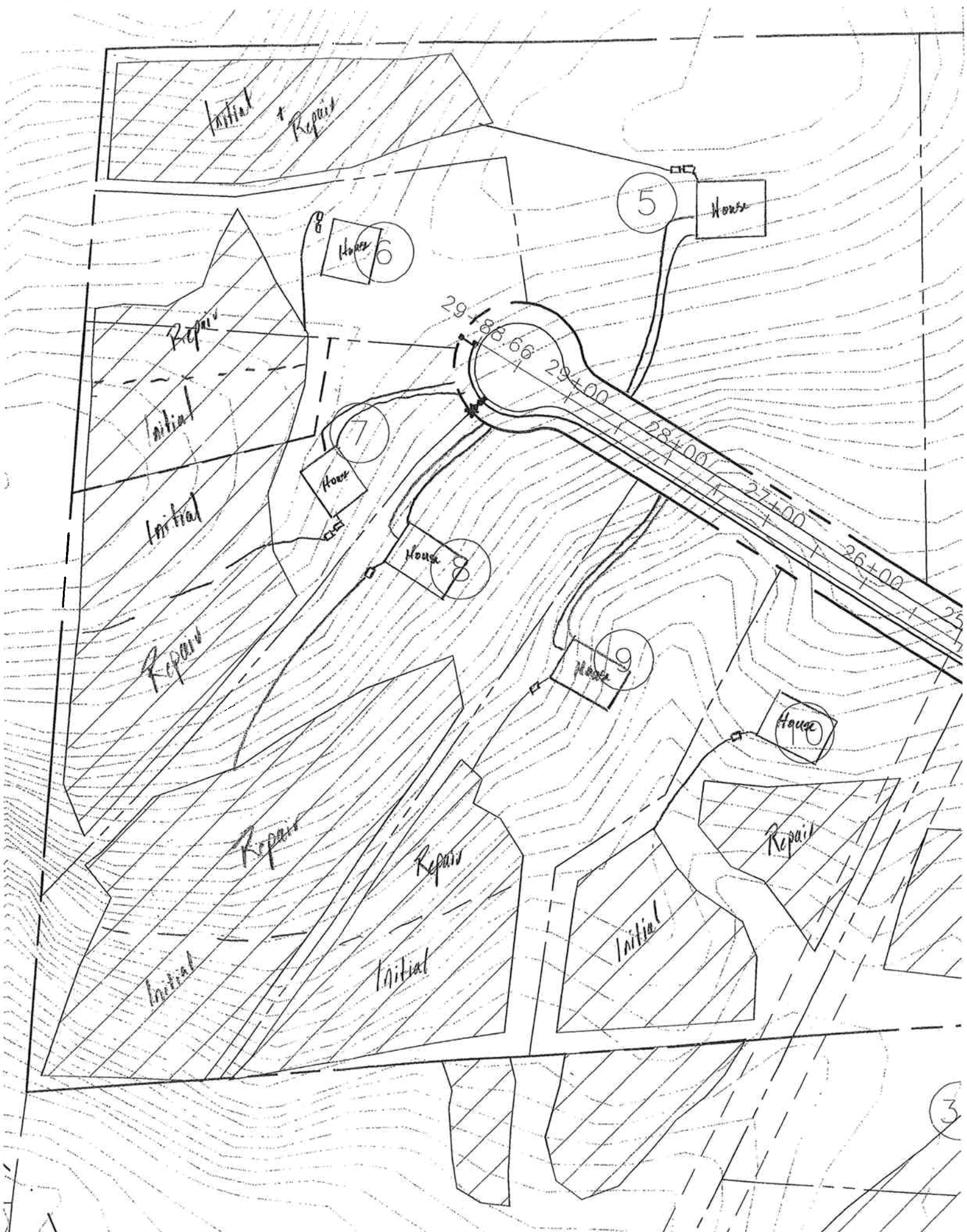
Issued by Thomas J. Boye R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 11-18-05

911 Address

Name



Initial

Repair

5

House

House 6

29+88.66

29+00

28+00

27+00

26+00

Repair

Initial

Initial

Repair

House 7

House 8

House 9

House 10

Repair

Repair

Initial

Initial

Initial

Repair

3

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EHS _____
System Type _____

NEW ☒ REPAIR ☐ EXPANSION ☐

An Improvement Permit is issued to Windjam Dev. Group for
a 2.10 acre site located lot 7 My Billed 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 (☒) Commercial ()

Initial System Type: I () II () III () IV () V () VI ()

Description _____

Type System: Shallow Conventional (☒) LPP ()

Other _____

Design Flow ~~600~~ 600 EGPD Application Rate 1.275 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 730' x 3' x 18"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III () IV () V (☒) VI ()

Description Drip Irrigation 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.

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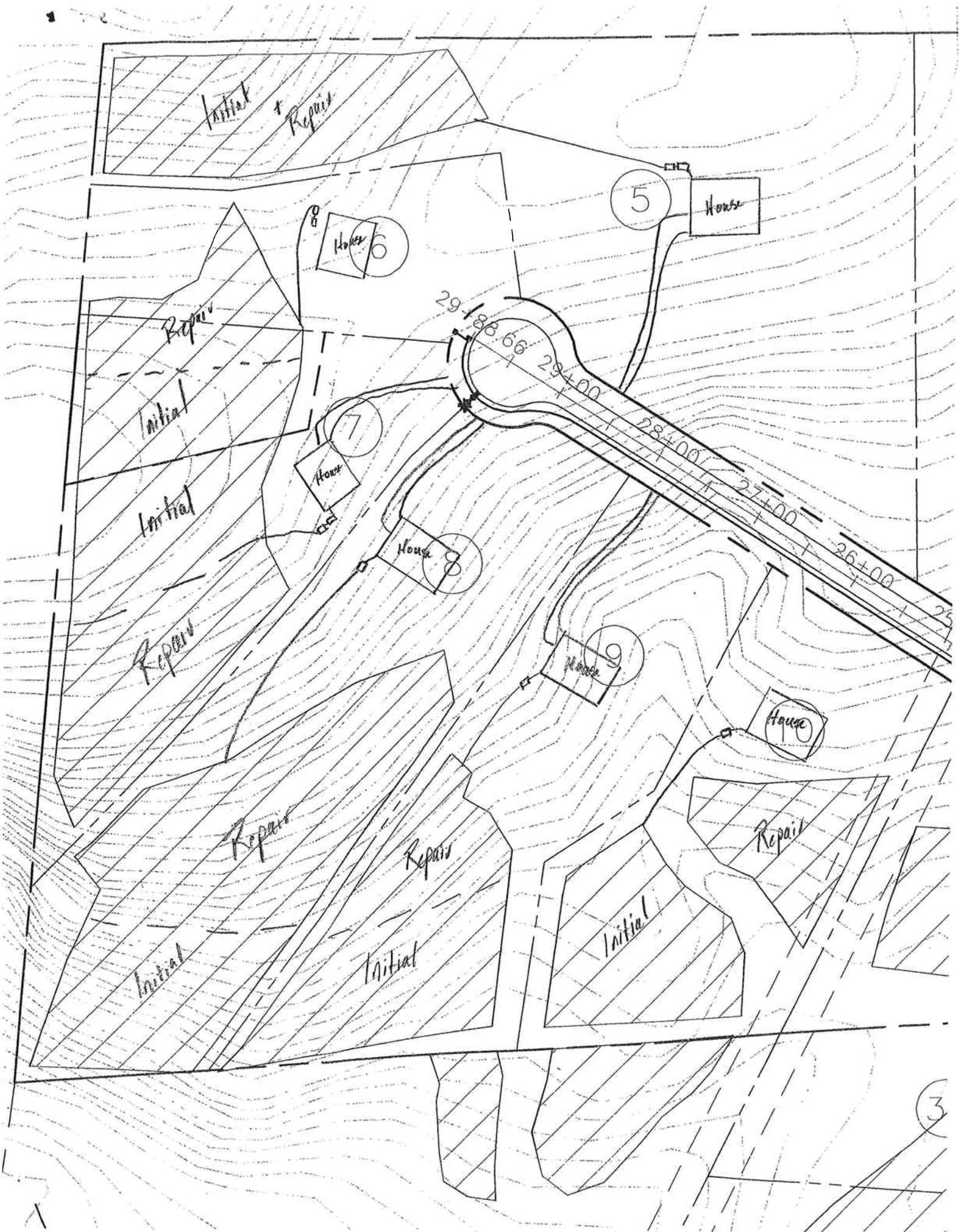
Issued by Thomas J. Boyle R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 11-18-05

911 Address

Name



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Date _____

EHS _____

System Type _____

NEW ☒ REPAIR ☐ EXPANSION ☐

An Improvement Permit is issued to Winjam Dev. Group for
a 2.78 acre site located lot 8 Mr. Gilead Ch. Rd

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 (x) Commercial ()

Initial System Type: I () II () III () IV () V () VI ()

Description _____

Type System: Shallow Conventional (x) LPP ()

Other _____

Design Flow 600 EPGD Application Rate .275 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT _____ Gal

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 (x) IV () V () VI ()

Description 10" Large Diameter 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.

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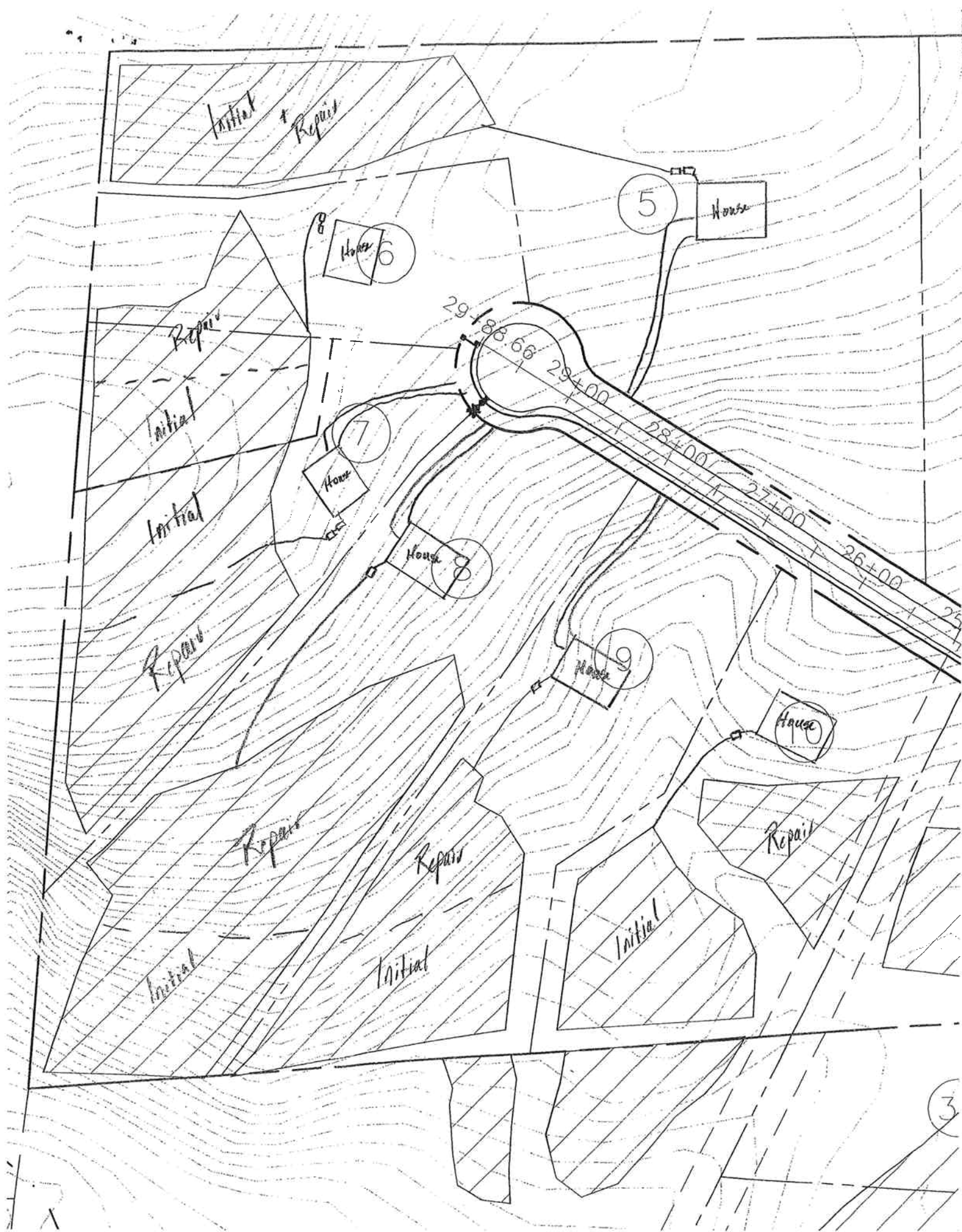
Issued by Thomas J. Boyle R.S.
Environmental Health Specialist

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Date 11-18-05

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OFFICE USE ONLY

TPN _____
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NEW ☒ REPAIR ☐ EXPANSION ☐

An Improvement Permit is issued to Windjam Dev. Group for
a 2.08 acre site located Lot 9 Mt. Gillet 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 (☒) Commercial ()

Initial System Type: I () II (☒) III () IV () V () VI ()

Description _____

Type System: Shallow Conventional (☒) LPP ()

Other _____

Design Flow 600 EPGD Application Rate .275 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT _____ Gal

Nitrification Line (Length/Width/Max Depth) 730' x 3' x 20"

(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.

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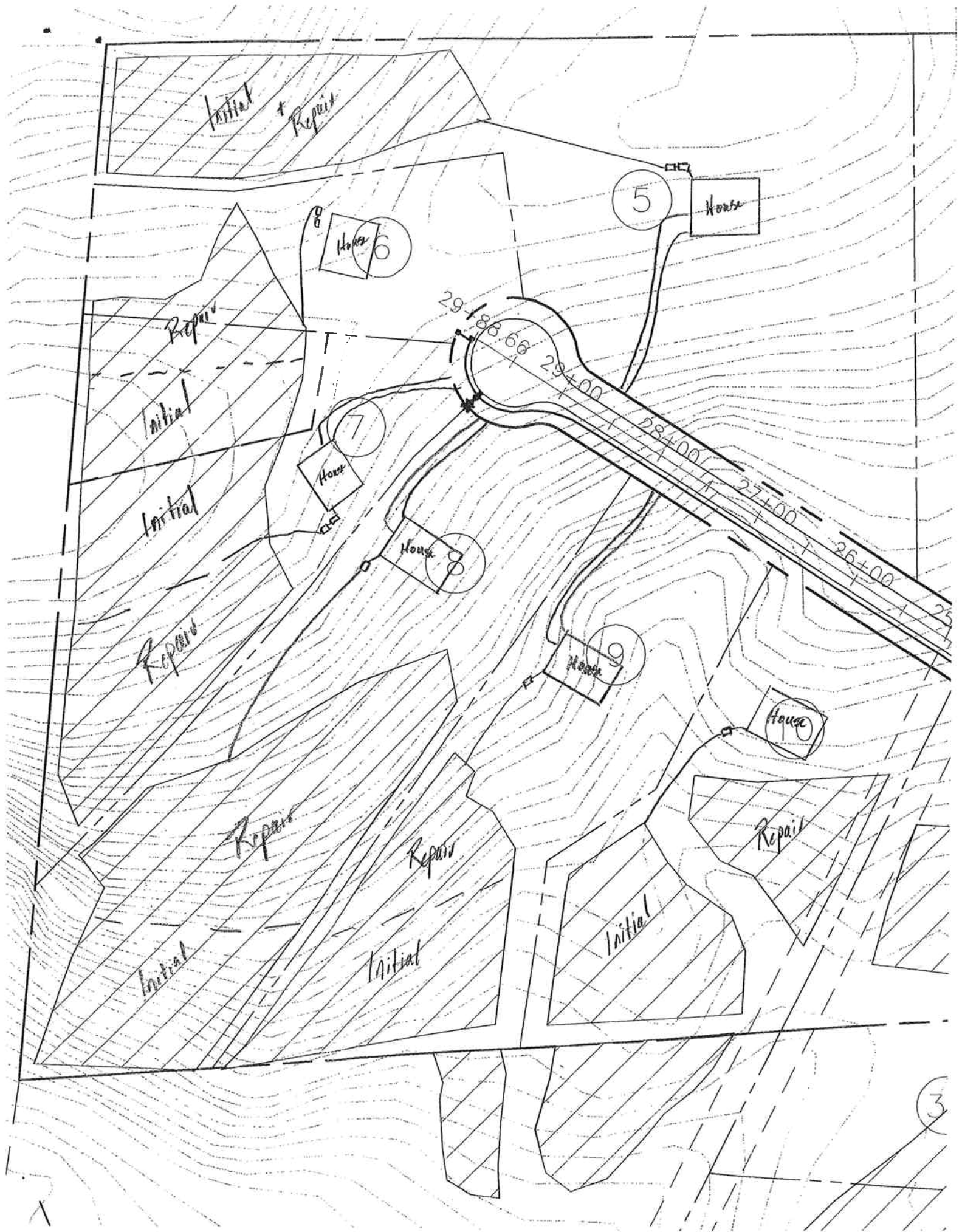
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NEW ☒ REPAIR ☐ EXPANSION ☐

An Improvement Permit is issued to Windjam Dev Group for
a 1.92 acre site located Lot 10 Mt. Gilead 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 (☒) Commercial ()

Initial System Type: I () II (☒) III () IV () V () VI ()

Description _____

Type System: Shallow Conventional (☒) LPP ()

Other _____

Design Flow 600 EPGD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT _____ Gal

Nitrification Line (Length/Width/Max Depth) 670' x 3' x 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.

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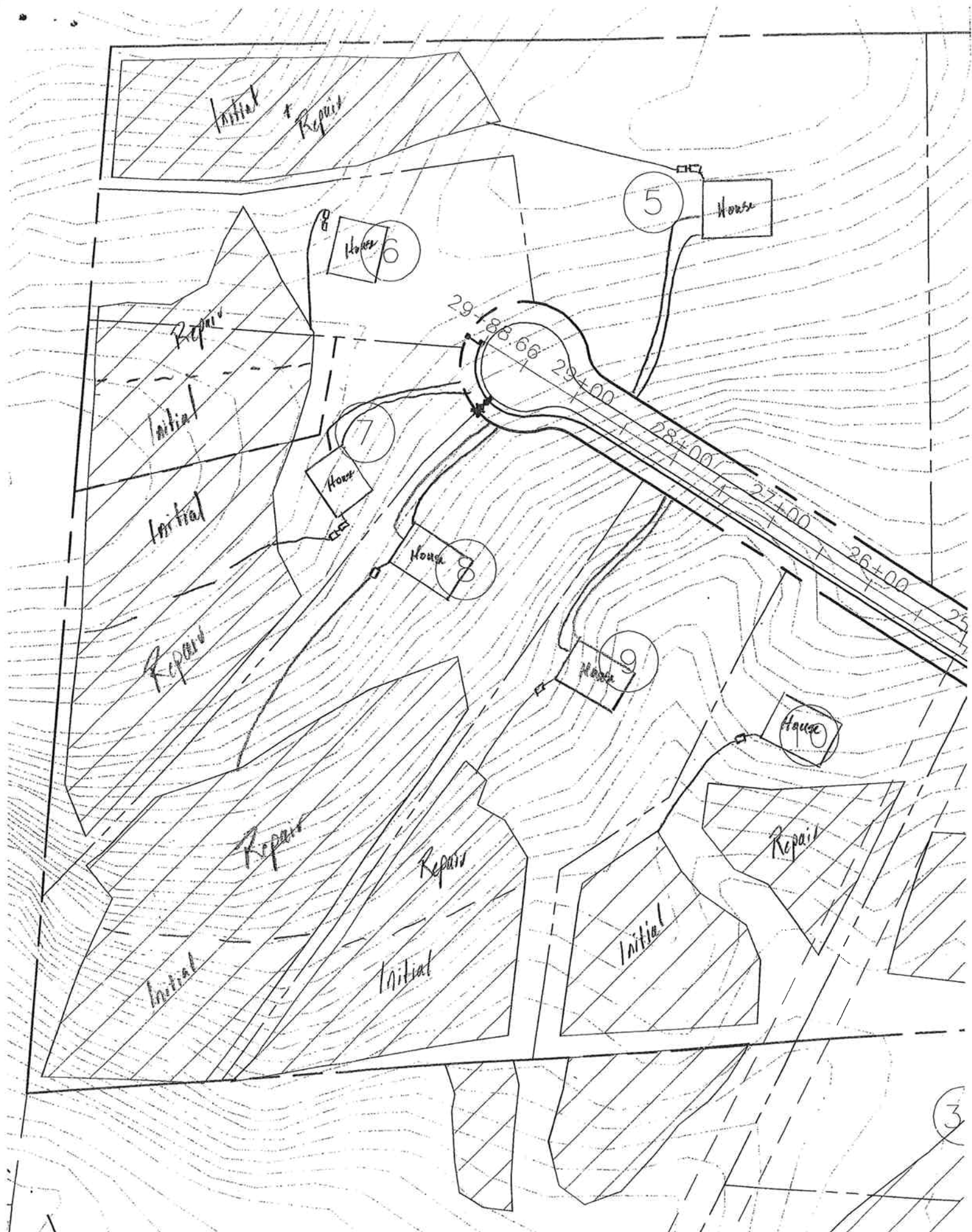
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Date _____

EHS _____

System Type _____

NEW ☒ REPAIR ☐ EXPANSION ☐

An Improvement Permit is issued to Wadjo Dev. Group for

a 1[±] acre site located Lot 11 Mt Gilcard 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 () Commercial ()

Initial System Type: I () II (☒) III () IV () V () VI ()

Description _____

Type System: Shallow Conventional (☒) LPP ()

Other _____

Design Flow 600 EGPD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT _____ Gal

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 (☒) III () IV () V () VI ()

Description shallow conventional

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.

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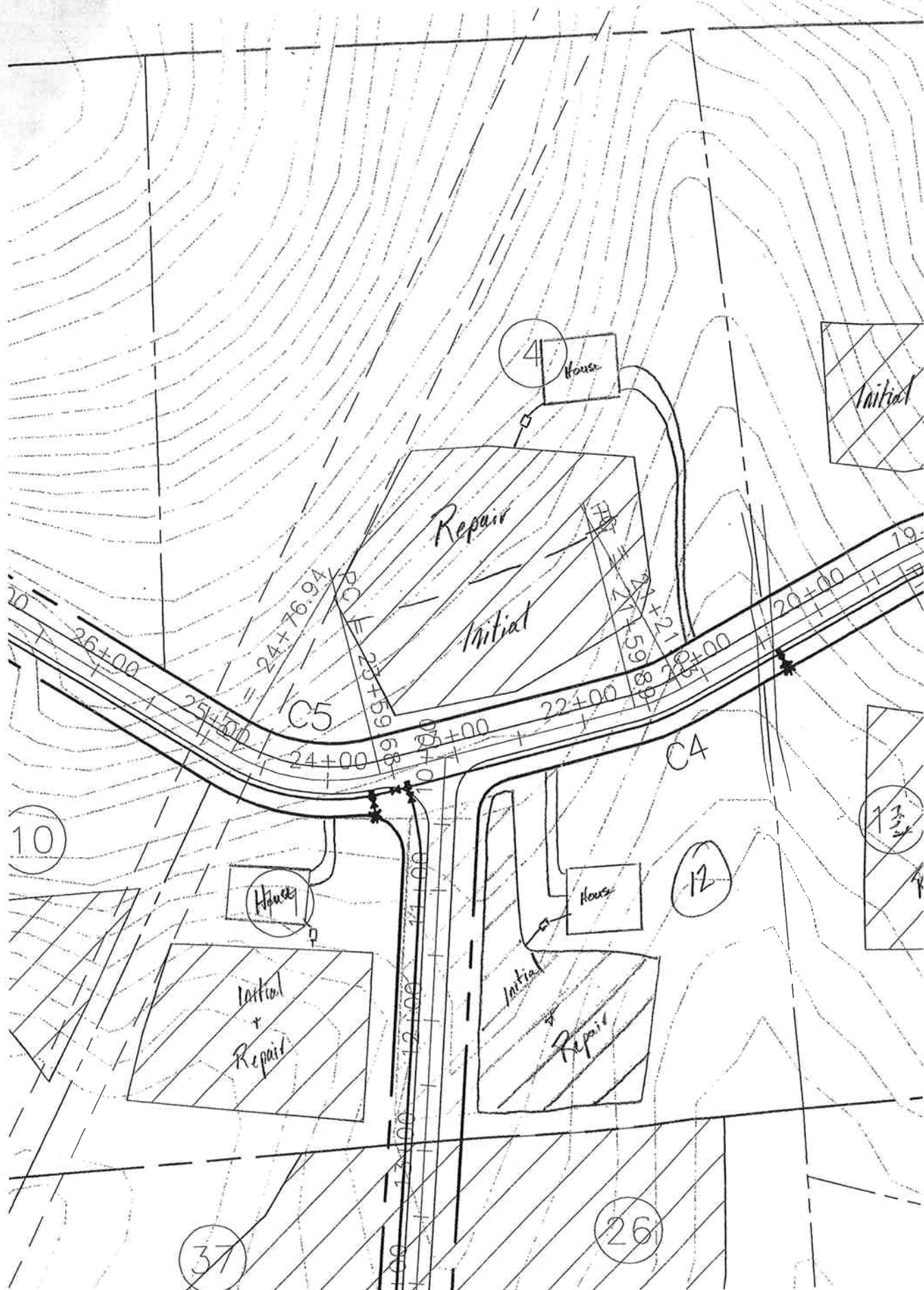
Issued by Thomas J. Bay R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 11-18-05

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NEW ☒ REPAIR ☐ EXPANSION ☐

An Improvement Permit is issued to Windjam Dev. Group for
a 1.9 ± acre site located Lot 12 McLeod 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 (☒) Commercial ()

Initial System Type: I () II (☒) III () IV () V () VI ()

Description _____

Type System: Shallow Conventional (☒) LPP ()

Other _____

Design Flow 100 EGPD Application Rate 0.275 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT _____ Gal

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 () IV () V () VI ()

Description shallow conventional

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.

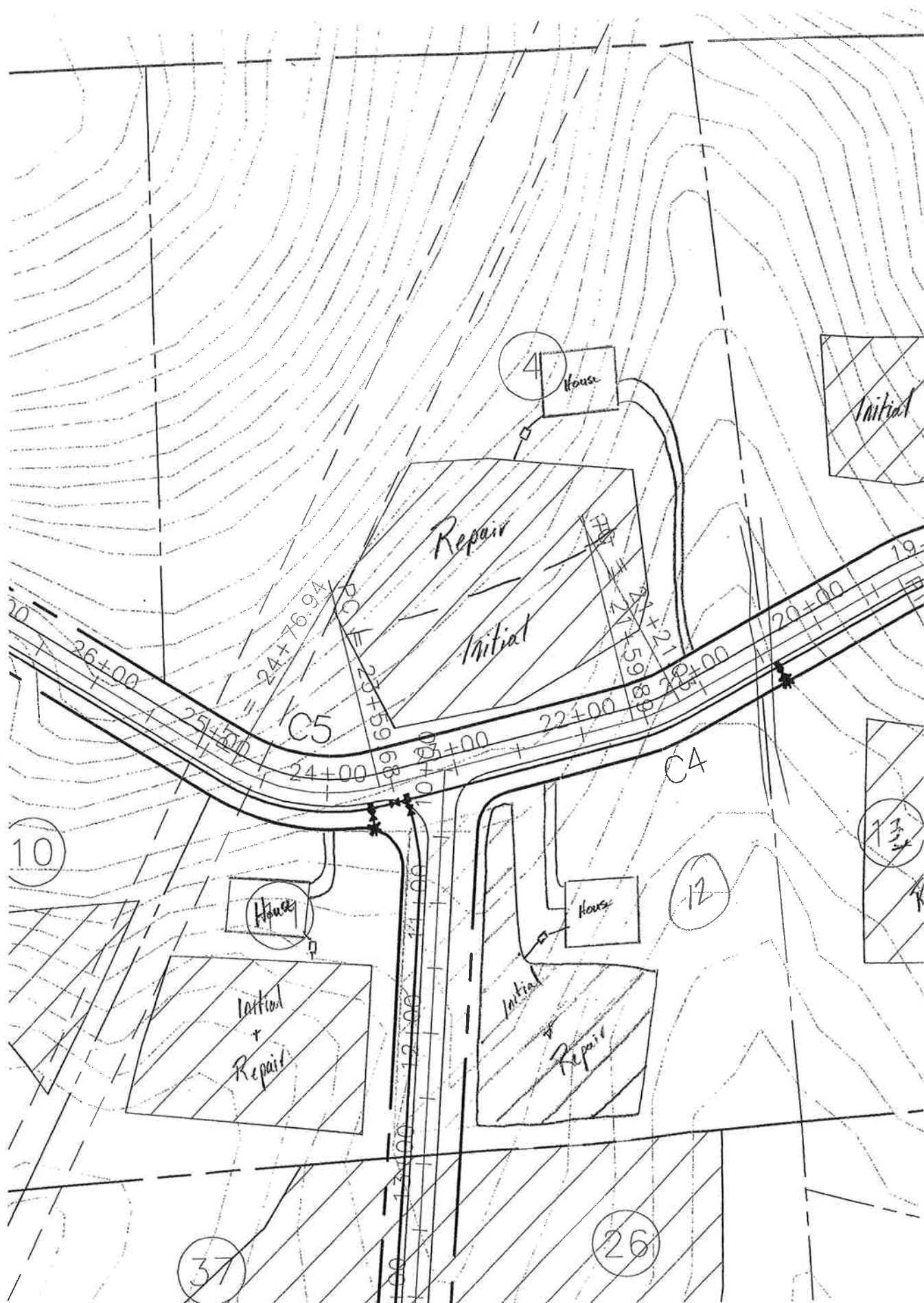
Issued by Thomas J. Boone RS
Environmental Health Specialist

N.C. Registration Number 1353

Date 11-18-05

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 II-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 Wilmington Dev. Group for
a 1.8[±] acre site located Lot 13 Mt Gilcard Ct. Rd

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 (x) Commercial ()

Initial System Type: I () II (x) III () IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other Accepted 25% Reduction

Design Flow 600 EPGD Application Rate .25 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT _____ Gal

Nitrification Line (Length/Width/Max Depth) 600' 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 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.

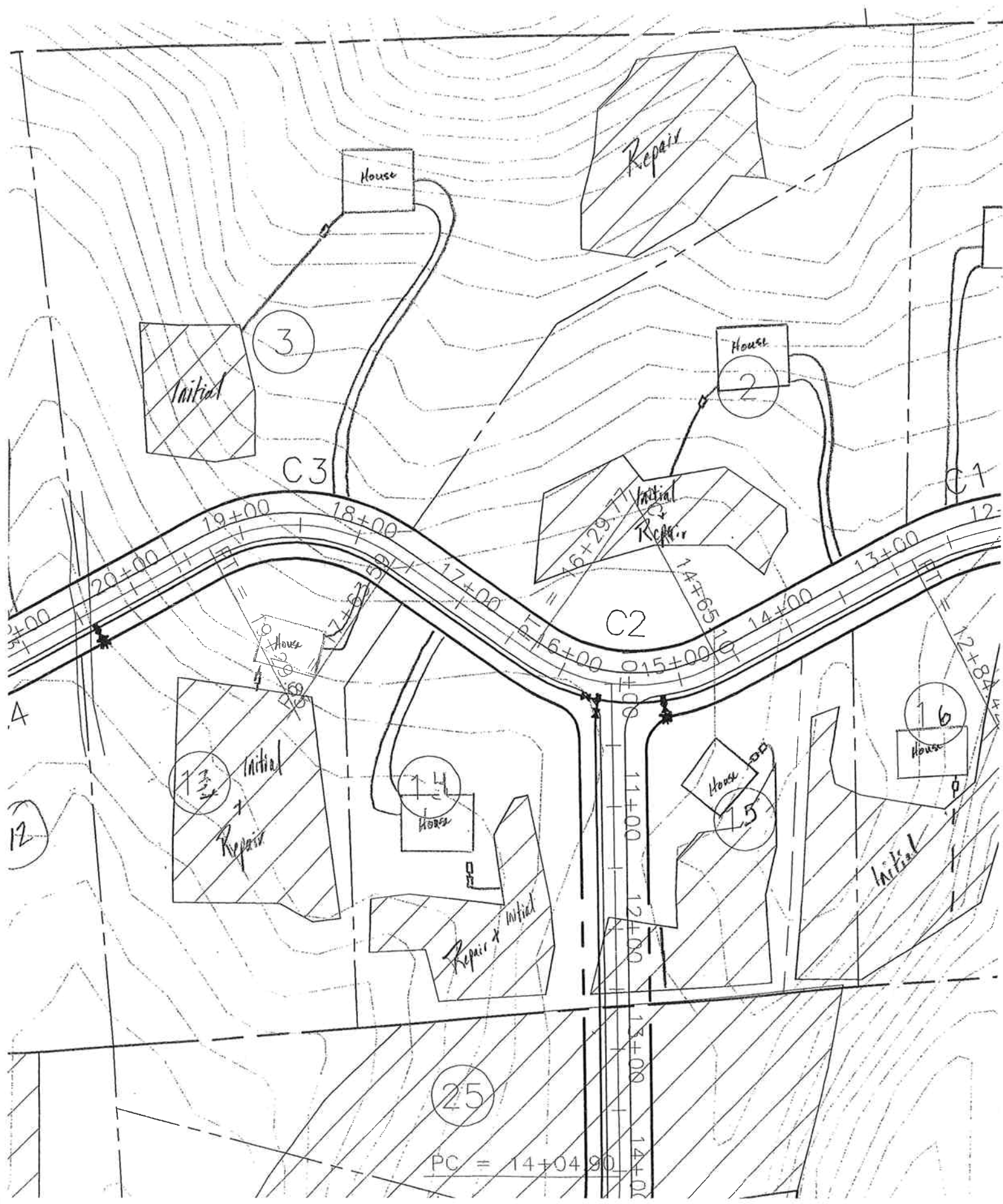
Issued by Thomas J. Boyce R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 11-13-05

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 Dev. Group for
a 1.21[±] acre site located Lot 14 Mt. Pleasant Ch. Rd

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 (x) Commercial ()

Initial System Type: I () II () III (v) IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other Permeable Block Panel System

Design Flow _____ EGD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

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 (x) 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 [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.

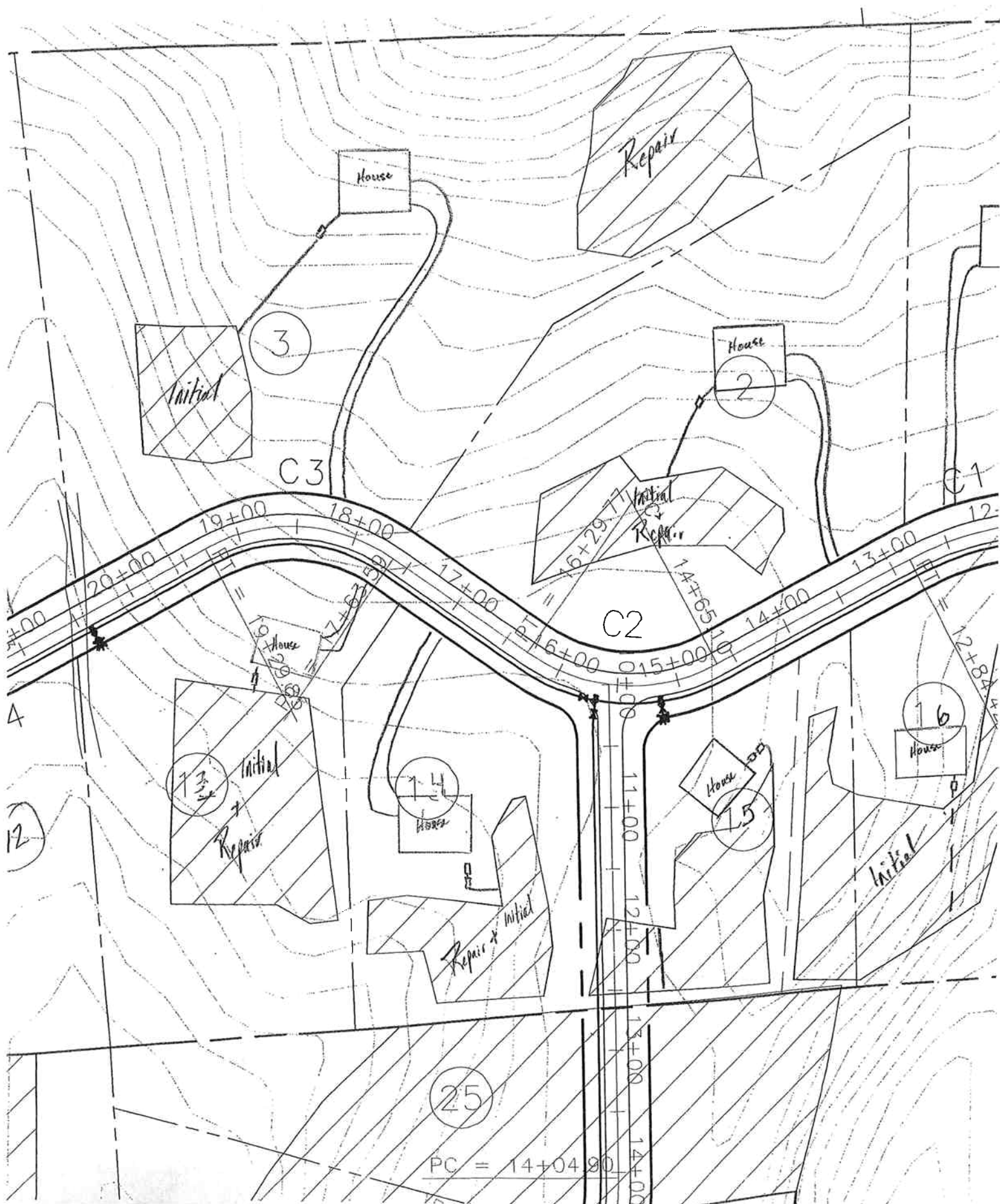
Issued by Thomas J. Boque Jr.
Environmental Health Specialist

N.C. Registration Number 1353

Date 11-18-05

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 II-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 Widjan Dev. Group for
a 1.2 acre site located Lot 15 My Gilded Co. Rd

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 (v) Commercial ()

Initial System Type: I () II () III (x) IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other Permeable Block Panel System

Design Flow 600 EGD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

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 () III (x) IV () V () VI ()

Description Permeable 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 [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.

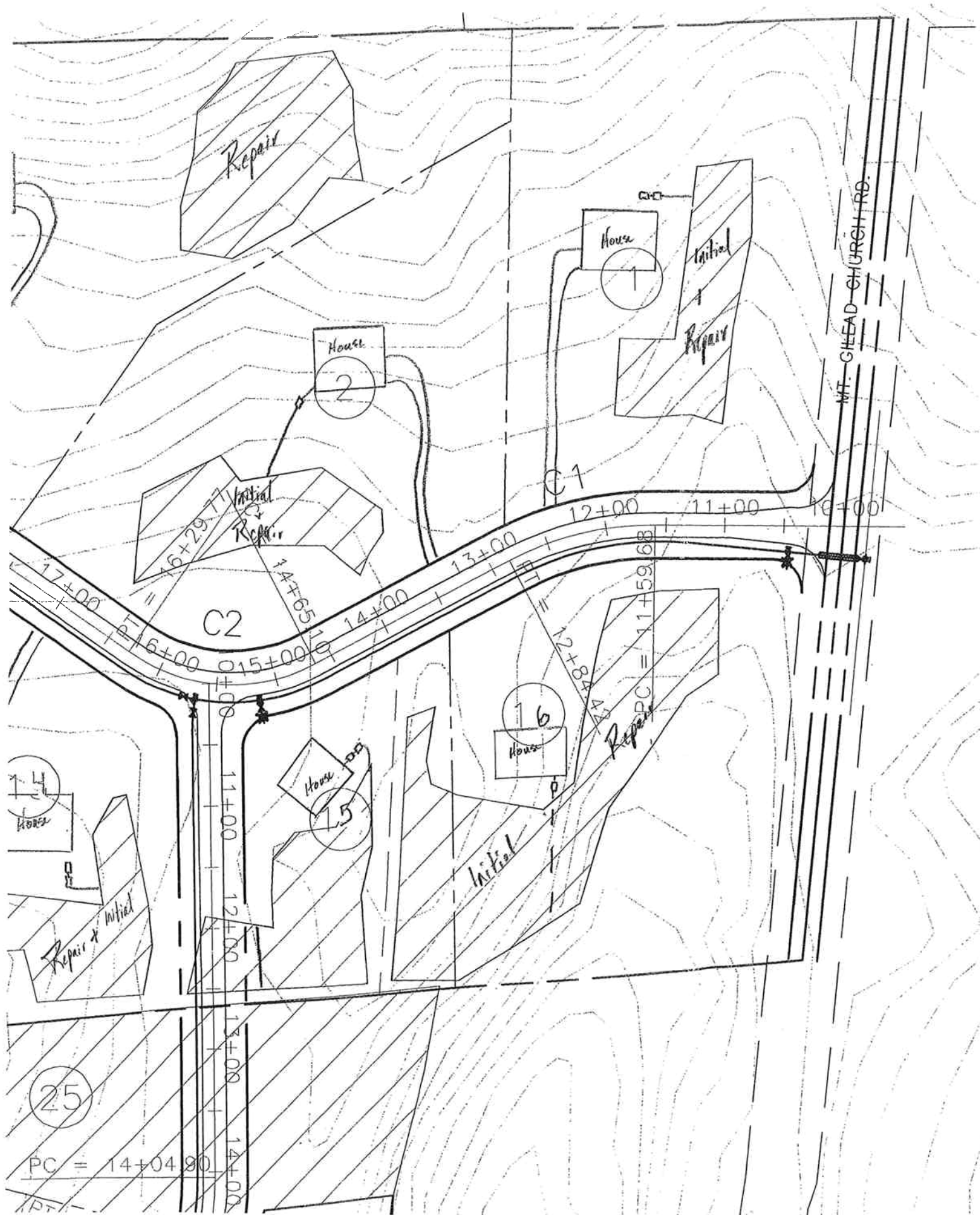
The Improvement Permit shall not be affected by change in ownership.

THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.

Issued by Thomas J. Bann R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 11-18-05



MT. CHEAD CHURCH RD.

C1

C2

House
16

House
15

House
4

25

PC = 14+04.90

CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 II-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 Widjan Dev. Group for
a 2.45 acre site located Lot 16 Mt Gilard 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 (☒) Commercial ()

Initial System Type: I () II () III (☒) IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other Permeable Block Panel System

Design Flow 600 EGD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 333' x 3' 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 Permeable 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.

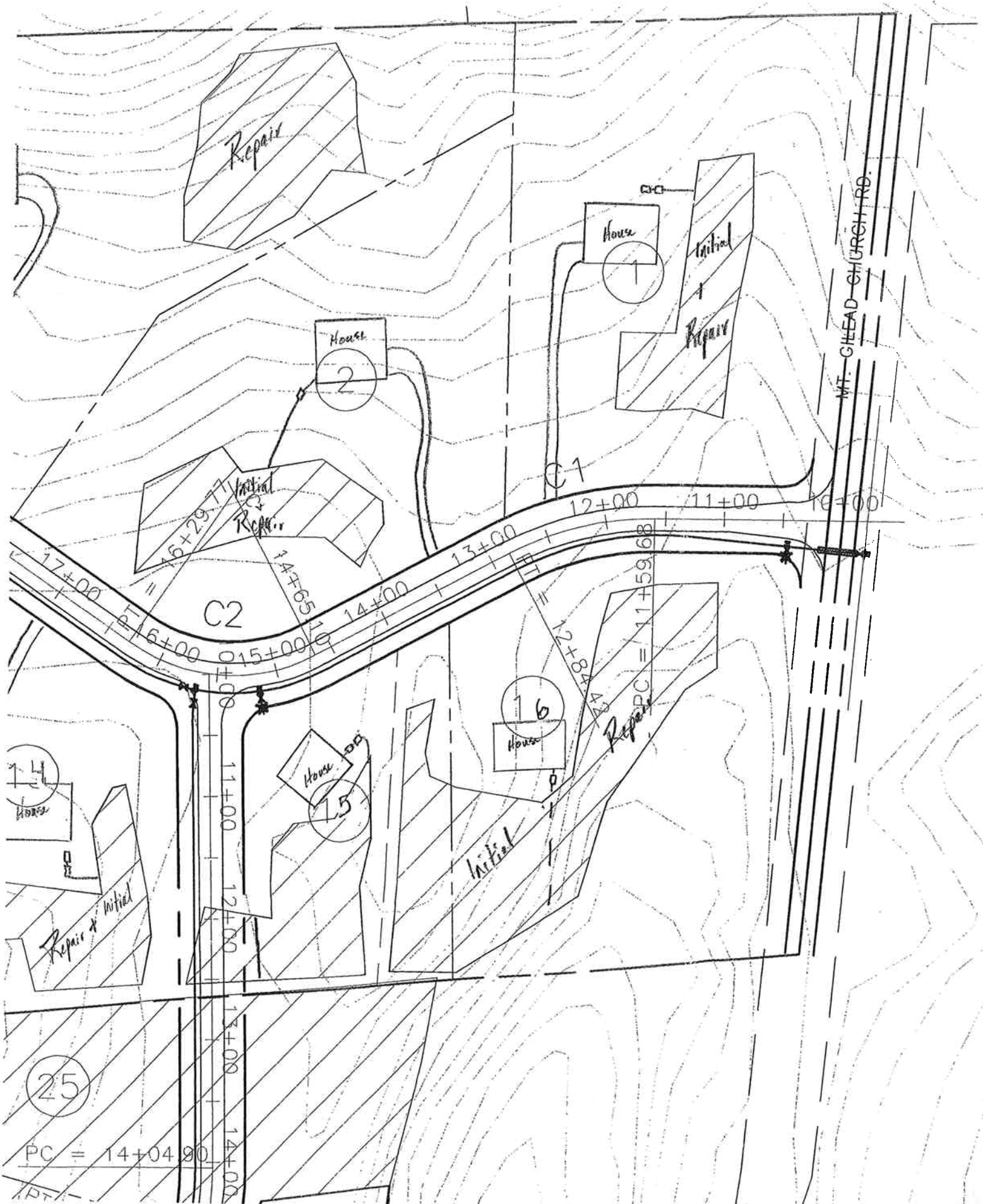
Issued by Thomas J. Boyer P.E.
Environmental Health Specialist

N.C. Registration Number 1353

Date 11-18-05

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 ☐ REVISED ☐

An Improvement Permit is issued to William D. for
a 2.16 acre site located 1st 17 The Hamptons
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 (x) Commercial ()

Initial System Type: I () II () III (x) IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other FPBPS

Design Flow 600 EGPD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1750 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 375' x 2' x 22"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (x) IV () V () VI ()

Description FPBPS

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 Thomas G. Bays R.S.
Environmental Health Specialist

N.C. Registration Number 1353

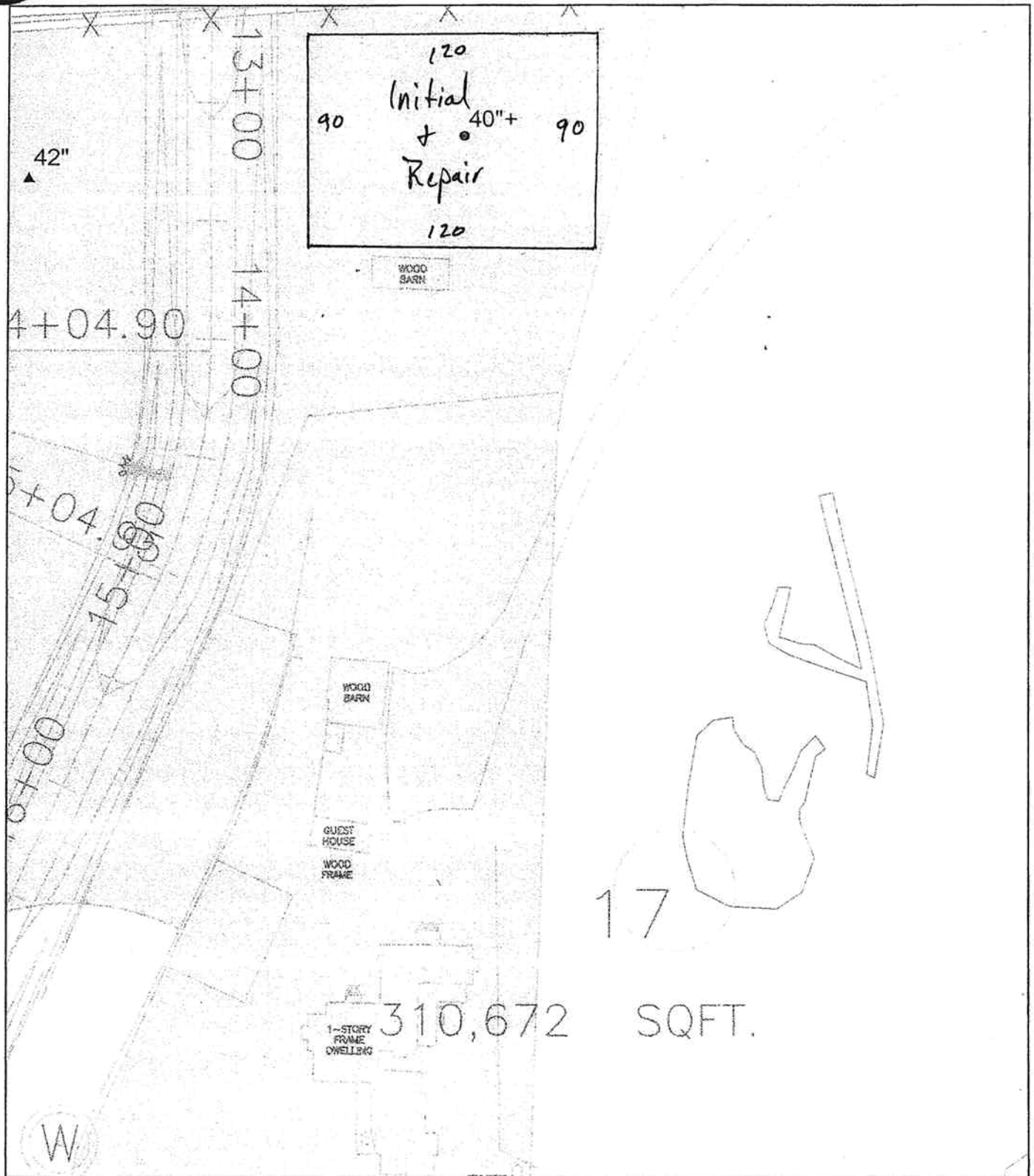
Date 8-22-06

911 Address

Name



The Hamptons Lot 17



Legend

- 60 30 0 60 Feet
- 1 inch equals 60 feet
- ▲ CCHD Bores/Pits
 - JDGC Bores
 - house site
 - S.&E.C. Suitable Soil Area

JDG CONSULTANTS 6/15/2006

CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 II-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 Wendy D. Huggins for

a 1.17 acre site located Lot 18 N. Huggins

in Chatham County. It is specifically issued for the following facility:

Facility: Residential () Non-Residential ()

No. Bedrooms 3 No. Residents/Employees 10

Type Wastewater: Residential (x) Commercial ()

Initial System Type: I () II () III (x) IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other PPBFS

Design Flow 600 EGPD Application Rate 3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1150 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 335' x 2' x 32"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (x) IV () V () VI ()

Description PPBFS

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 [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 Thomas C. Boyer R.S.
Environmental Health Specialist

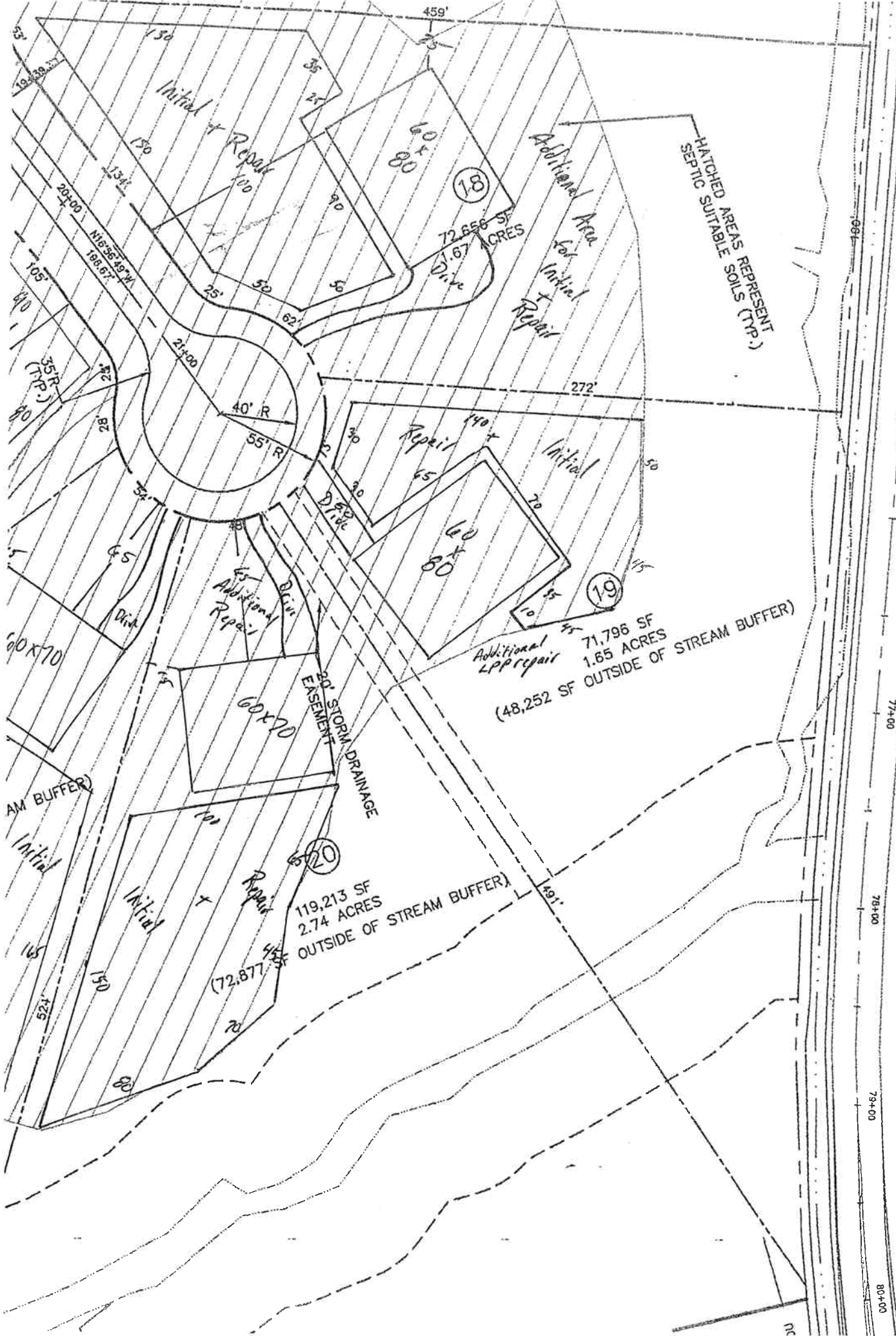
N.C. Registration Number 1353

Date 8-29-06

911 Address

Name

LEAD CHURCH ROAD - SR 1700



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 Walter D. for
a 1.65 acre site located Lot 17th Hedges
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 PPEPS

Design Flow 600 EGPD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 150 Gal PT 1750 Gal

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: I () II () III () IV () V () VI ()

Description PPEPS

Special Conditions Excess 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.

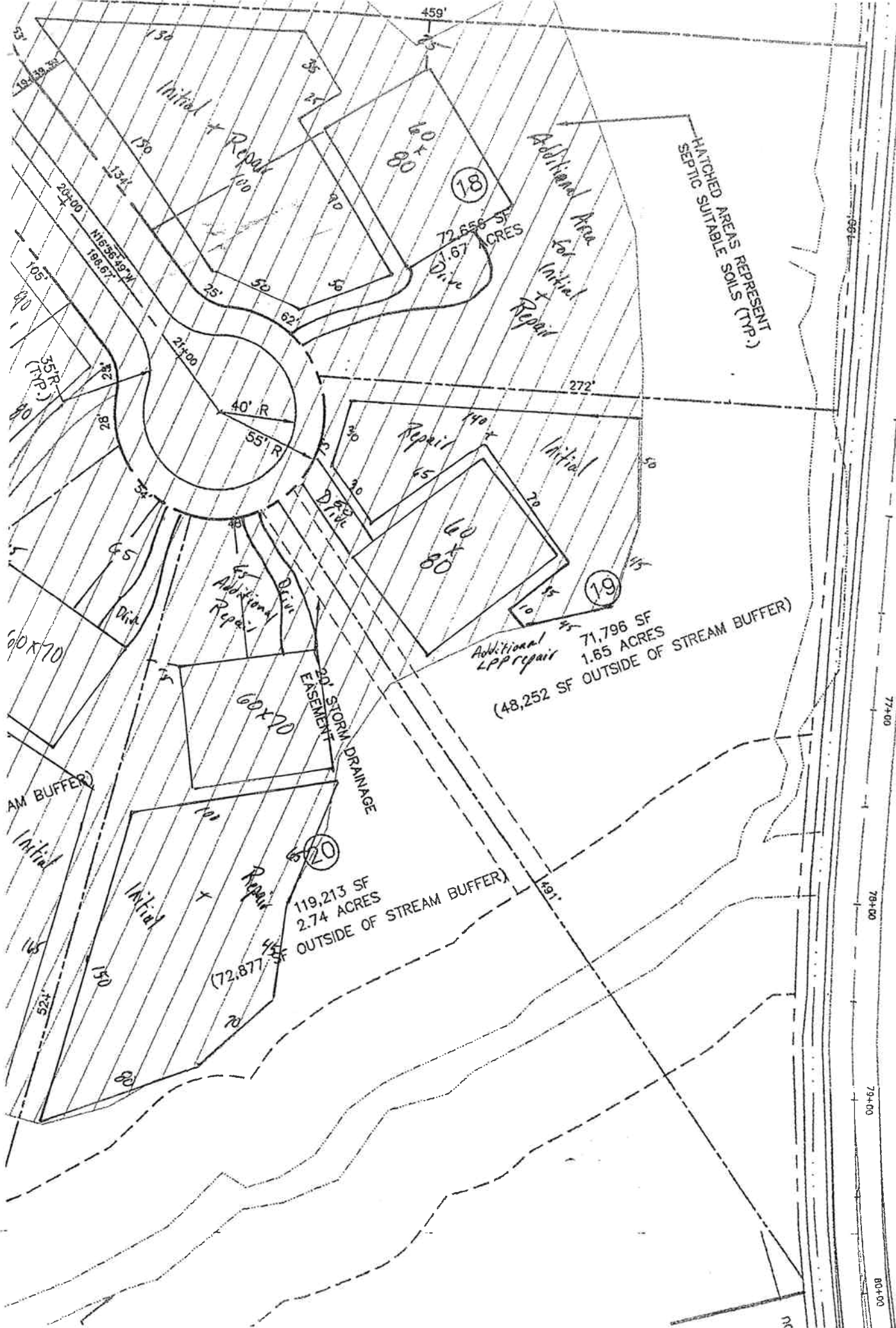
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.

Issued by Thomas C. Bump K.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-19-06

LEAD CHURCH ROAD - SR 1700



76+00

77+00

78+00

79+00

80+00

CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 William Davis for

a 2.54 acre site located lot 20 The Hapfords

in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()

No. Bedrooms 2 No. Residents/Employees 10

Type Wastewater: Residential (☒) Commercial ()

Initial System Type: I () II () III (☒) IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other PPBPS

Design Flow 600 EGPD Application Rate 3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1750 Gal PT 1750 Gal

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: I () II () III (☒) IV () V () VI ()

Description PPBPS

Special Conditions Person Monthly 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 Thomas C. Brown P.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-27-06

CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 Widger D.O. for
a 2.96 acre site located lot 21 The Hampdens

in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()

No. Bedrooms 3 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 PPEPS

Design Flow 600 EGPD Application Rate 3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1754 Gal

Nitrification Line (Length/Width/Max Depth) 235' x 2' x 21"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (☒) IV () V () VI ()

Description PPEPS

Special Conditions Pressure Mainline 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.

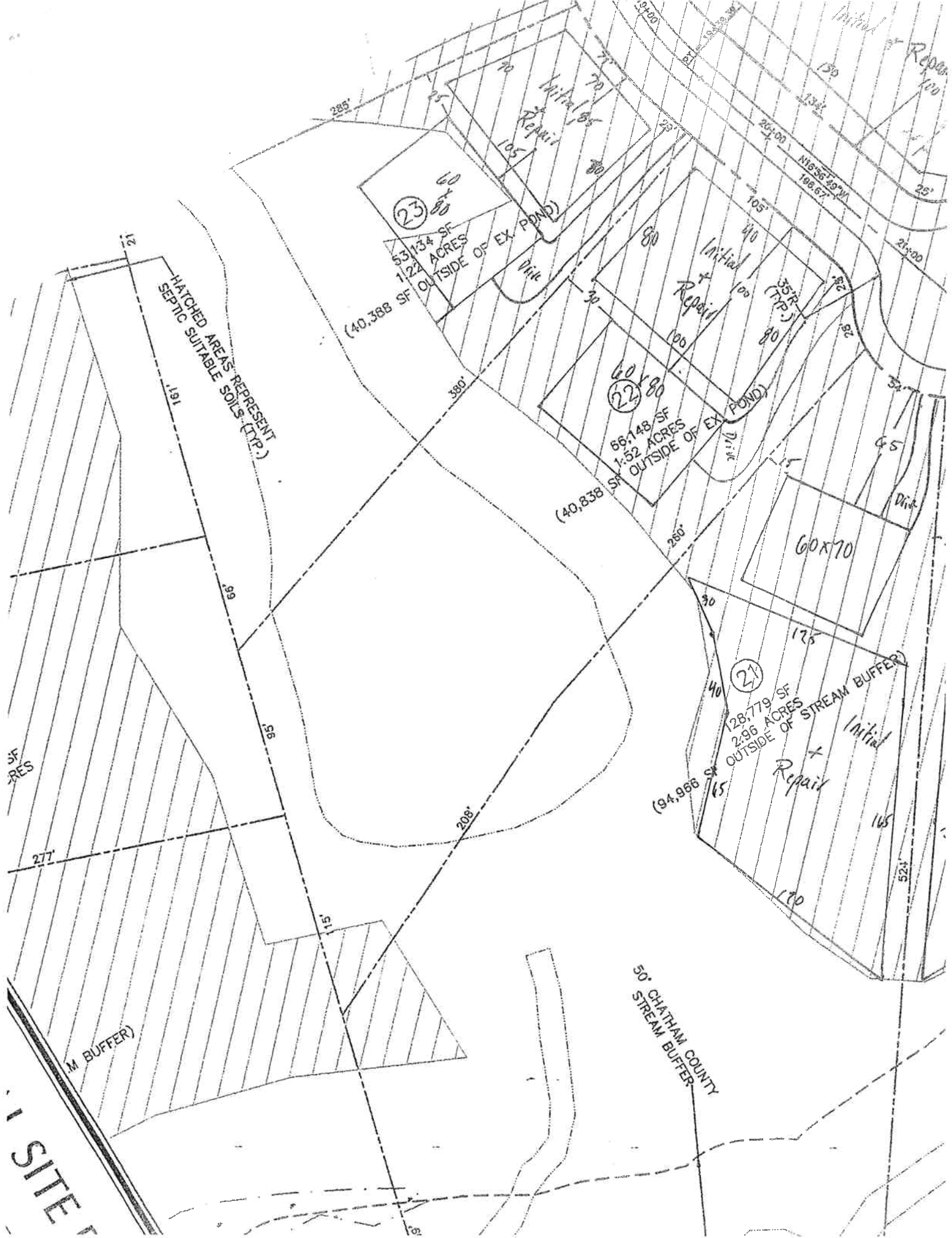
The Improvement Permit shall not be affected by change in ownership.

THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.

Issued by Thomas O. Bogle R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-29-06



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 William D. S. for

a 1.52 acre site located Lot 22 The Hamptons

in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()

No. Bedrooms 3 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 PPBPS

Design Flow 600 EGPD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1350 Gal PT 1250 Gal

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: I () II () III (☒) IV () V () VI ()

Description PPBPS

Special Conditions Excavate Manhole 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.

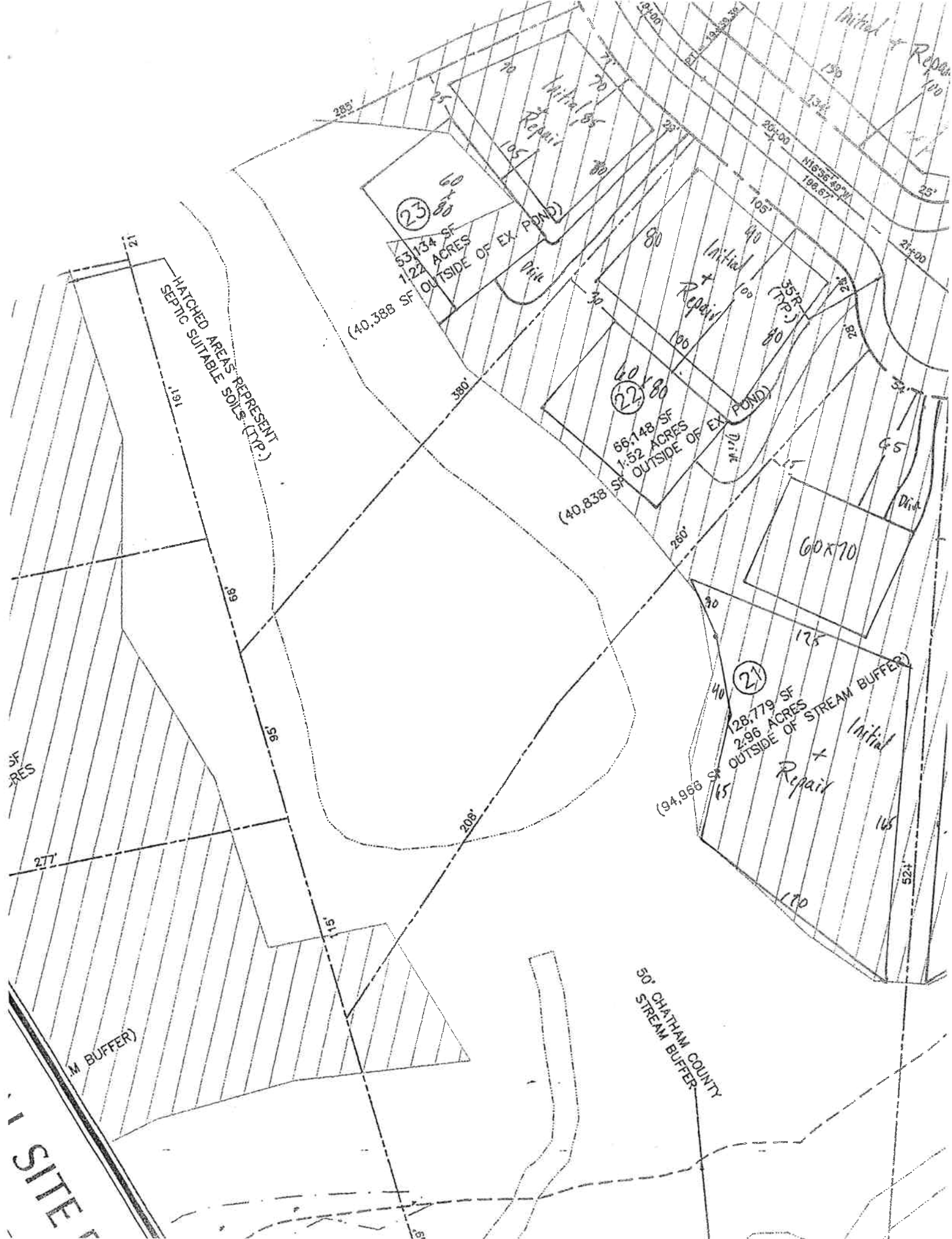
The Improvement Permit shall not be affected by change in ownership.

THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.

Issued by Thomas S. Bojor K.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-29-06



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 Wayne Dev for

a 1.53 acre site located Lot 23 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 FFBPS

Design Flow 600 EPGD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 235' x 7' x 22"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III () IV () V () VI ()

Description FFBPS

Special Conditions Pressure Manhole 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 Thomas O. Borja R.S.
Environmental Health Specialist

N.C. Registration Number 1353-

Date 8-29-06

HATCHED AREAS REPRESENT
SEPTIC SUITABLE SOILS (TYP.)

60
80
23
53,134 SF
1.22 ACRES
(40,388 SF OUTSIDE OF EX. POND)

60
80
22
66,148 SF
1.52 ACRES
(40,838 SF OUTSIDE OF EX. POND)

60x70
21
128,779 SF
2.96 ACRES
(94,968 SF OUTSIDE OF STREAM BUFFER)

50' CHATHAM COUNTY
STREAM BUFFER

M BUFFER)

SITE

CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 II-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 William Dev. for
a 1.10 acre site located lot 34 The Haploes.
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 PPBPS

Design Flow 600 EGPD Application Rate 3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

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: I () II () III (☒) IV () V () VI ()

Description PPBPS

Special Conditions Pressure Manifolds 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 Thomas C. Baya R.S.
Environmental Health Specialist

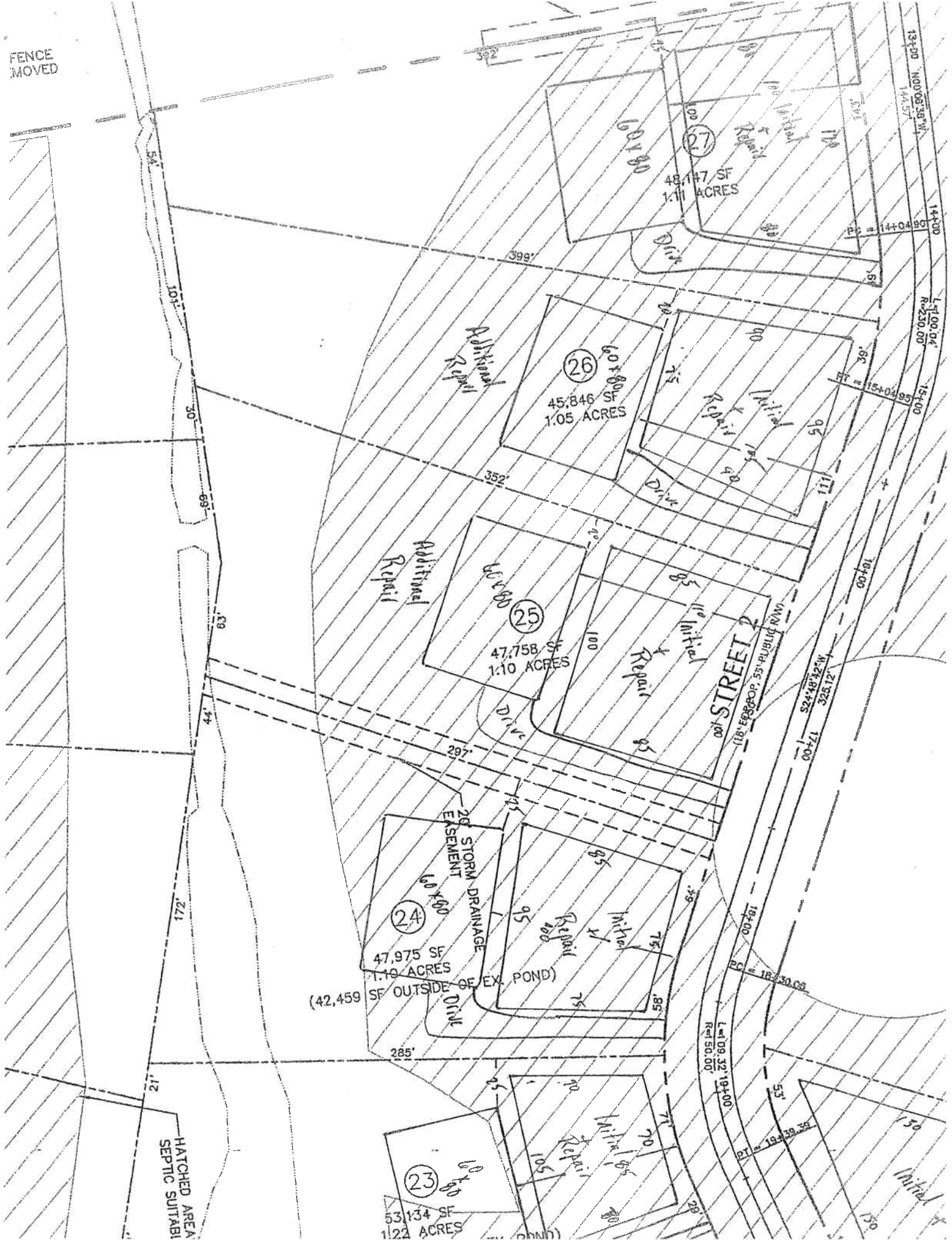
N.C. Registration Number 4353

Date 8-29-06

911 Address

Name

FENCE
MOVED



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 Whisper Dr. for

a 1.10 acre site located Lot 15 Th. Hampton

in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()

No. Bedrooms 3 No. Residents/Employees 4,000

Type Wastewater: Residential (☒) Commercial ()

Initial System Type: I () II () III (☒) IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other PFEDS

Design Flow 400 EGPD Application Rate 13 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1750 Gal

Nitrification Line (Length/Width/Max Depth) 35' x 2' x 72"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (☒) IV () V () VI ()

Description PFEDS

Special Conditions Pressure Available 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.

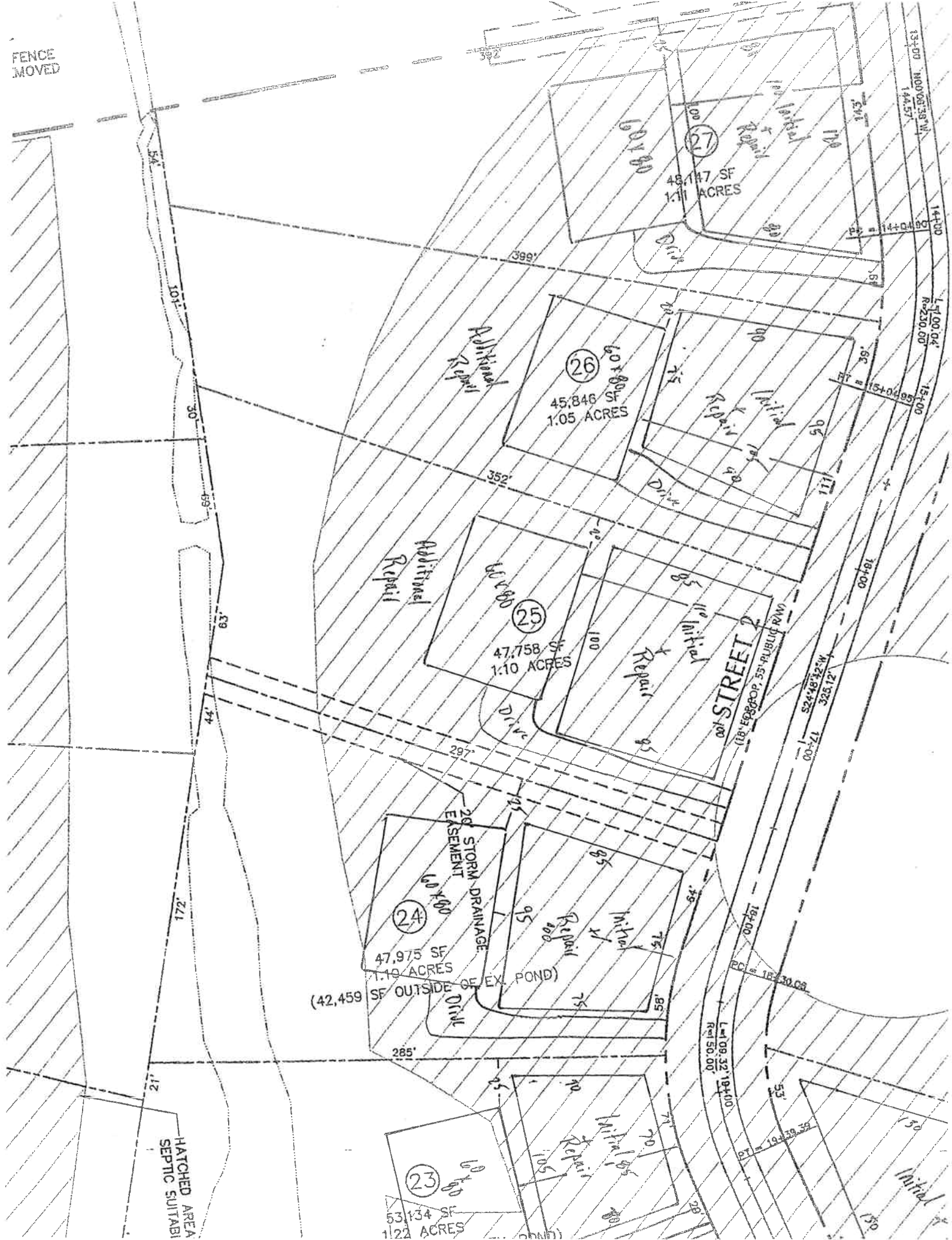
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.

Issued by Thomas O. Higgins Jr.
Environmental Health Specialist

N.C. Registration Number 1383

Date 8-29-06

FENCE
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CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 William Do. for
a 1.15 acre site located lot 26 The Homplons
in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()

No. Bedrooms 5 No. Residents/Employees 10-20

Type Wastewater: Residential (☒) Commercial ()

Initial System Type: I () II () III (☒) IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other PPBFS

Design Flow 600 EGPD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

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: I () II () III (☒) IV () V () VI ()

Description PPBFS

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.

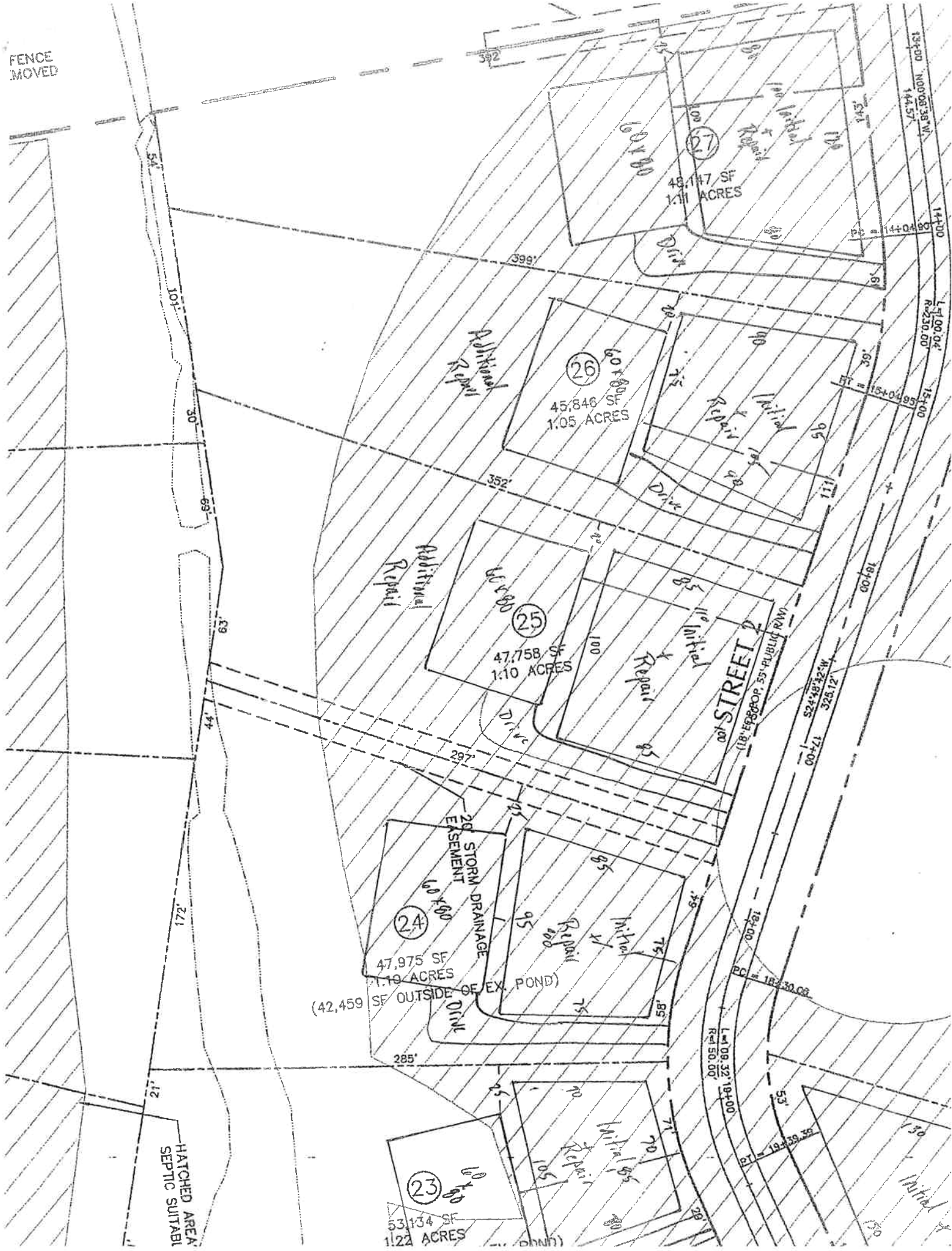
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.

Issued by Thomas O. Boye ES
Environmental Health Specialist

N.C. Registration Number 1543

Date 8-29-06

FENCE
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CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 II-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 Thompson Dr. for
a 1.0 acre site located 1.077711 Thompson

in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()

No. Bedrooms 3 No. Residents/Employees 2

Type Wastewater: Residential (☒) Commercial ()

Initial System Type: I () II () III (☒) IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other PFBFS

Design Flow 400 EGPD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 335' x 2' x 28"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (☒) IV () V () VI ()

Description PFBFS

Special Conditions Process Modified 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.

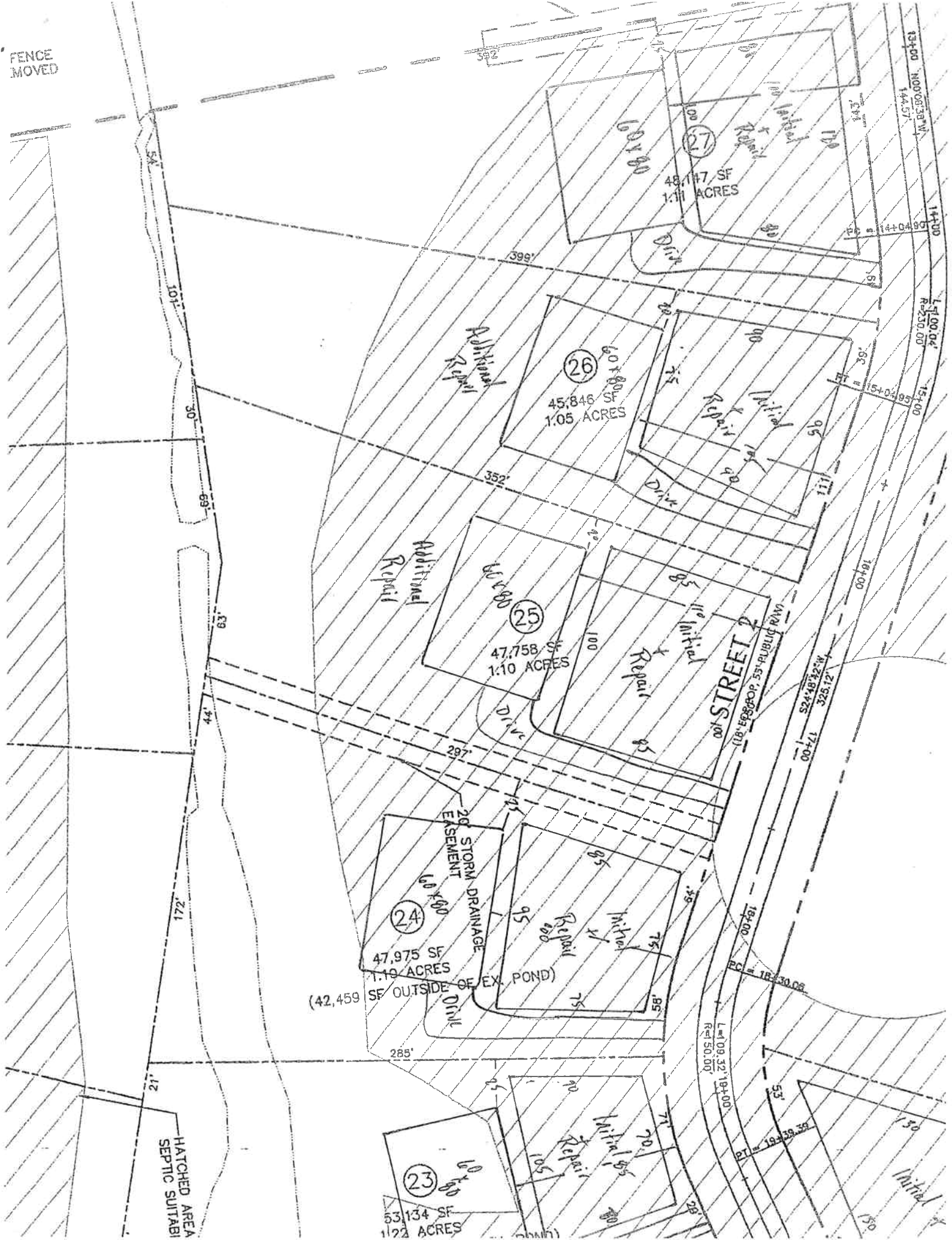
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.

Issued by Thomas O. Beyer, Jr.
Environmental Health Specialist

N.C. Registration Number 1553

Date 8-29-06

FENCE
MOVED



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 William Dev. for
a 1.03 acre site located Lot 20 Tr. 4 Hampden

in Chatham County. It is specifically issued for the following facility:

Facility: Residential () Non-Residential ()

No. Bedrooms 2 No. Residents/Employees 10

Type Wastewater: Residential (x) Commercial ()

Initial System Type: I () II () III (x) IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other FPBFS

Design Flow 1.00 EGPD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 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 () III (x) IV () V () VI ()

Description FPBFS

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 [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 Thomas L. Foy R.S.
Environmental Health Specialist

N.C. Registration Number 1353

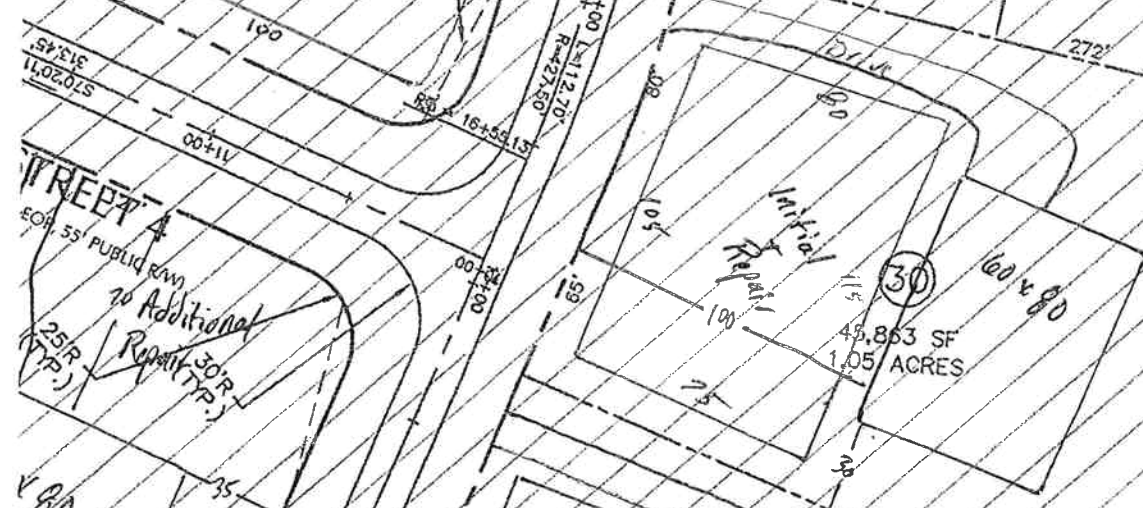
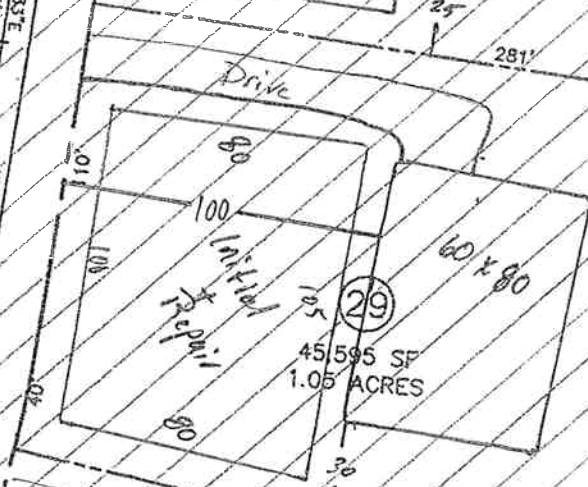
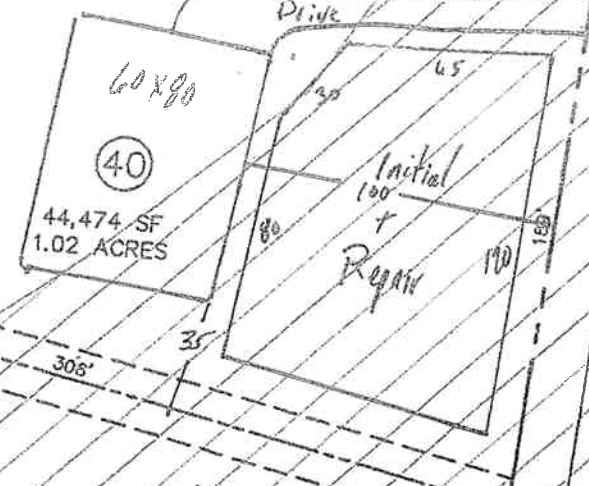
Date 8-27-06

308'

PHASE II

Drive

291'



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 William D. for
a 1.5 acre site located Lot 29 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 PPBPS

Design Flow 100 EGPD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1550 Gal

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: I () II () III (☒) IV () V () VI ()

Description PPBPS

Special Conditions Pressure Manhole 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.

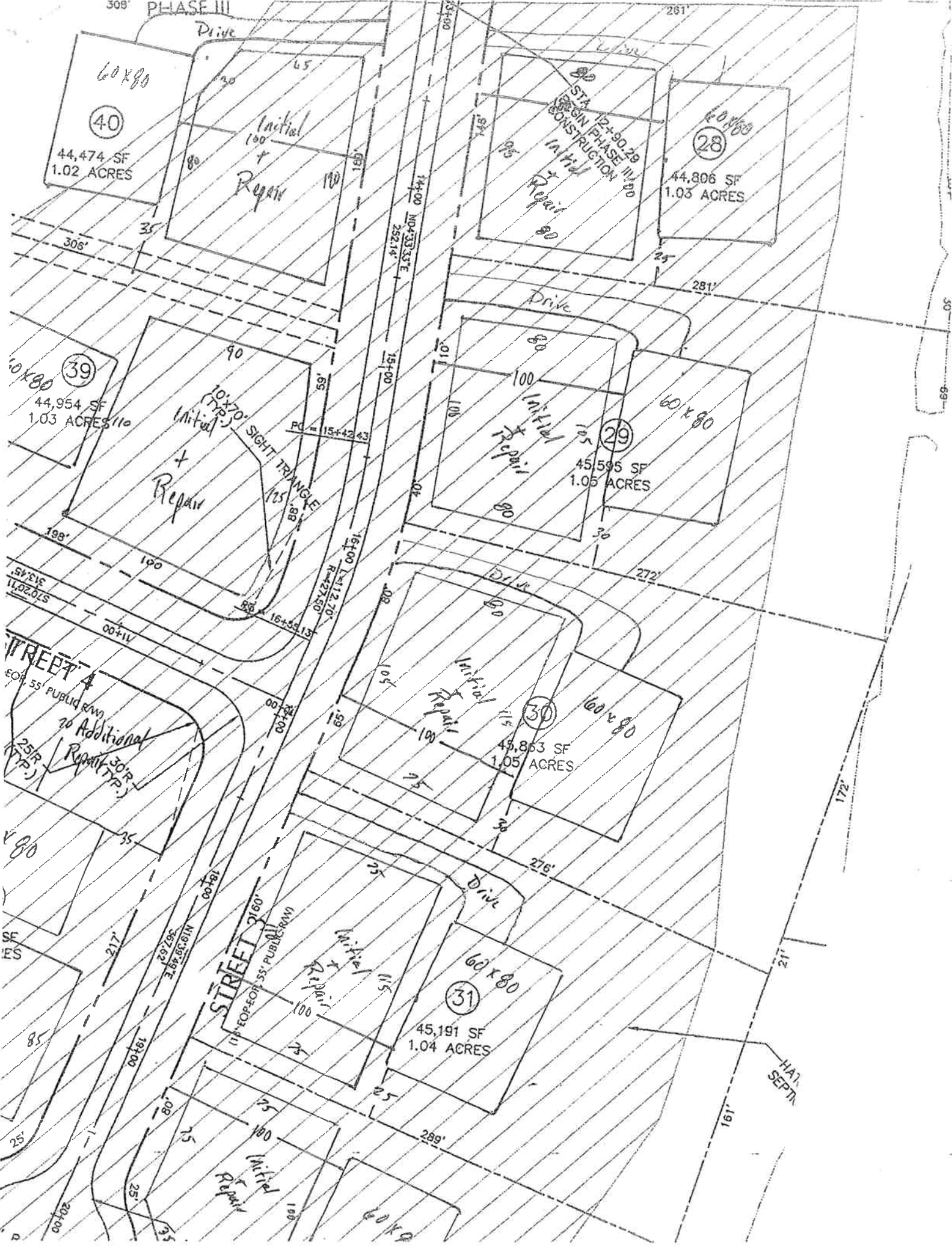
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.

Issued by Sharon C. Boyd R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-29-06

PHASE II



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 Whisper Dine for

a 1.05 acre site located Lot 30 The Homesteads

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 PPBFS

Design Flow 600 EPGD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1750 Gal PT 1750 Gal

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: I () II () III (☒) IV () V () VI ()

Description PPBFS

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.

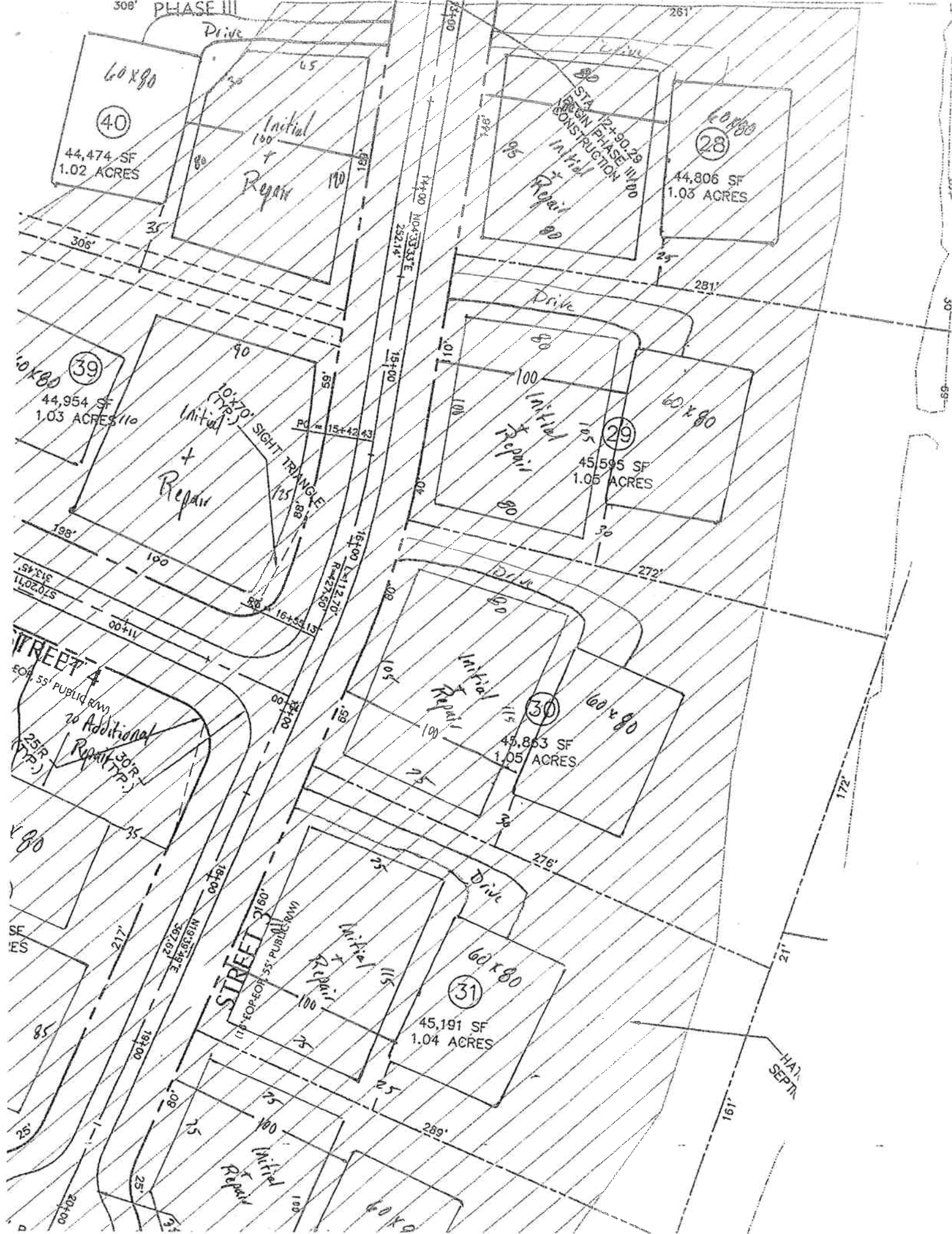
Issued by William C. Boyer, Jr., P.E.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-29-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 Marjorie De for

a 1.00 acre site located 1131 N. Haystack

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 FFBFS

Design Flow 1.00 EPGD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 150 Gal PT 150 Gal

Nitrification Line (Length/Width/Max Depth) 335' x 7' x 27"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (☒) IV () V () VI ()

Description FFBFS

Special Conditions Excess Ammonia 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 Thomas L. Boyle R.S.
Environmental Health Specialist

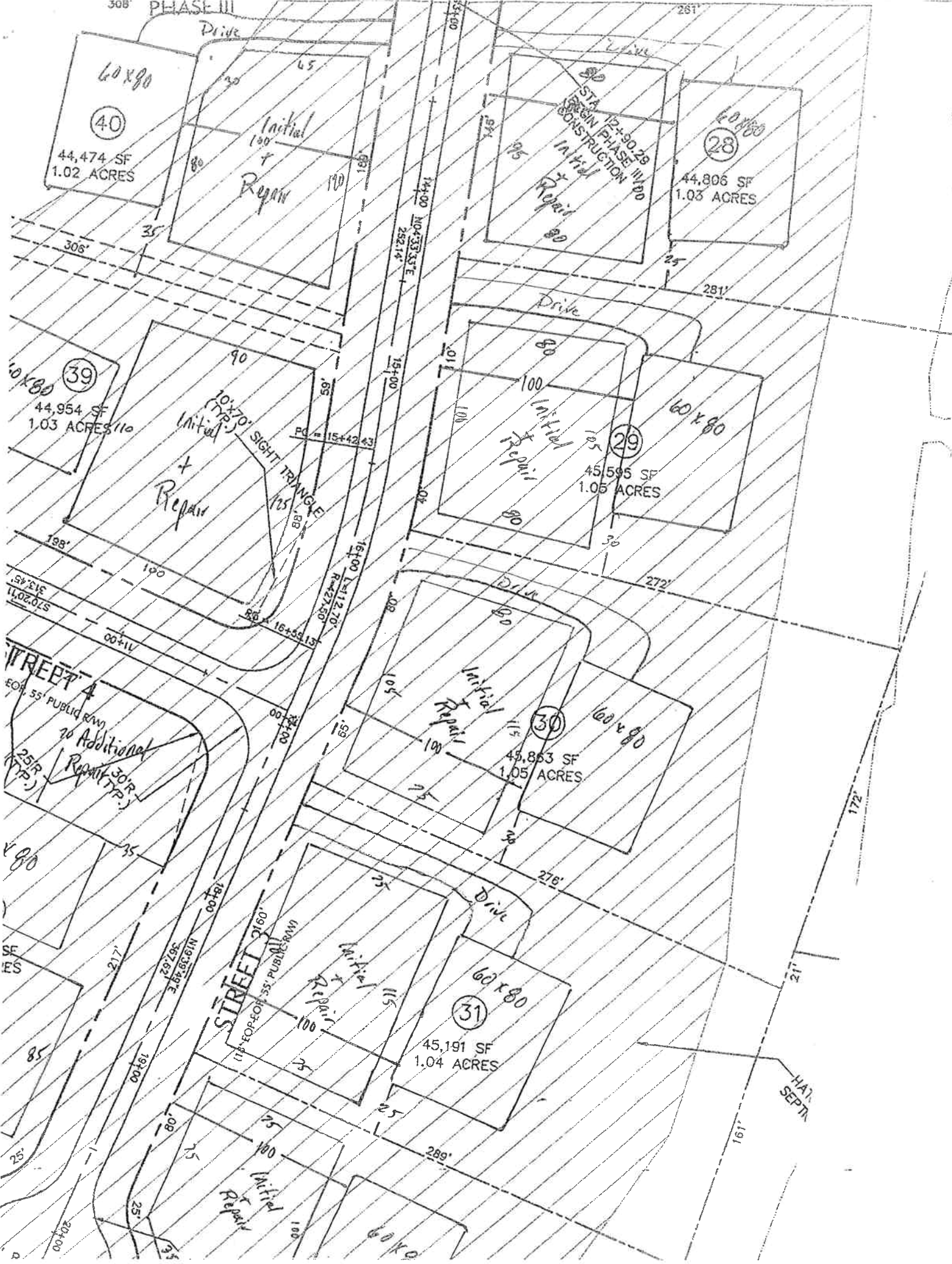
N.C. Registration Number 4353

Date 8-29-06

911 Address

Name

PHASE II



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 Wiggins Lot 32 for
a 1.05 acre site located Lot 32 The Wiggins

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 FFBPS

Design Flow 150 EGPD Application Rate 3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 335' x 2' x 17"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (☒) IV () V () VI ()

Description FFBPS

Special Conditions Pressure Potability 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.

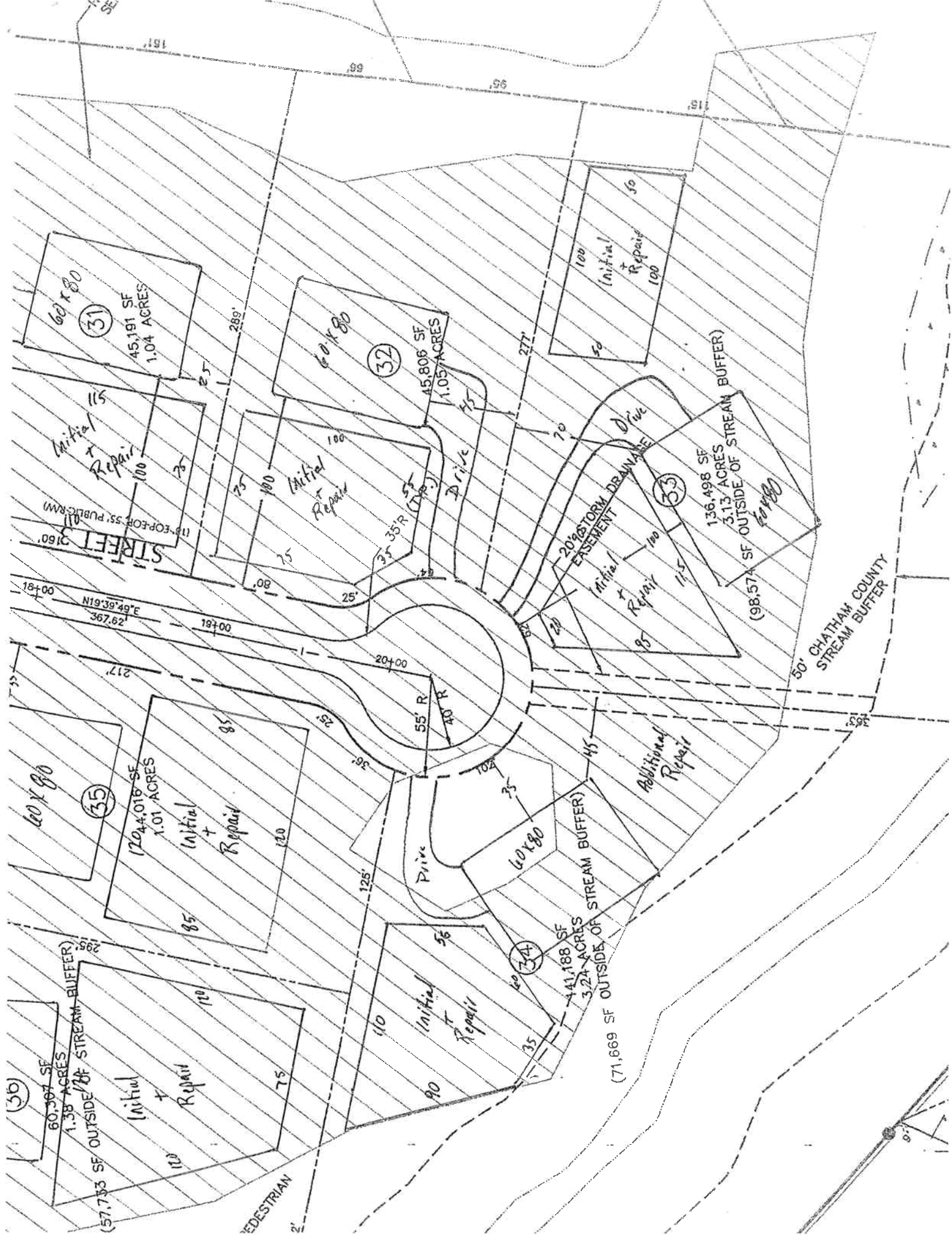
The Improvement Permit shall not be affected by change in ownership.

THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.

Issued by Thomas C. Boyer R.S.
Environmental Health Specialist

N.C. Registration Number -1353

Date 8-29-00



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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

An Improvement Permit is issued to Walter D. for
a 1.33 acre site located 1433 Th. Hopkins

in Chatham County. It is specifically issued for the following facility:

Facility: Residential () Non-Residential ()

No. Bedrooms 3 No. Residents/Employees 3

Type Wastewater: Residential () Commercial ()

Initial System Type: I () II () III (x) IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other PT EPS

Design Flow 120 EGPD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 40 Gal PT 1750 Gal

Nitrification Line (Length/Width/Max Depth) 135' x 7' x 7"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (x) IV () V () VI ()

Description PT EPS

Special Conditions Pressure Main into Receptor

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.

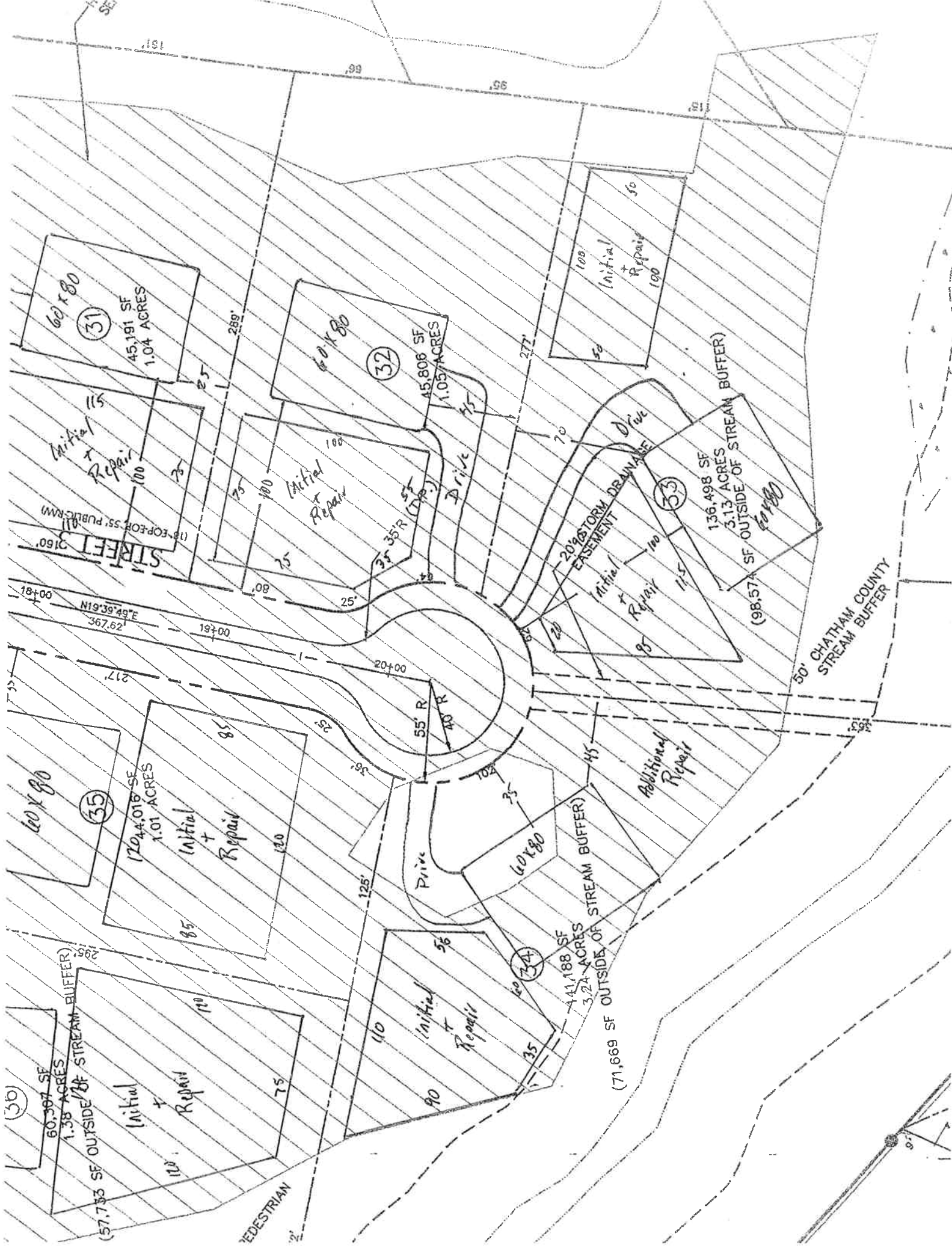
This permit is valid [] without expiration [x] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed.
The Improvement Permit shall not be affected by change in ownership.

THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.

Issued by Thomas C. Boya R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-9-06



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 II-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 William D. for

a 3.24 acre site located 16134 The Highlands

in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()

No. Bedrooms 5 No. Residents/Employees 10 w/ 1 x

Type Wastewater: Residential (☒) Commercial ()

Initial System Type: I () II () III (☒) IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other FFBFS

Design Flow 600 EPGD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1000 Gal PT 1000 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 () III (☒) IV () V () VI ()

Description FFBFS

Special Conditions Pressure Monitor 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.

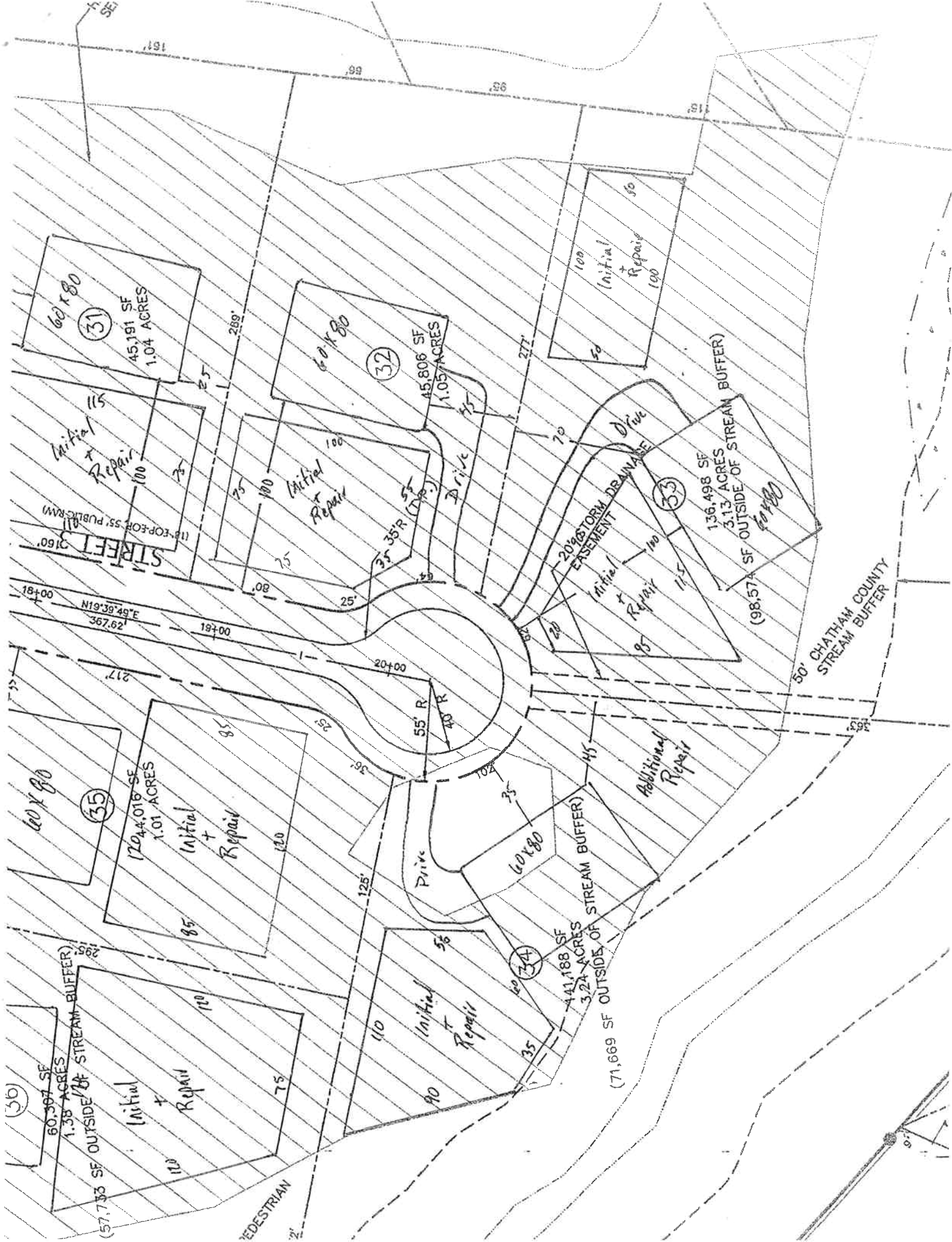
The Improvement Permit shall not be affected by change in ownership.

THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.

Issued by Thomas O. Fajic R.S.
Environmental Health Specialist

N.C. Registration Number 1553

Date 8-29-06



OFFICE USE ONLY

TPN _____

Permit No. _____

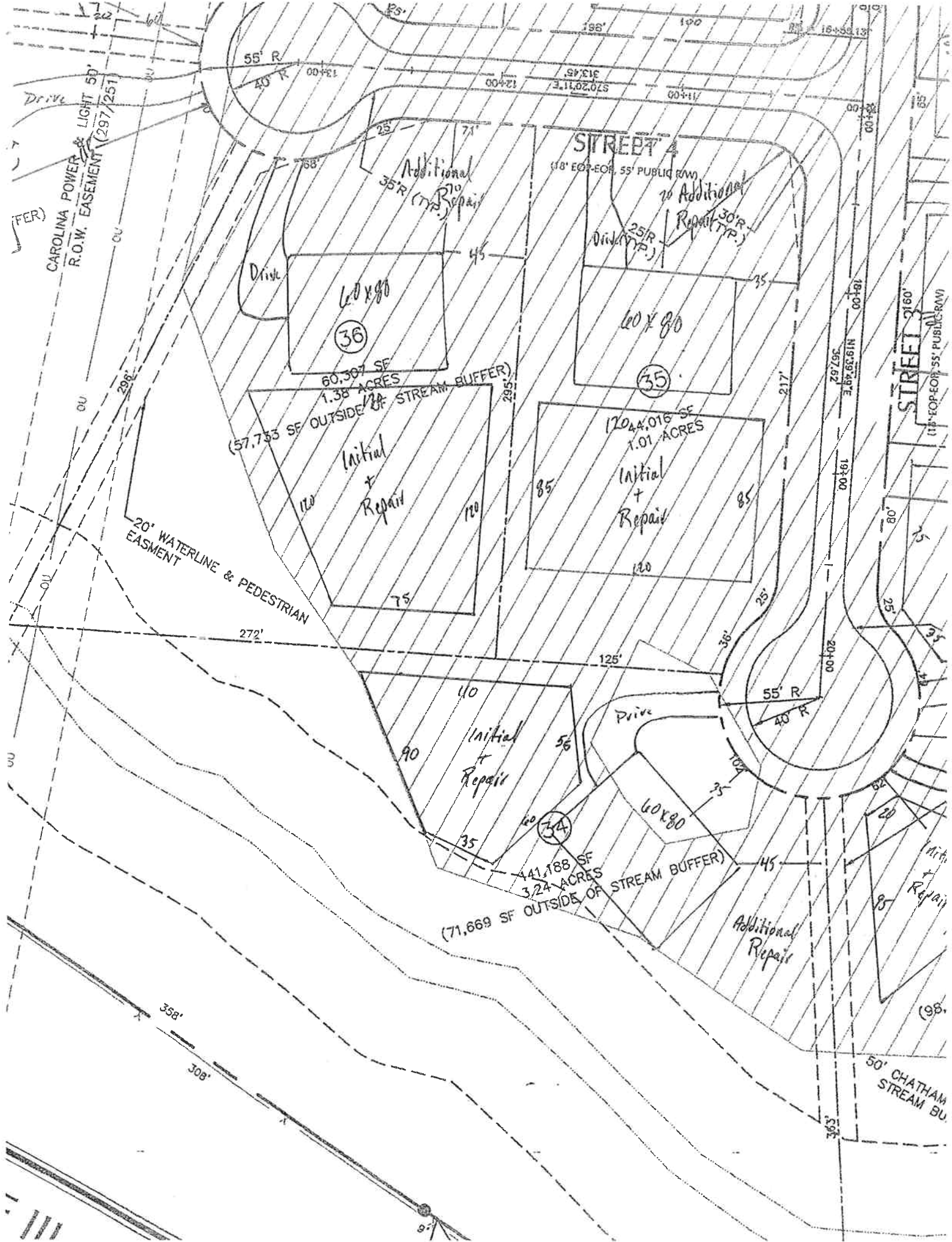
Date _____

EHS _____

System Type _____

NEW ☒ REPAIR ☐ EXPANSION ☐

Date 6/29/6



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 II-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 Wendy Dr. for
a 1.36 acre site located 1436 W. Hampton
in Chatham County. It is specifically issued for the following facility:

Facility: Residential () Non-Residential ()

No. Bedrooms 5 No. Residents/Employees 7

Type Wastewater: Residential (x) Commercial ()

Initial System Type: I () II () III (x) IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other TPBFS

Design Flow 100 EGPD Application Rate .3 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 22"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (x) IV () V () VI ()

Description TPBFS

Special Conditions Proven 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 [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.

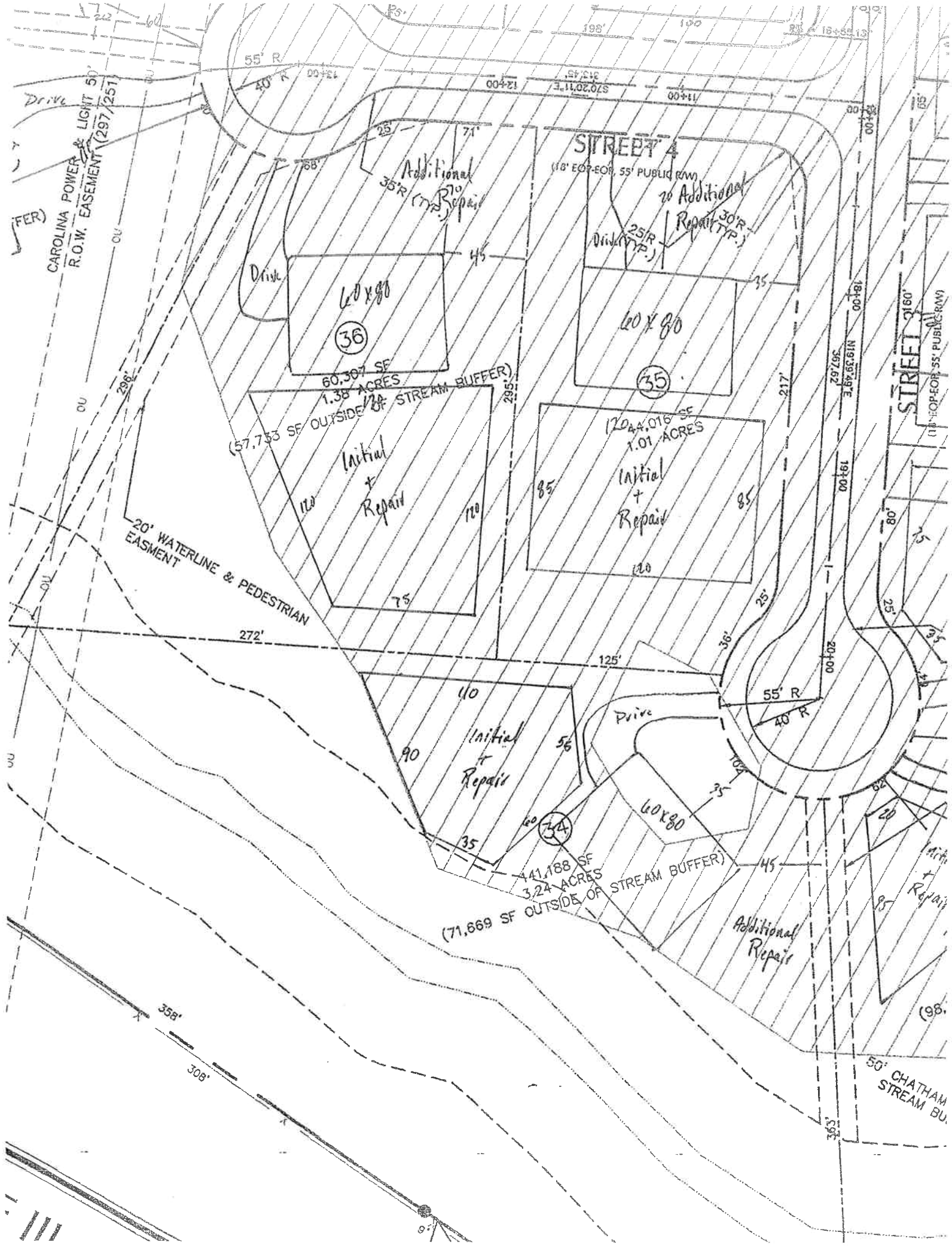
Issued by Thomas E. Bays Jr.
Environmental Health Specialist

N.C. Registration Number 1393

Date 02-29-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 ☐ REVISED ☐

An Improvement Permit is issued to Wiggins Dr. for
a 0.67 acre site located lot 32 of the Wiggins

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 Pump to 10" large diameter pipe

Design Flow 600 EPGD Application Rate 5 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1750 Gal

Nitrification Line (Length/Width/Max Depth) 800' x 1' x 18"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III () IV () V () VI ()

Description Dig in Protection

Special Conditions Pressure Records Required. Contractor to monitor site prior to installation

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.

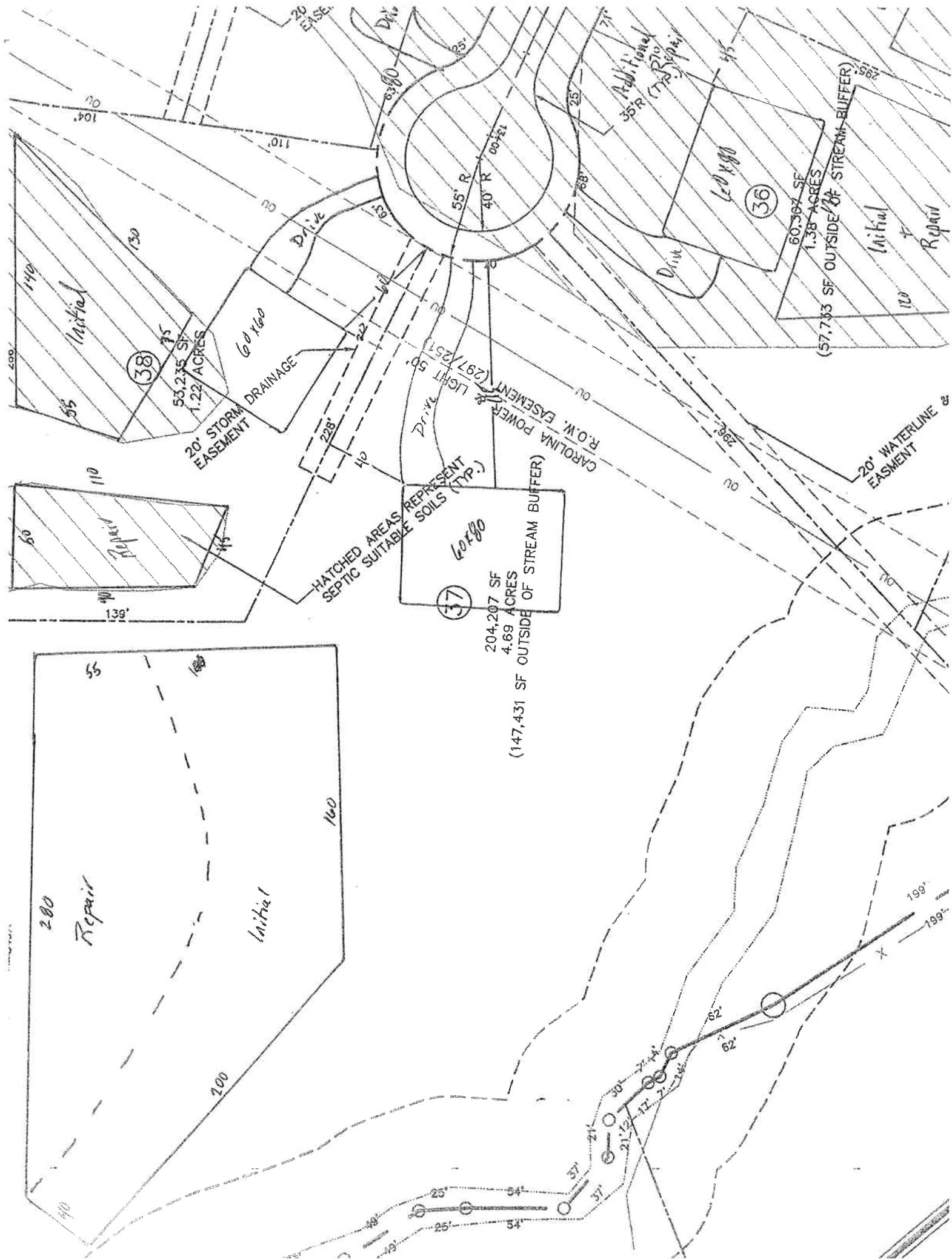
Issued by _____
Environmental Health Specialist

N.C. Registration Number _____

Date _____

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 Wingon Dev. for
a 1.05 acre site located Lot 38 760 Houghtons

in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()

No. Bedrooms 2 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 Pump to Accepted SSB Radiation

Design Flow 100 EPGD Application Rate 3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1750 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 500' x 3' x 12"-18"

Additional soil cover may be needed

(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 Permanently Marked Required, including to mark a site prior

to installation

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.

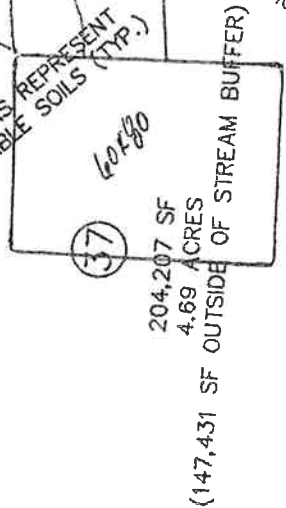
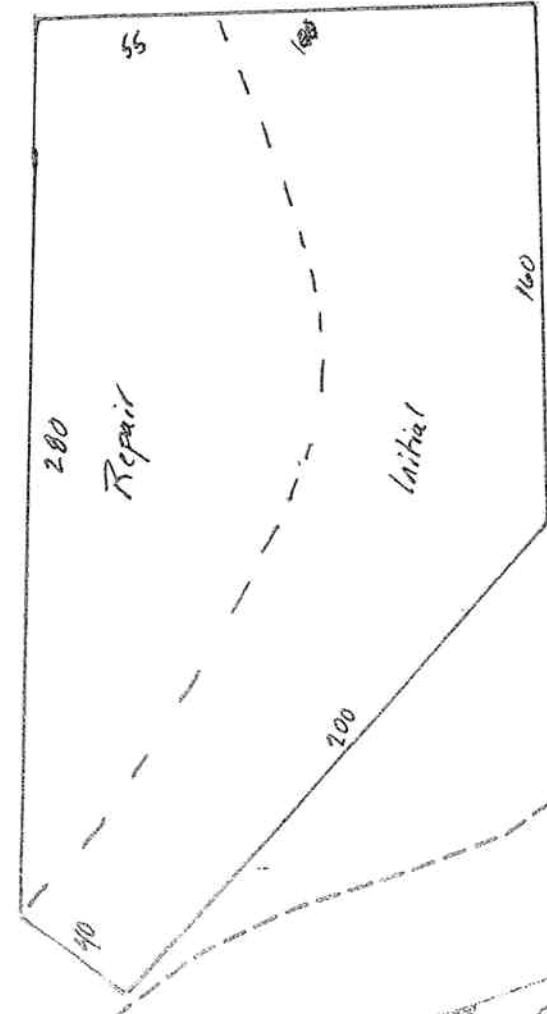
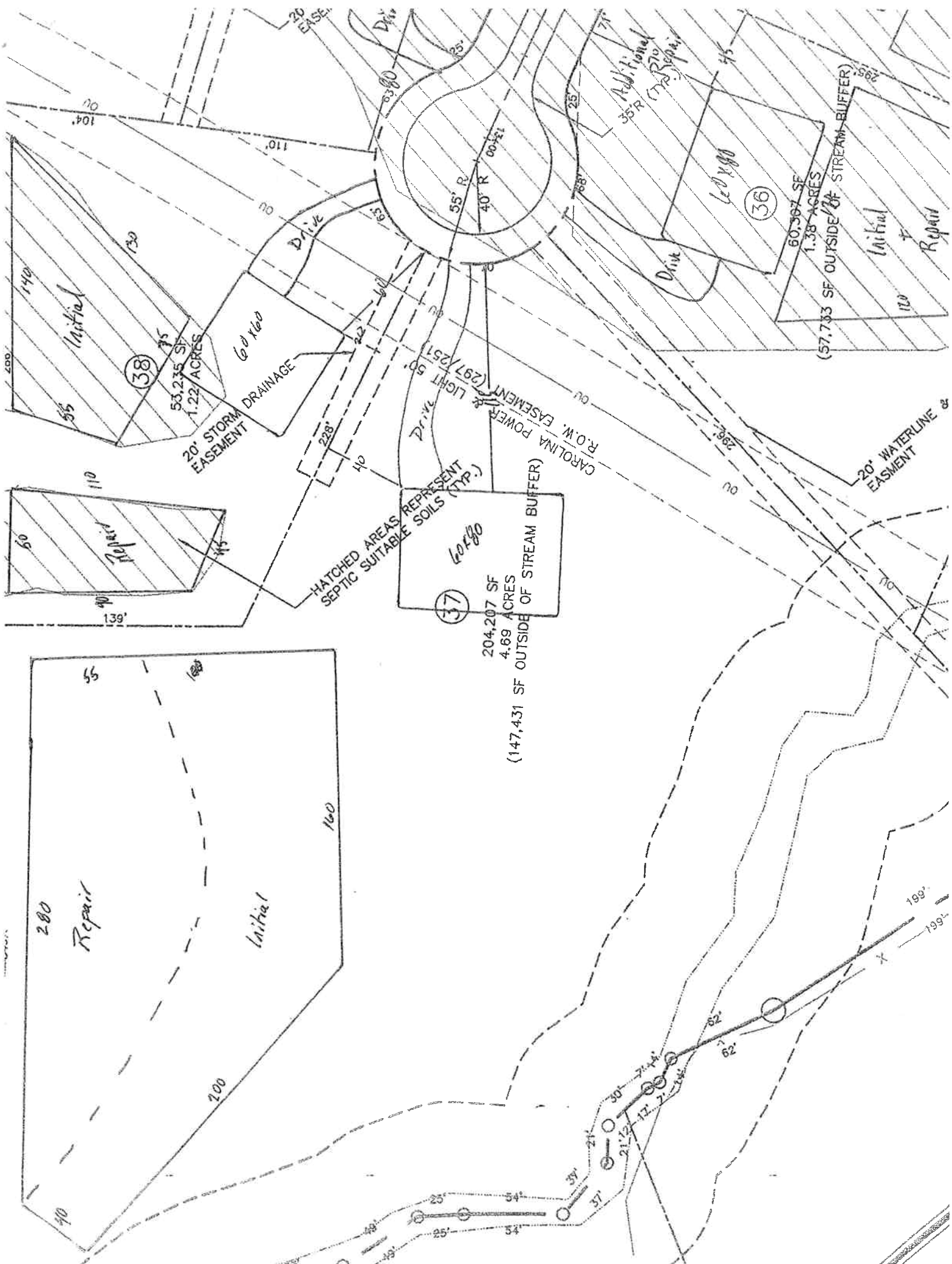
Issued by Thomas G. Boyer Jr.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-17-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 II-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 Wagner Dev. for
a 1.3 acre site located Lot 39 4th Hampton's.

in Chatham County. It is specifically issued for the following facility:

Facility: Residential () Non-Residential ()

No. Bedrooms 5 No. Residents/Employees 10

Type Wastewater: Residential () Commercial ()

Initial System Type: I () II () III (x) IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other FPBPS

Design Flow 1000 EGPD Application Rate 1.3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 150 Gal PT 150 Gal

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: I () II () III (x) IV () V () VI ()

Description FPBPS

Special Conditions Trespass Abolished 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 [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.

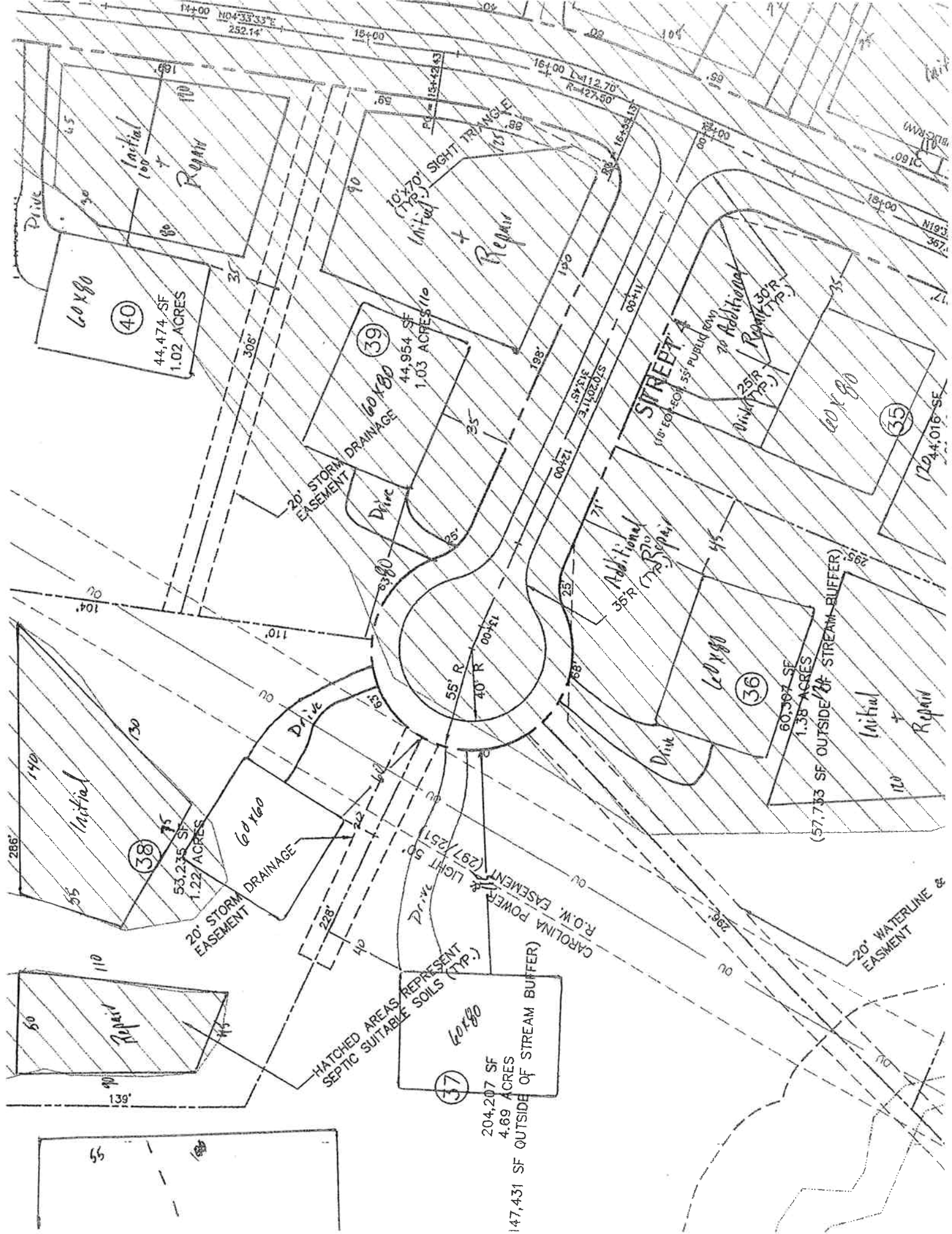
Issued by Thomas O. Bojarski, R.S.
Environmental Health Specialist

N.C. Registration Number 1593

Date 8-29-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 Whisper Div. for
a 1.02 acre site located lot 40 The Hamptons.
in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()

No. Bedrooms 3 No. Residents/Employees 10-12

Type Wastewater: Residential (☒) Commercial ()

Initial System Type: I () II () III (☒) IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other FP EPS

Design Flow 600 EGPD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

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: I () II () III () IV () V () VI ()

Description FP EPS

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.

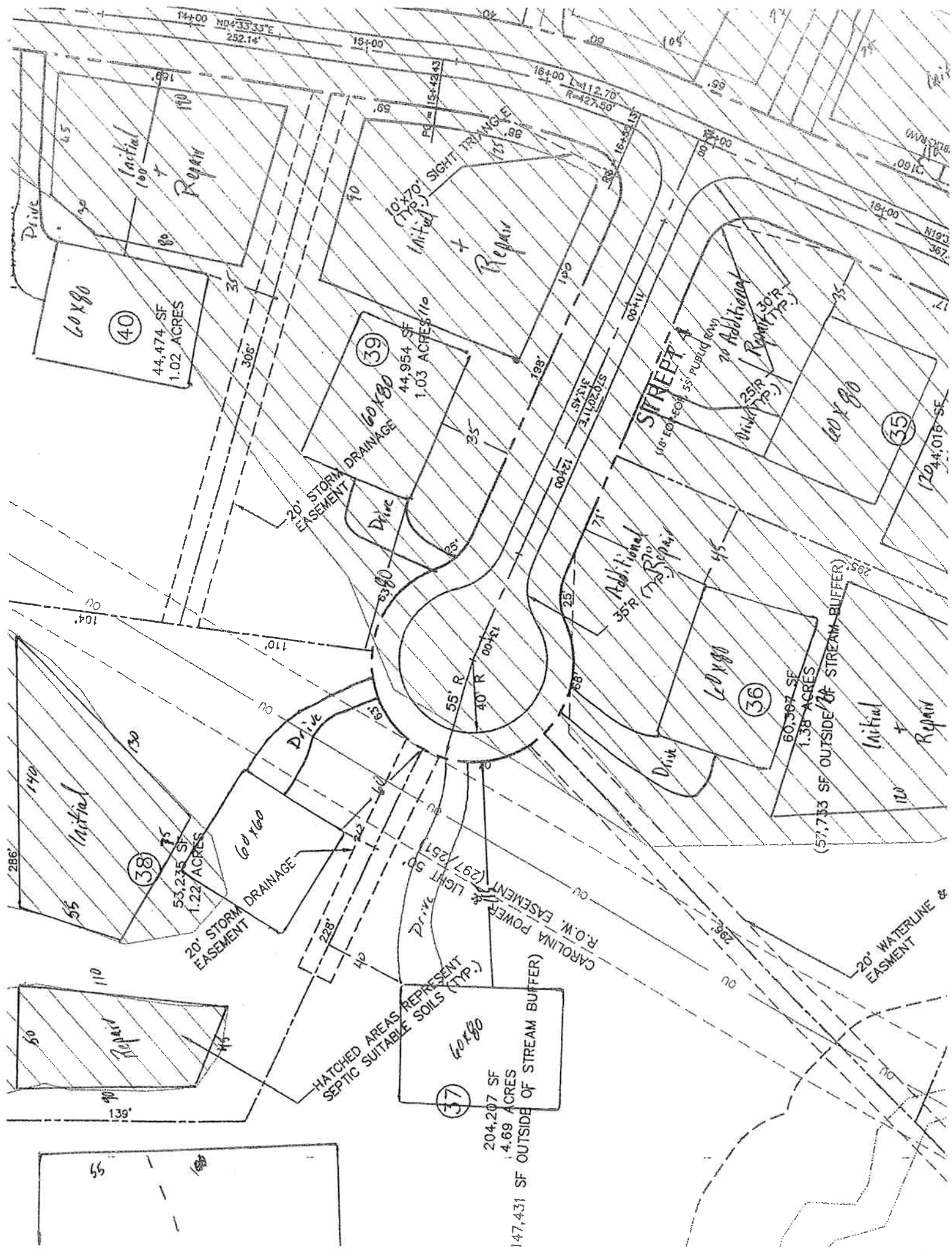
This permit is valid [] without expiration [☒] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed.
The Improvement Permit shall not be affected by change in ownership.

THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.

Issued by Thomas G. Boyle R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-29-06



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 II-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 Walter D. for

a 1.14 acre site located 2417 W. Douglas

in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()

No. Bedrooms 2 No. Residents/Employees 20,000

Type Wastewater: Residential (☒) Commercial ()

Initial System Type: I () II () III (☒) IV () V () VI ()

Description _____

Type System: Shallow Conventional (☒) LPP ()

Other PPEPS

Design Flow 1000 EGPD Application Rate 3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 150 Gal PT 125 Gal

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: I () II () III (☒) IV () V () VI ()

Description PPEPS

Special Conditions Pressure Manhole 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.

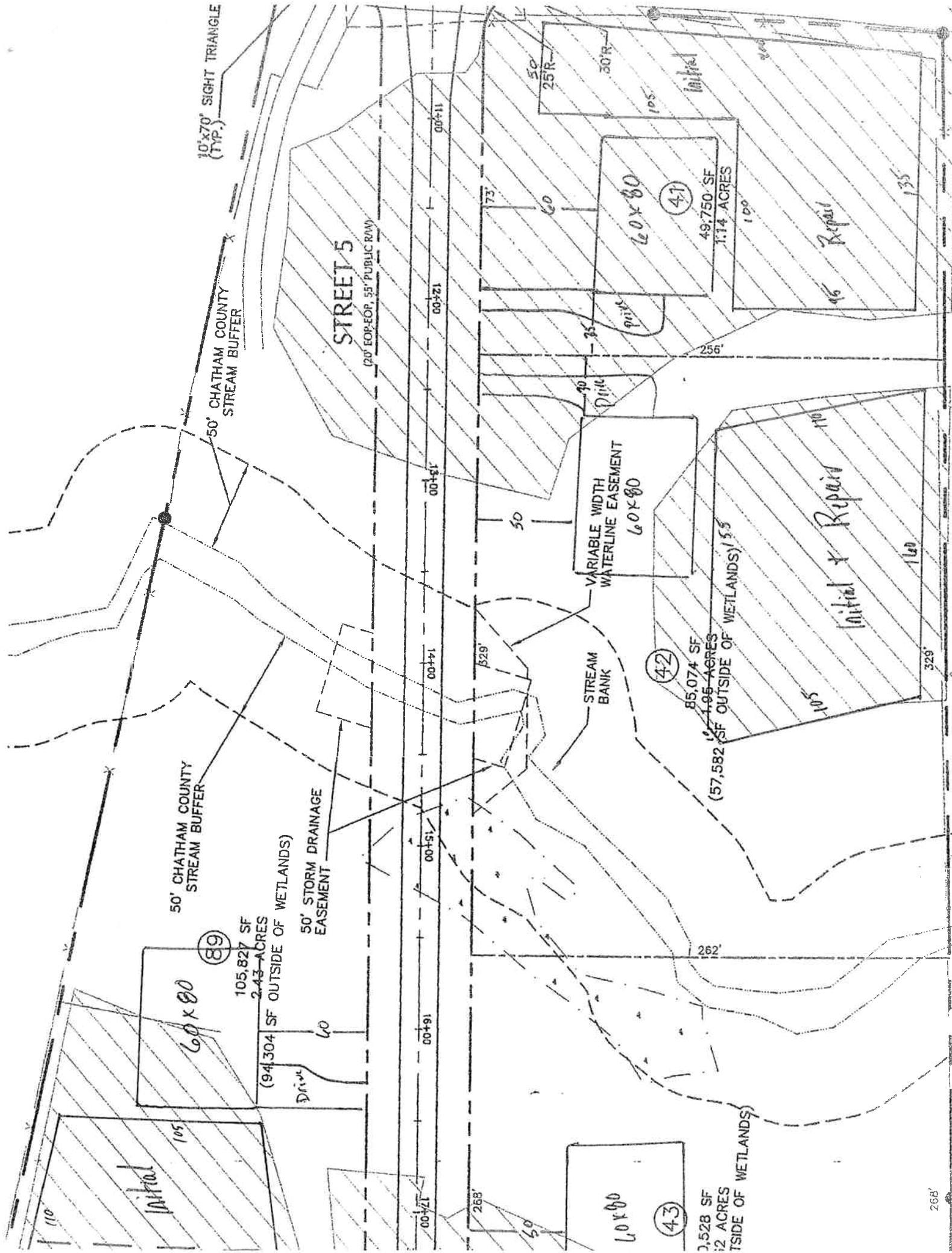
Issued by Thomas G. Boyer R.S.
Environmental Health Specialist

N.C. Registration Number 1953

Date 8-29-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 Walter D. for
a 1.95 acre site located 1442 W. Hopkins

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 PTBPS

Design Flow 600 EGPD Application Rate 3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 335' x 2' x 50"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (☒) IV () V () VI ()

Description PTBPS

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 A. J. Bailey R.S.
Environmental Health Specialist

N.C. Registration Number 1253

Date 8-29-06

911 Address

Name

10'x70' SIGHT TRIANGLE
(TYP.)

50' CHATHAM COUNTY
STREAM BUFFER

STREET 5

(20' EOP-EOP, 55' PUBLIC ROW)

50' CHATHAM COUNTY
STREAM BUFFER

(89)

105,827 SF
2.43 ACRES

(94,304 SF OUTSIDE OF WETLANDS)

50' STORM DRAINAGE
EASEMENT

Drive

VARIABLE WIDTH
WATERLINE EASEMENT
60'x80'

STREAM
BANK

(42)

85,074 SF
1.95 ACRES

(57,582 SF OUTSIDE OF WETLANDS)

60'x80'

(41)

49,750 SF
1.14 ACRES

Initial & Repair

Initial & Repair

60'x80'

(43)

1,528 SF
2 ACRES
(SIDE OF WETLANDS)

CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 Michael D. [Signature] for
a 1.12 acre site located 1145 7th Highway

in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()

No. Bedrooms 2 No. Residents/Employees 11.000

Type Wastewater: Residential (☒) Commercial ()

Initial System Type: I () II () III (☒) IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other 1 PEPS

Design Flow 1.00 EGPD Application Rate 3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 335' 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 1 PEPS

Special Conditions Pressure Monthly 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 [Signature]
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-17-06

911 Address

Name

CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 II-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 Wesley Dr. for

a 1.06 acre site located Lot 44 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 PFBPS

Design Flow 600 EGPD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 335' 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 PFBPS

Special Conditions Pressure Available 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 Thomas O. Rios RS.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-29-06

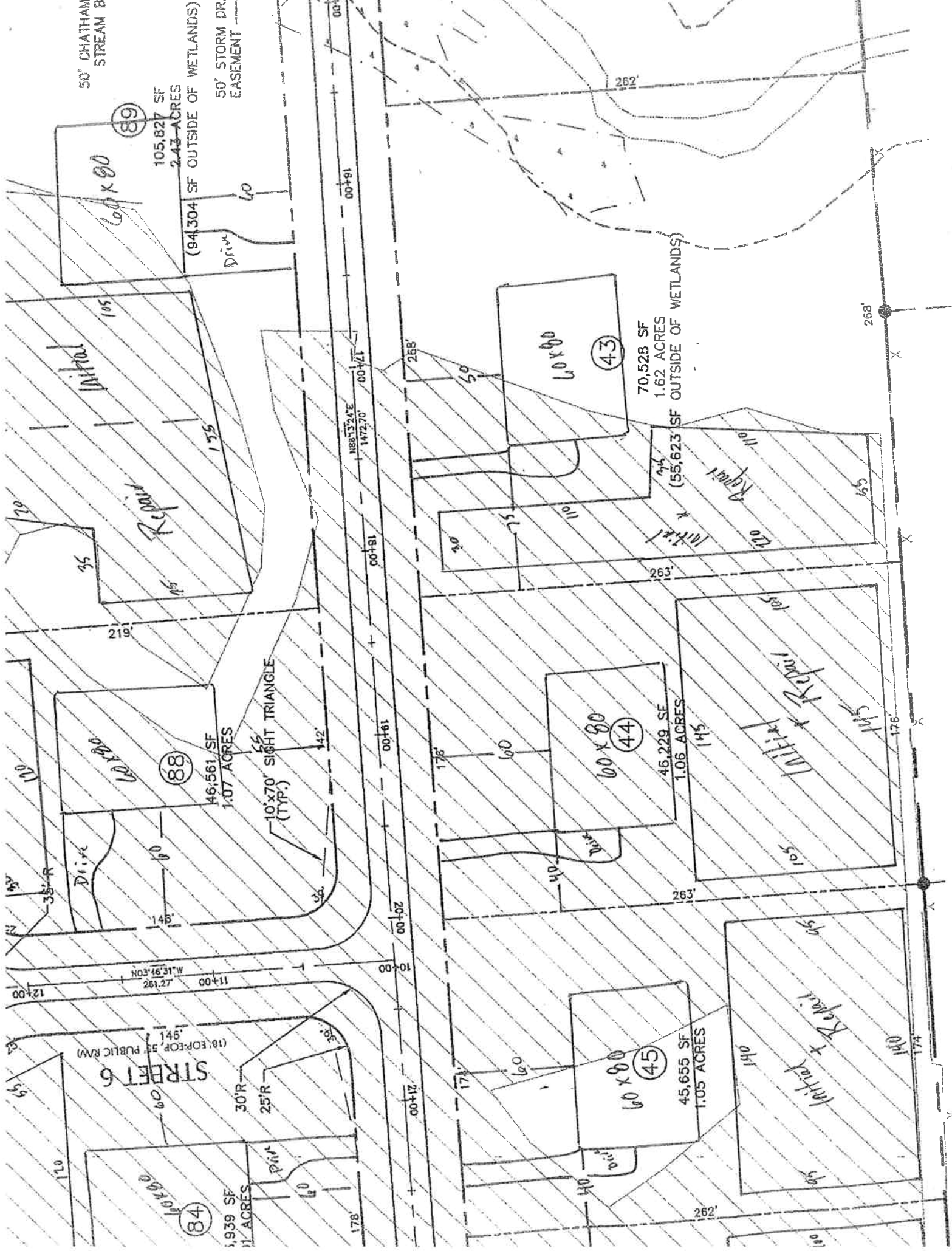
911 Address

Name

50' CHATHAM
STREAM BR

105,827 SF
2.43 ACRES

50' STORM DRA
EASEMENT



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 II-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 William R. S. for
a 1.85 acre site located 11145 W. Highway 101

in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()

No. Bedrooms 3 No. Residents/Employees 10

Type Wastewater: Residential (☒) Commercial ()

Initial System Type: I () II () III (☒) IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other FFEPS

Design Flow 1.00 EGPD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1.50 Gal PT 1.50 Gal

Nitrification Line (Length/Width/Max Depth) 335' 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 FFEPS

Special Conditions Reservoir Manhole Repaired

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.

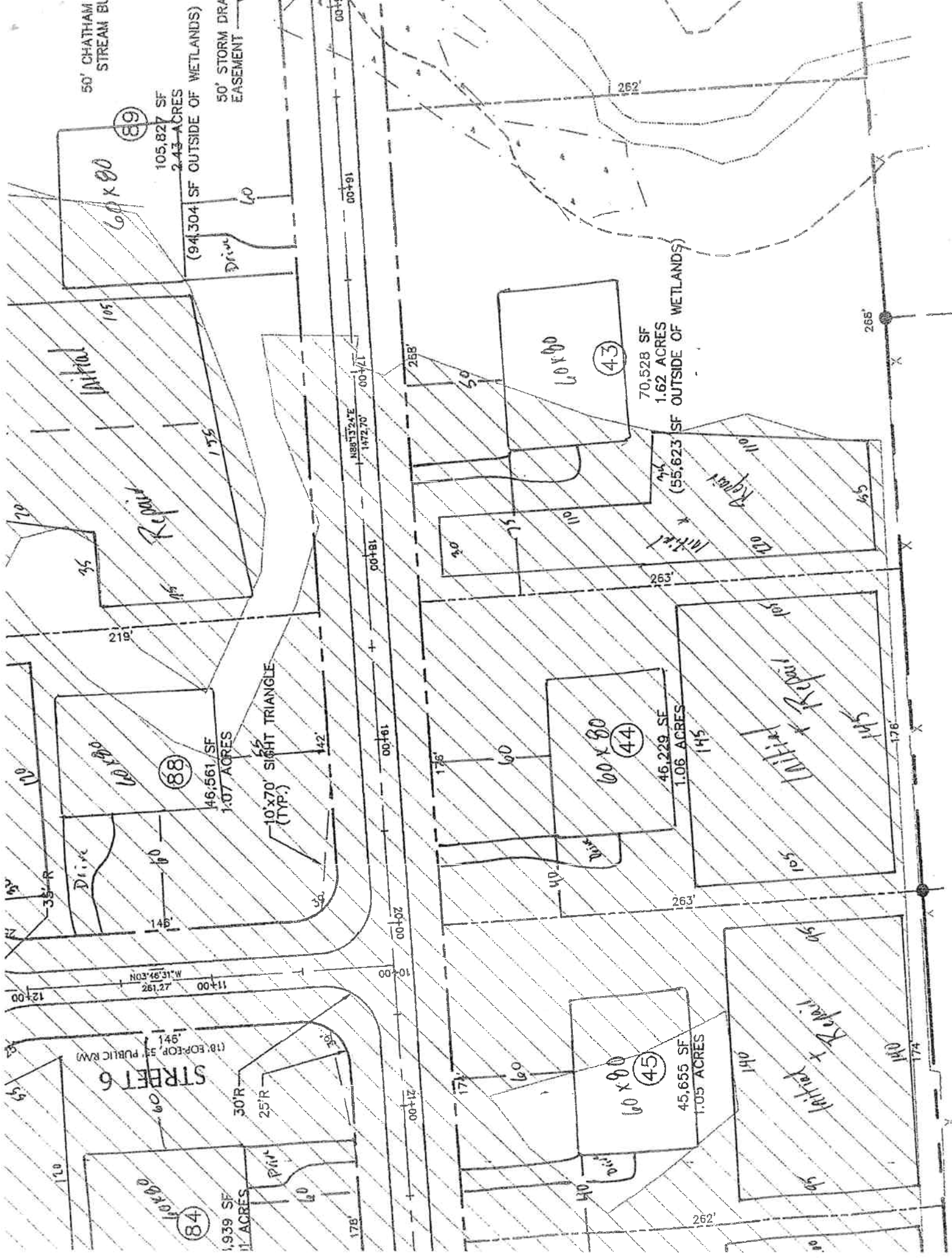
Issued by Thomas L. Boyer R.S.
Environmental Health Specialist

N.C. Registration Number 1353-

Date 8-29-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 II-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 Winston Davis for

a 1.06 acre site located Lot 46 Tl. Hampton

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 PITERS

Design Flow 1000 EPGD Application Rate 3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

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: I () II () III (☒) IV () V () VI ()

Description FFRFS

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.

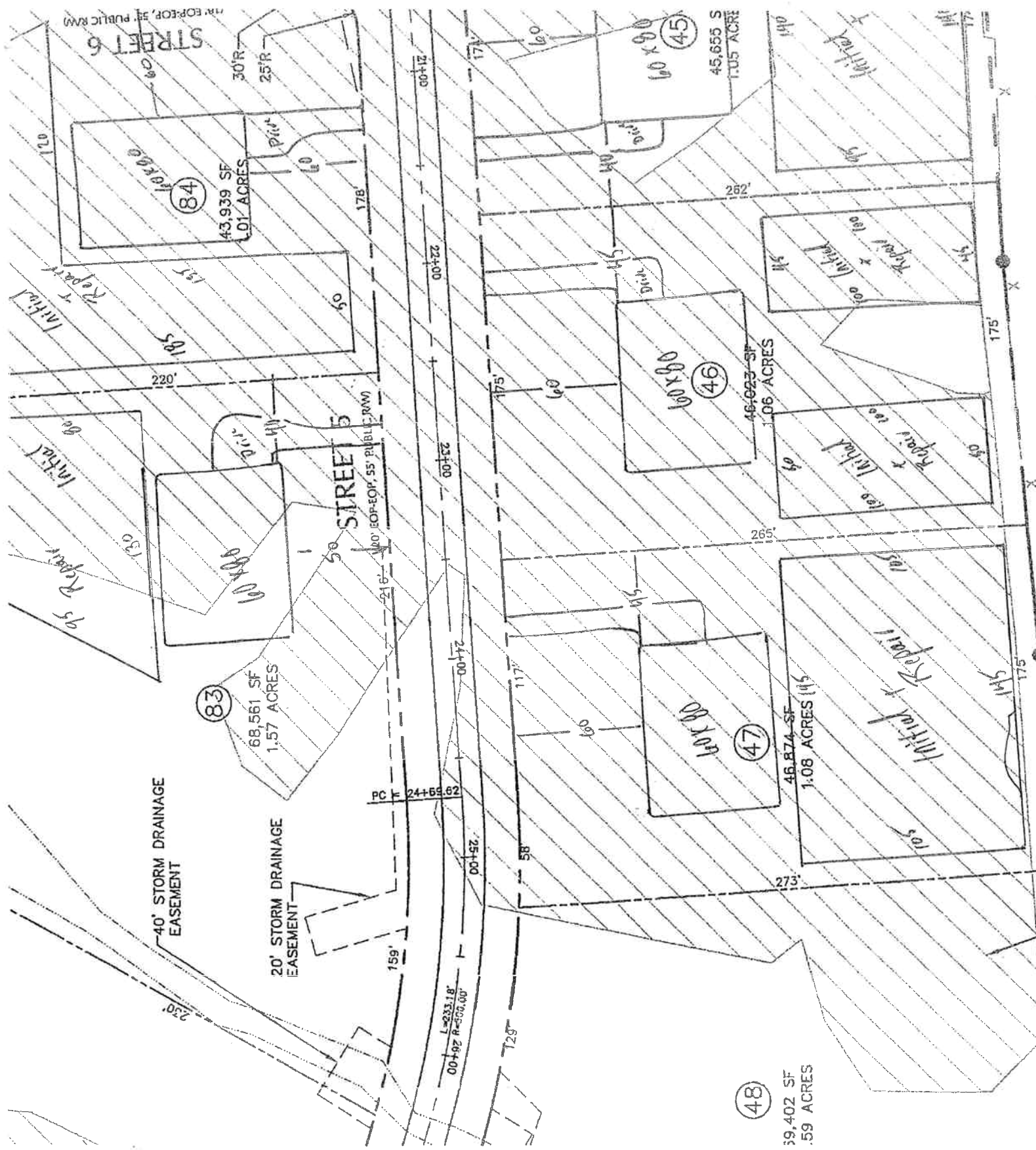
Issued by Forrest C. Boyd R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-29-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 Whispering Dunes for
a 1.98 acre site located Lot 47 7th. Hampden
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 FFBIS

Design Flow 600 EGPD Application Rate 3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1750 Gal PT 1750 Gal

Nitrification Line (Length/Width/Max Depth) 335' x 8' x 22"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (☒) IV () V () VI ()

Description FFBPS

Special Conditions Prosser Health 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.

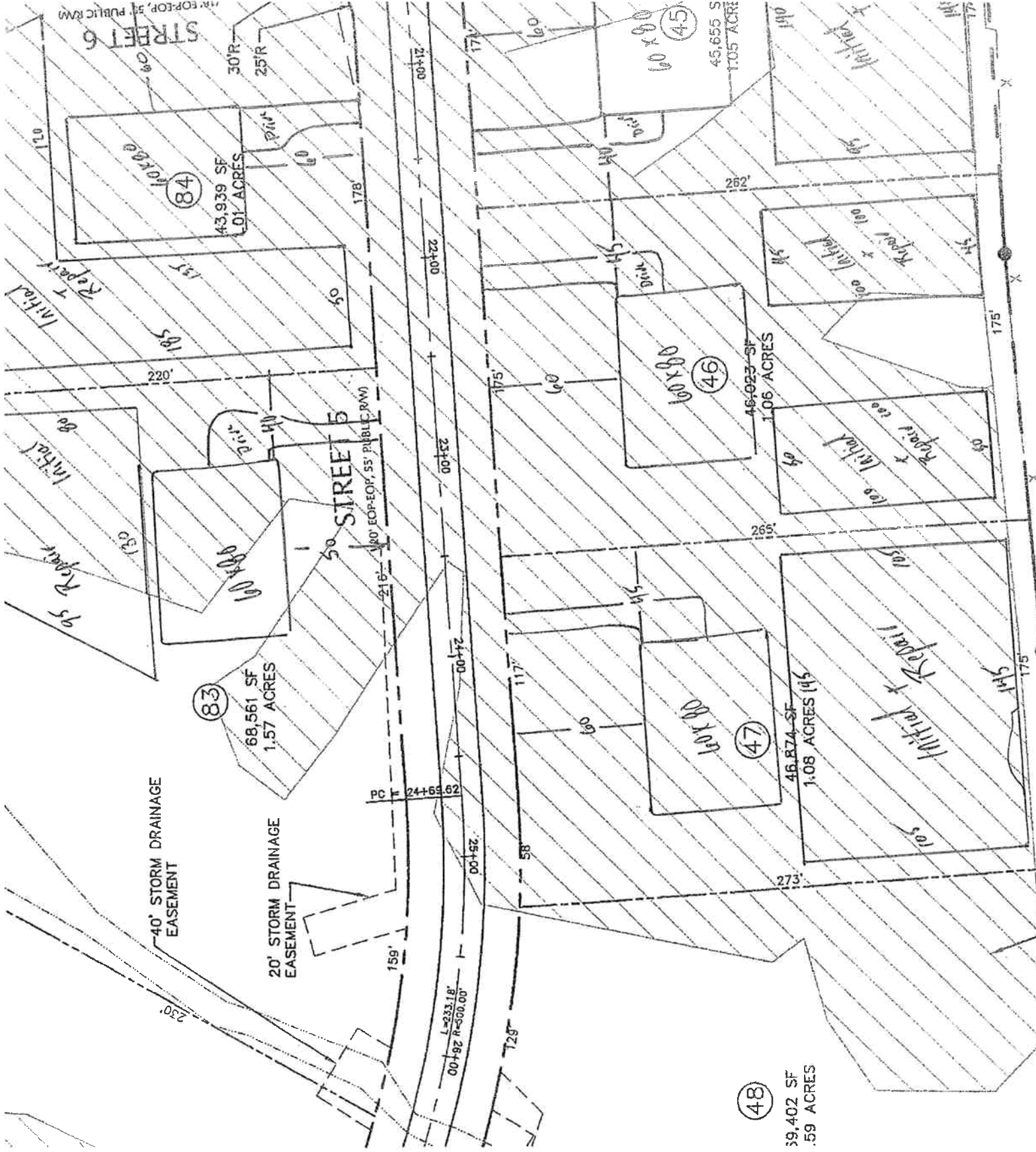
Issued by Michael L. Boudreau
Environmental Health Specialist

N.C. Registration Number 1553

Date 8-29-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 John Doe for
a 1.5 acre site located lot 46 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 PPBPS

Design Flow 600 EGPD Application Rate 3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 335' x 2' x 21"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (☒) IV () V () VI ()

Description PPBPS

Special Conditions Perisson Manhole 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.

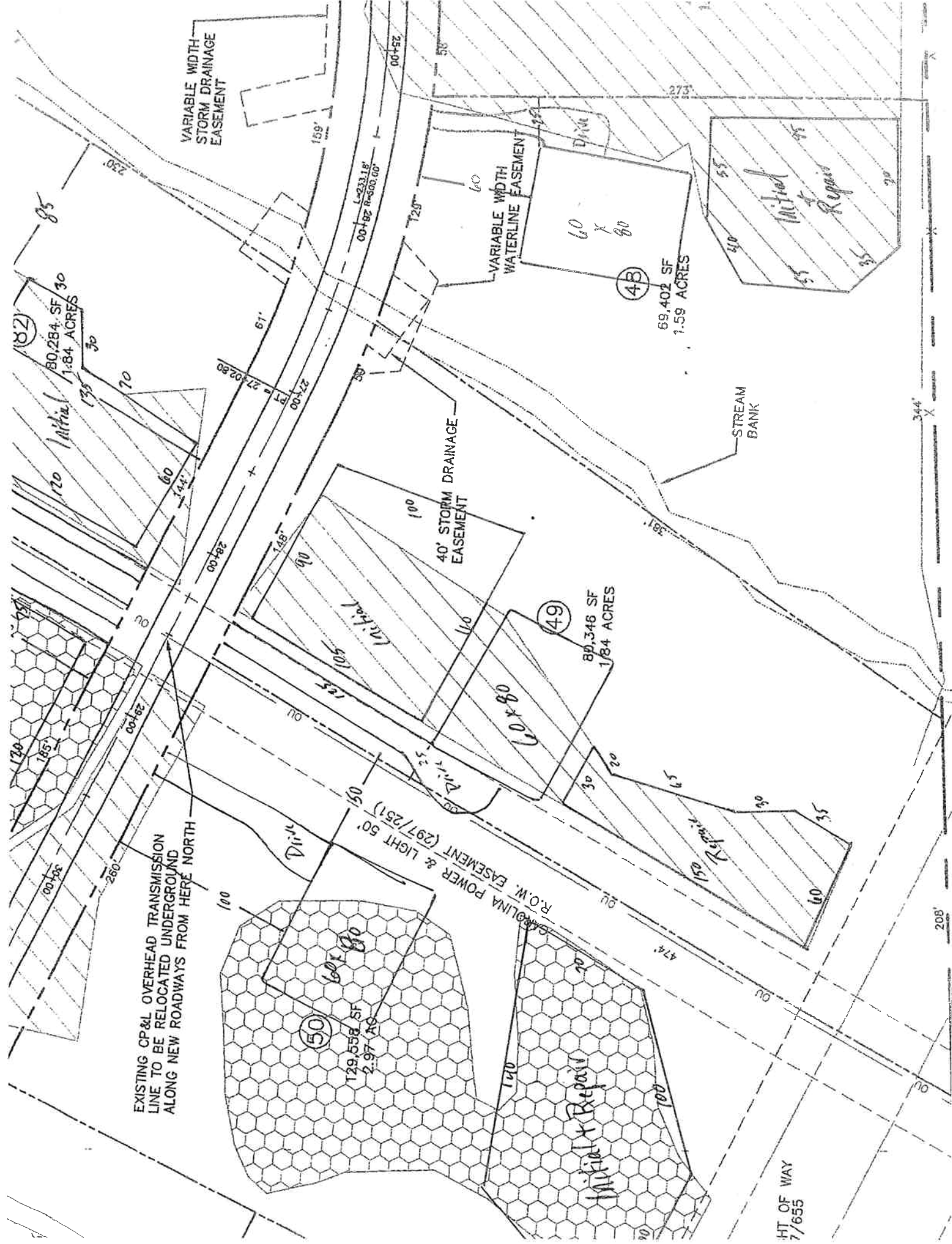
Issued by Thomas O. Bogue R.S.
Environmental Health Specialist

N.C. Registration Number 1553

Date 8-29-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 II-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 Wicham Dev. for

a 1.94 acre site located lot 49 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 granular 2' chamber

Design Flow 100 EPGD Application Rate _____ GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 670' x 2' x 18" - on high side

Additional soil cover may be needed

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III () IV () V (☒) VI ()

Description Top No. Perforated

Special Conditions Proton Monitor 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 Town & Burr R.S.
Environmental Health Specialist

N.C. Registration Number 71353

Date 8-29-06

VARIABLE WIDTH
STORM DRAINAGE
EASEMENT

VARIABLE WIDTH
WATERLINE EASEMENT

STREAM
BANK

EXISTING CP&L OVERHEAD TRANSMISSION
LINE TO BE RELOCATED UNDERGROUND
ALONG NEW ROADWAYS FROM HERE NORTH

GAROLINA POWER & LIGHT 50'
R.O.W. EASEMENT (297/251)

(48) 80,284 SF
1.84 ACRES
Initial

(4B) 69,402 SF
1.59 ACRES

(49) 80,346 SF
1.84 ACRES

(50) 129,558 SF
2.97 AC
Initial & Repair

Initial & Repair

Initial & Repair

HT OF WAY
7/655

344'

208'

CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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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 ☐ EXPANSION ☐

An Improvement Permit is issued to Winston Duv for

a 2.97 acre site located lot 50 The Hamptons

in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()

No. Bedrooms 6 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 Drop No Treatment

Design Flow 600 EGPD Application Rate .08 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal as by plans

Nitrification Line (Length/Width/Max Depth) 3750' x 1" x 6"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III () IV () V (☒) VI ()

Description Drop No Treatment

Special Conditions Plans to be reviewed by engineer or person certified by manufacturer

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 R. S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-29-06



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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

An Improvement Permit is issued to William D. for

a 1.23 acre site located Lot 51 Th. Hamples

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 Deep No Treatment

Design Flow 600 EPGD Application Rate 0.8 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1750 Gal PT 1750 Gal

Nitrification Line (Length/Width/Max Depth) 3750' x 1' x 1'

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III () IV () V () VI ()

Description Deep No Treatment

Special Conditions Pls to draw by require a permit earlier by modification

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.

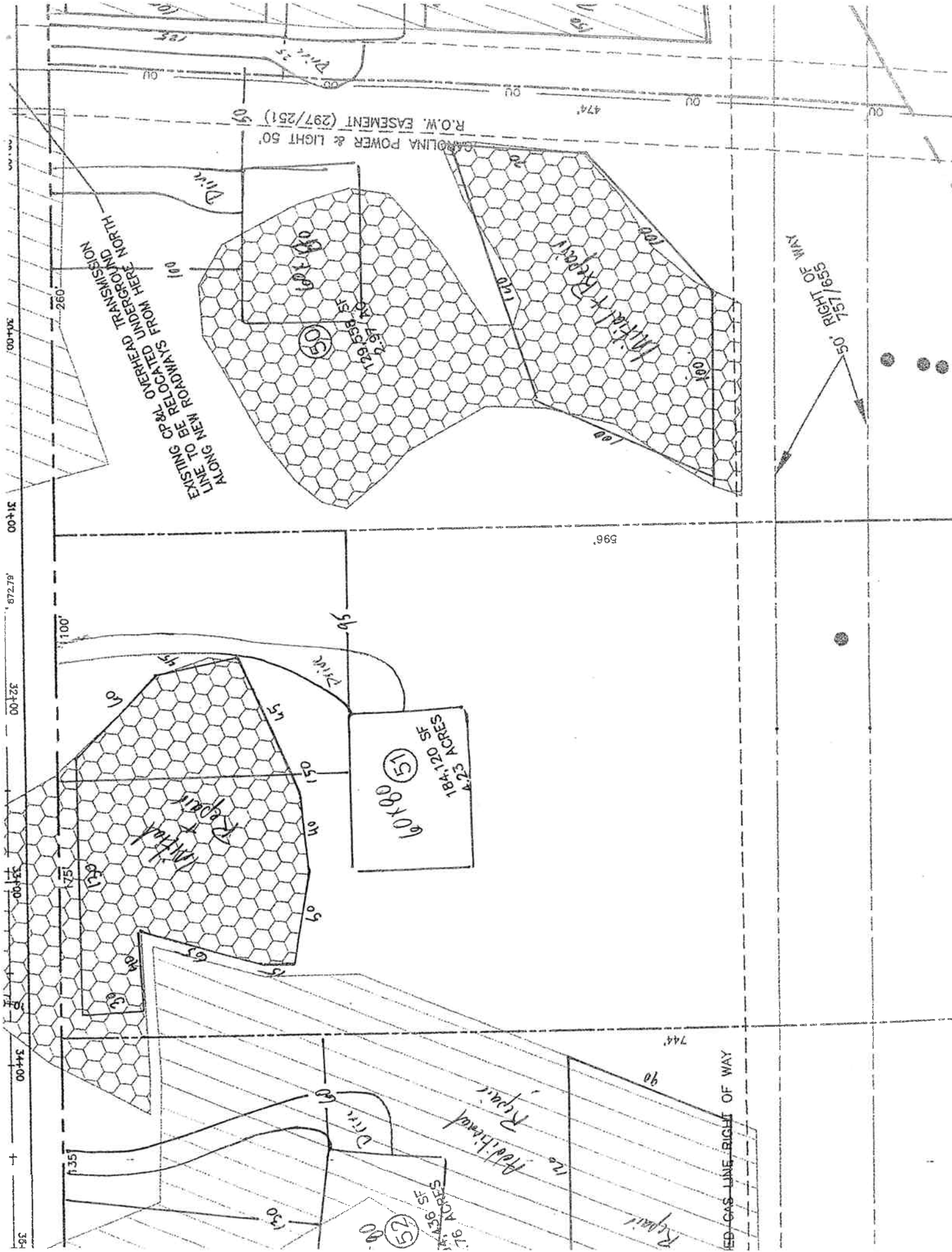
The Improvement Permit shall not be affected by change in ownership.

THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.

Issued by Thomas O. Boyce R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-29-06



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 II-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 Widdup Dev. for
a 6.76 acre site located Lot 52 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 Pump to Accept 25% Reduction

Design Flow 600 EPGD Application Rate 26 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1750 Gal PT 1750 Gal

Nitrification Line (Length/Width/Max Depth) 570' x 3' x 40"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (☒) IV () V () VI ()

Description Pump to Accept 25% Reduction

Special Conditions Pressure Manifest 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.

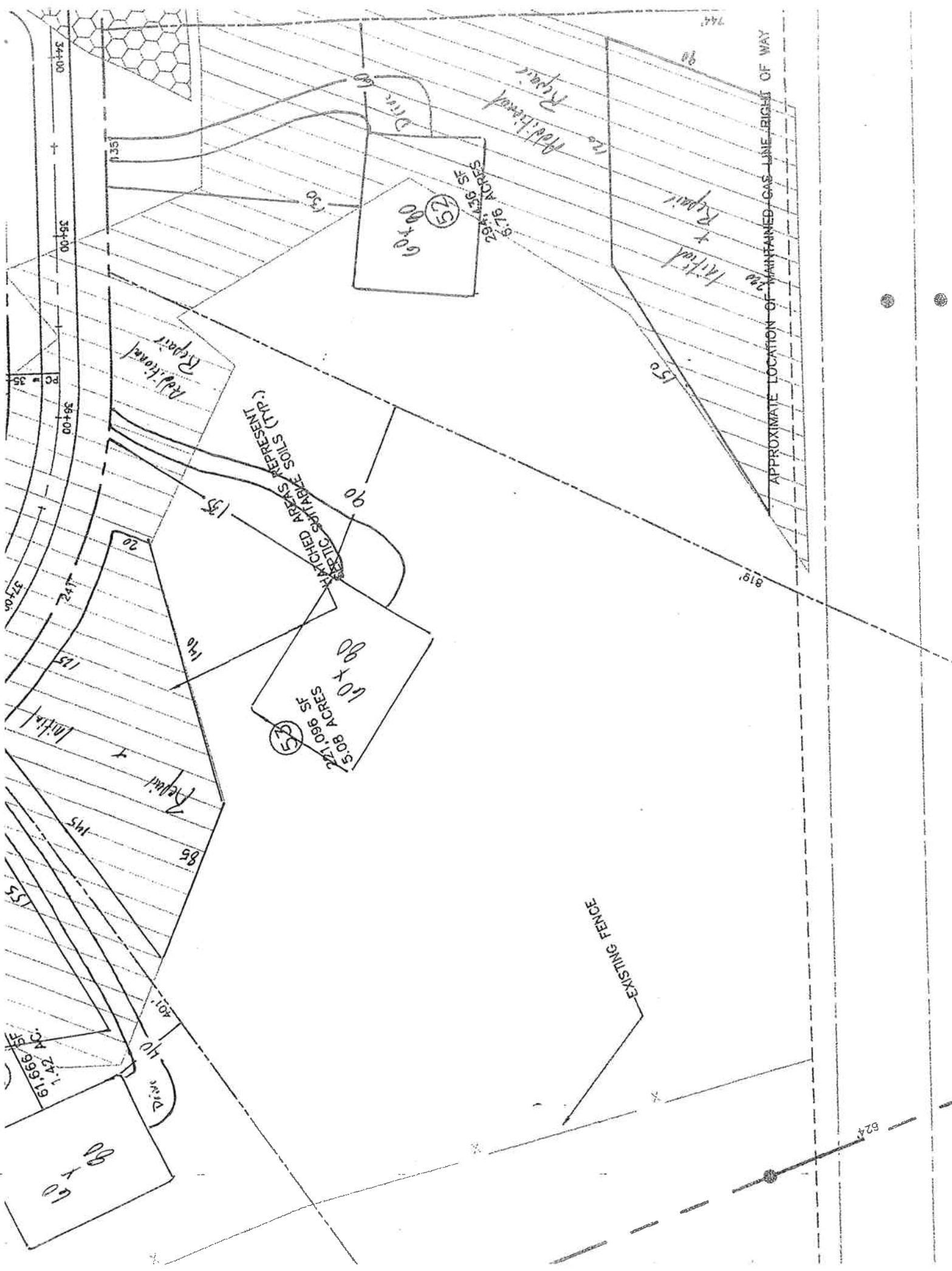
The Improvement Permit shall not be affected by change in ownership.

THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.

Issued by Thomas J. Boye R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-27-06



744'

APPROXIMATE LOCATION OF MAINTAINED GAS LINE RIGHT OF WAY

ADDITIONAL REPAIR

INITIAL REPAIR

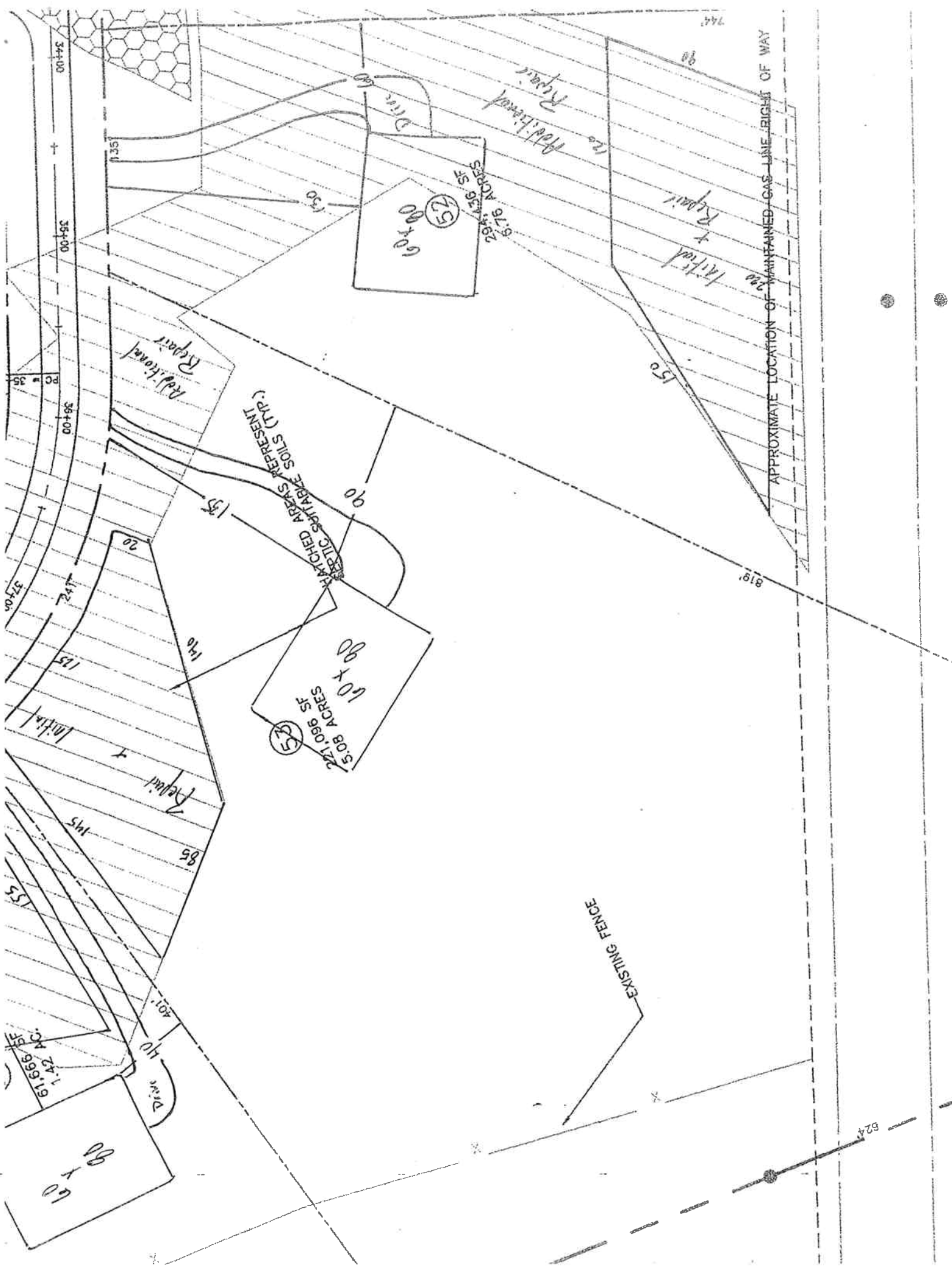
ADDITIONAL REPAIR

WATCHED AREAS REPRESENT AESTHETIC SUITABLE SOILS (TYP.)

EXISTING FENCE

1.24' C.C.
91.66' EF

624'



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 II-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 Harper Dev. for
a 2.18 acre site located Lot 53 7th Highway
in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()

No. Bedrooms 4 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 FPPBS

Design Flow 110 EGPD Application Rate 3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1750 Gal PT 1750 Gal

Nitrification Line (Length/Width/Max Depth) 235' x 2' x 22"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (☒) IV () V () VI ()

Description Pump to transfer 2400 Reservoir

Special Conditions Transfer Reservoir 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.

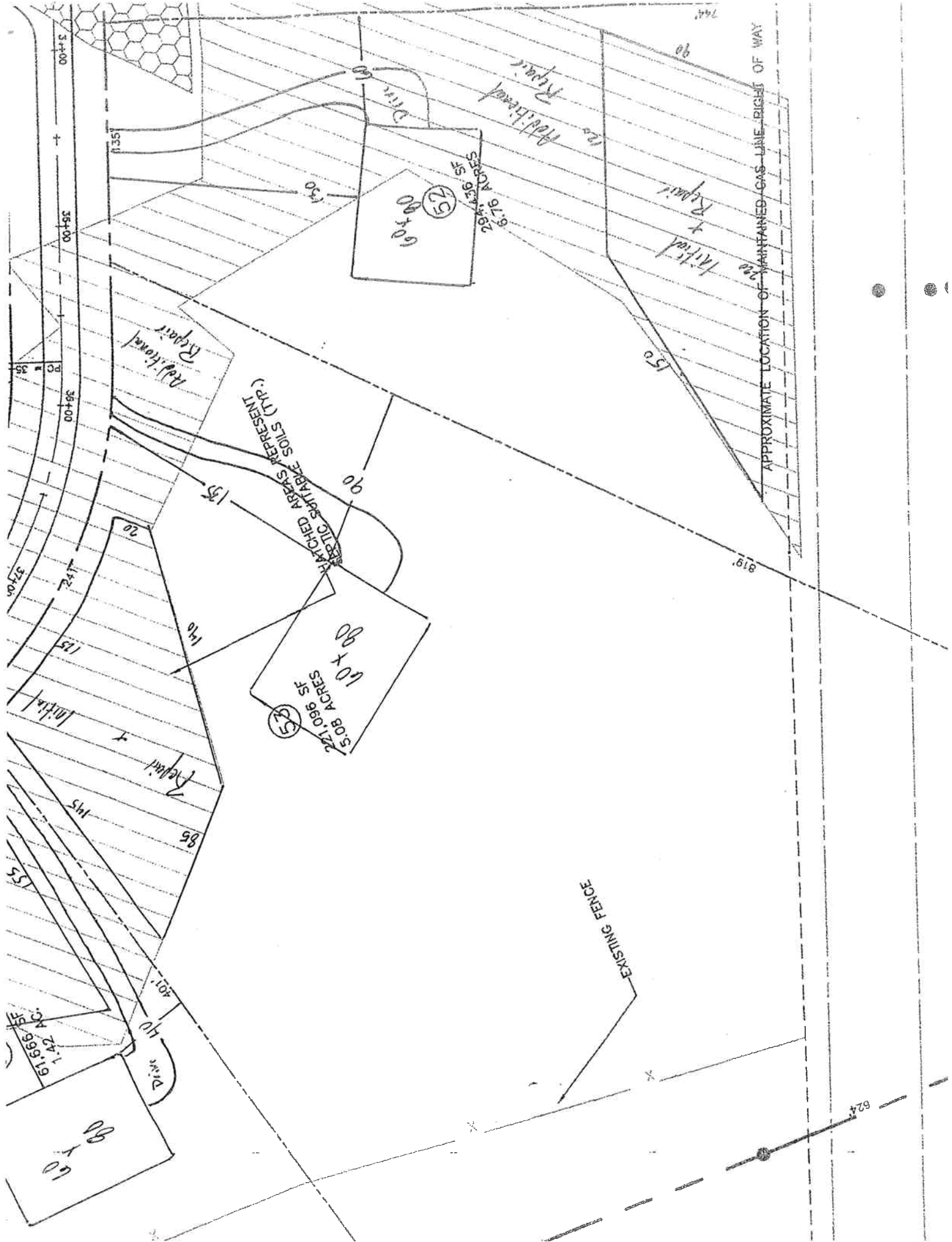
Issued by Thomas L. Boyd R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-22-16

911-Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 II-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 William D. H. for
a 1.42 acre site located Lot 54 Hampton
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 FPEFS

Design Flow 600 EGPD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 935' x 2' x 22"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III () IV () V () VI ()

Description Pump to Accepts 25% Reduction

Special Conditions Pressure Mainline 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.

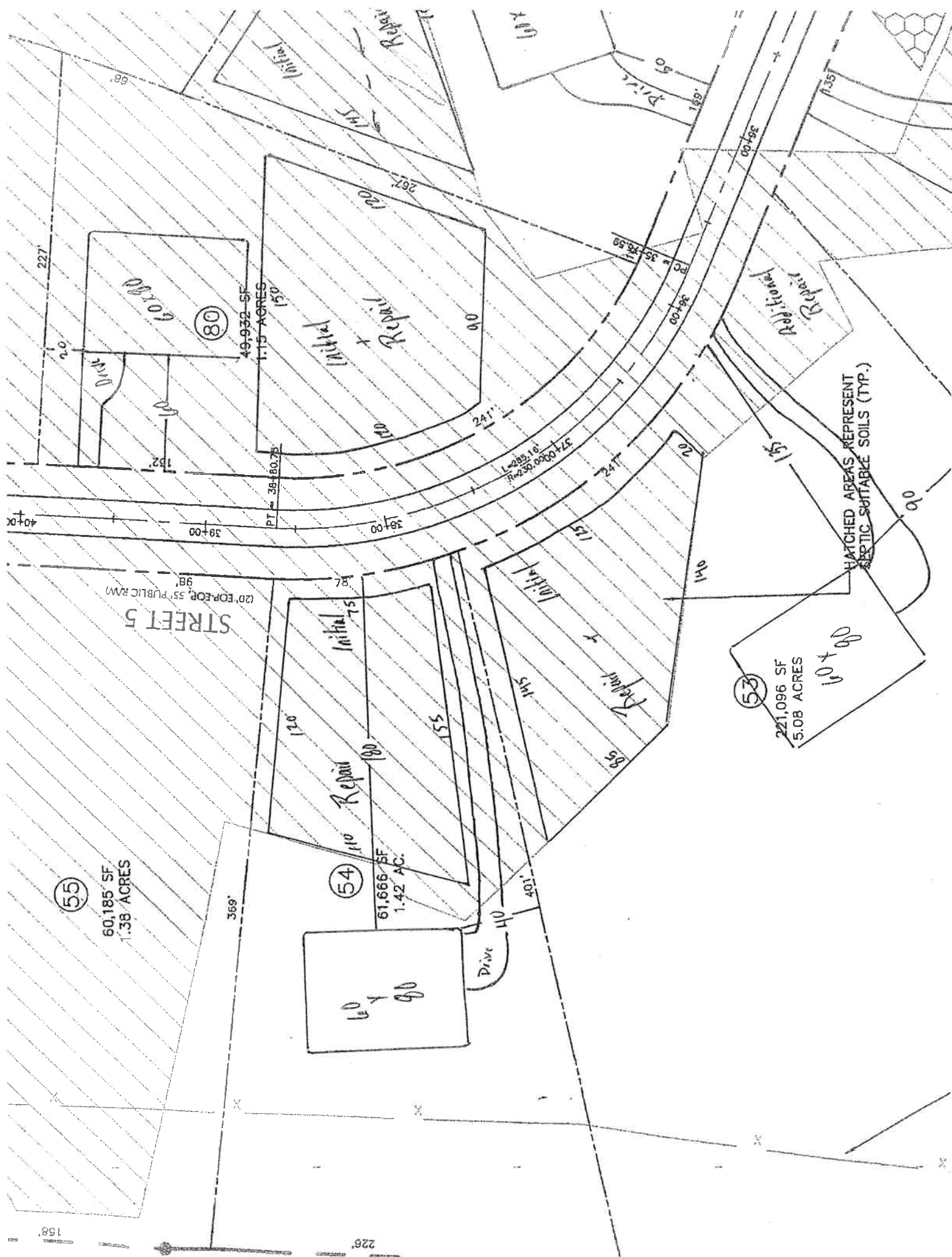
The Improvement Permit shall not be affected by change in ownership.

THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.

Issued by Thomas O. Boyce R.S.
Environmental Health Specialist

N.C. Registration Number 135-3

Date 8-29-06



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 II-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 Ward Dr. for

a 1.28 acre site located at 45 W. Houghton

in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()

No. Bedrooms 5 No. Residents/Employees 5

Type Wastewater: Residential (☒) Commercial ()

Initial System Type: I () II () III (☒) IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other FFBPS

Design Flow 600 EGD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1750 Gal

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: I () II () III (☒) IV () V () VI ()

Description Repair 25% Breakdown

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 Thomas G. Boye R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-7-06

911 Address

Name

HATCHED AREAS REPRESENT
SEPTIC SUITABLE SOILS (TYP.)

HATCHED AREAS REPRESENT —
SEPTIC SUITABLE SOILS (TYP.)

CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 Walter D. for

a 1.1 acre site located 6150 The Pappas

in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()

No. Bedrooms 3 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 PPCPs

Design Flow 600 EGPD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 225' x 2' x 22"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (☒) IV () V () VI ()

Description Repair to Acceptable 14% Residue

Special Conditions Permit Available 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.

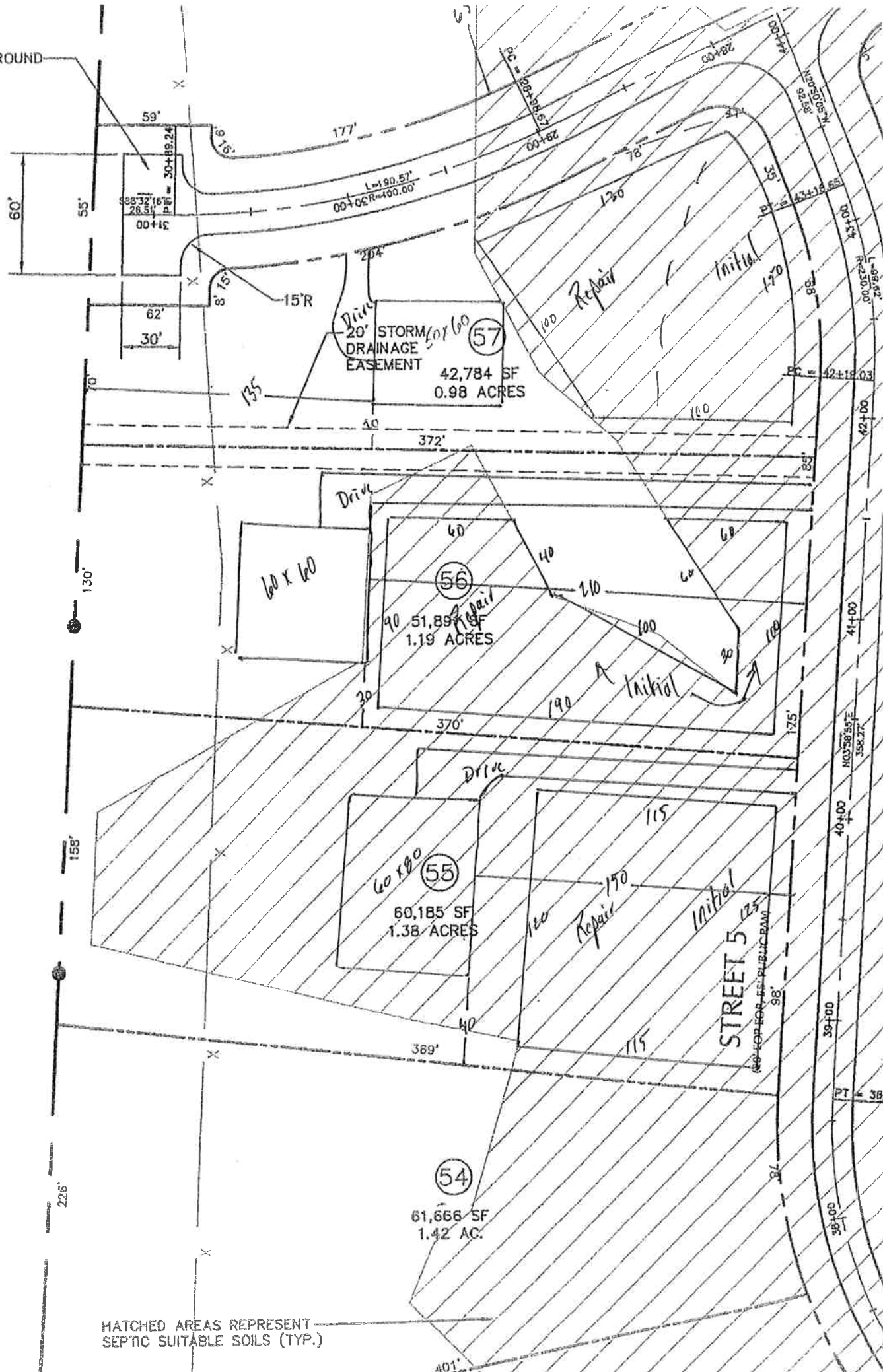
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.

Issued by Thomas G. Bays R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-29-06

TEMP.
TURN-AROUND



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 Andrea Div. for

a 90 acre site located 1157 7th Hampton

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 FPBFS

Design Flow 600 EPGD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 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 () III () IV () V () VI ()

Description Pump to large Dimple 14" 10"

Special Conditions Reson Non-16 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 Thomas R. Boye R.S.
Environmental Health Specialist

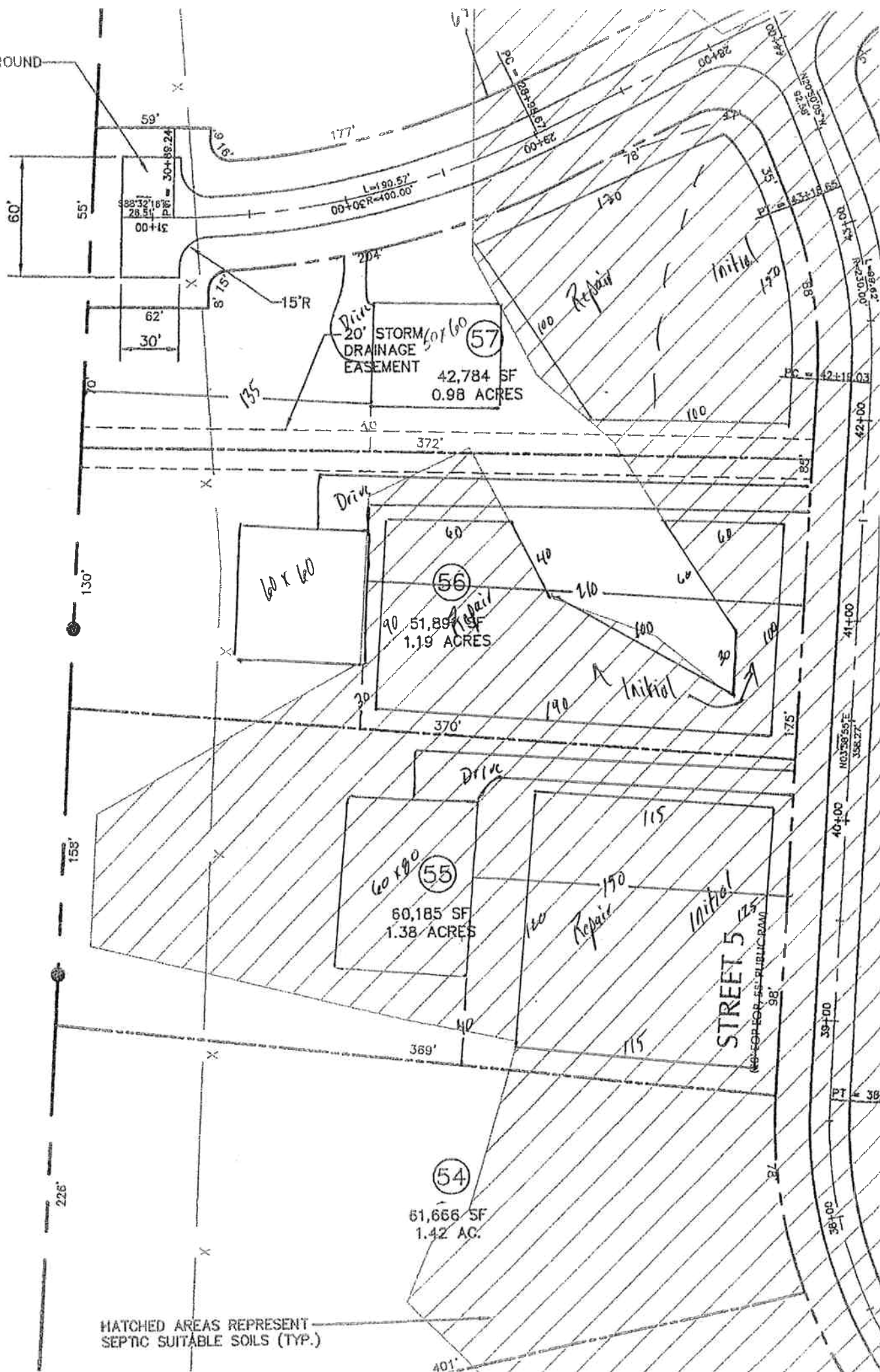
N.C. Registration Number 1353

Date 8-27-06

911 Address

Name

TEMP.
TURN--AROUND



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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

An Improvement Permit is issued to Widdow Dr. for
a 2.07 acre site located Lot 5B 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 PPBPS

Design Flow 600 EPGD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1750 Gal PT 1750 Gal

Nitrification Line (Length/Width/Max Depth) 375' x 21" x 22"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (☒) IV () V () VI ()

Description PPBPS

Special Conditions Pressure Mainhole 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.

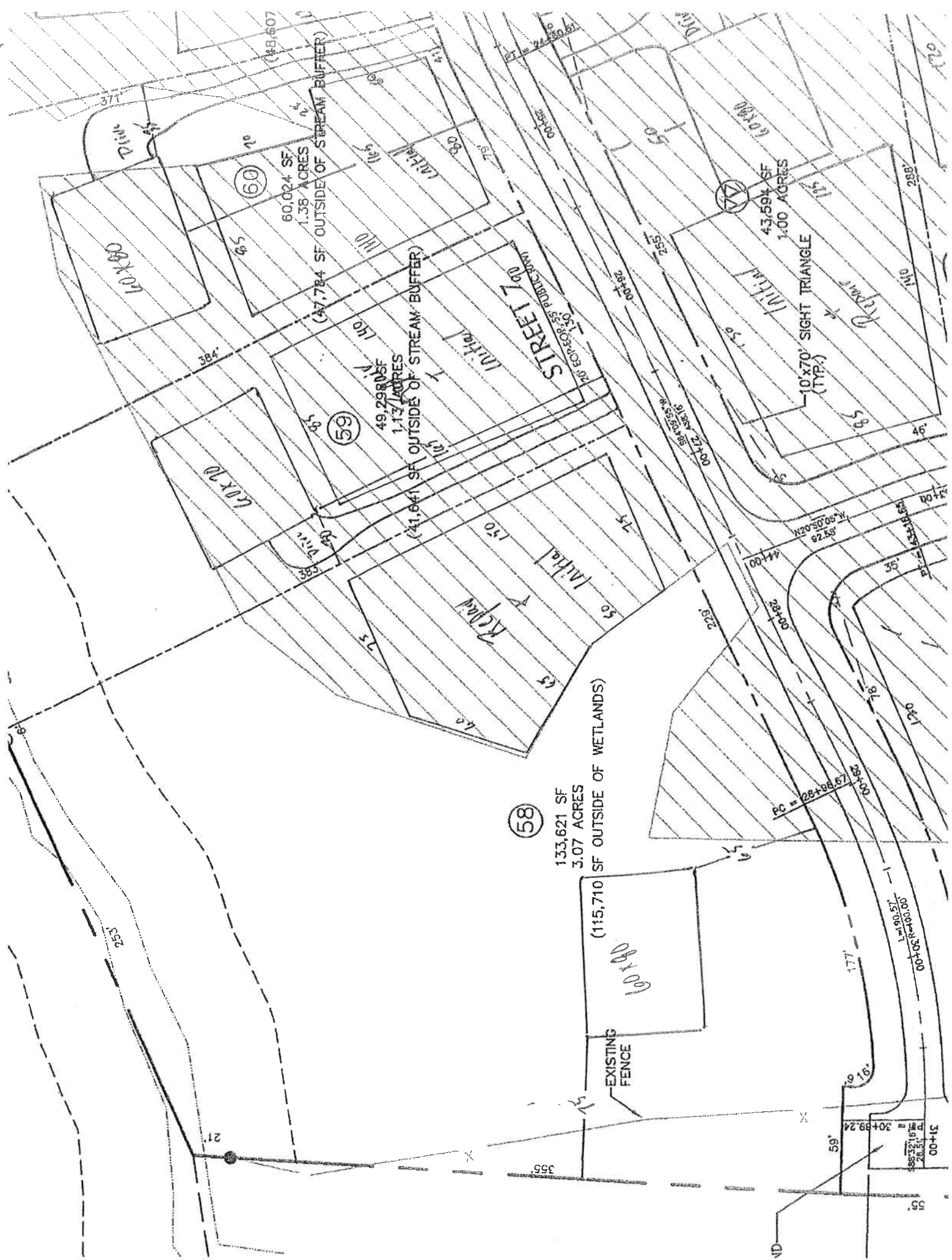
Issued by Thomas A. Beyer R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-29-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 Thompson Dr. for

a 1.13 acre site located 1470 The Highlands

in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()

No. Bedrooms 5 No. Residents/Employees 10/day

Type Wastewater: Residential (☒) Commercial ()

Initial System Type: I () II (☒) III () IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other TPBPS

Design Flow 600 EGPD Application Rate 3 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 12"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (☒) IV () V () VI ()

Description TPBPS

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.

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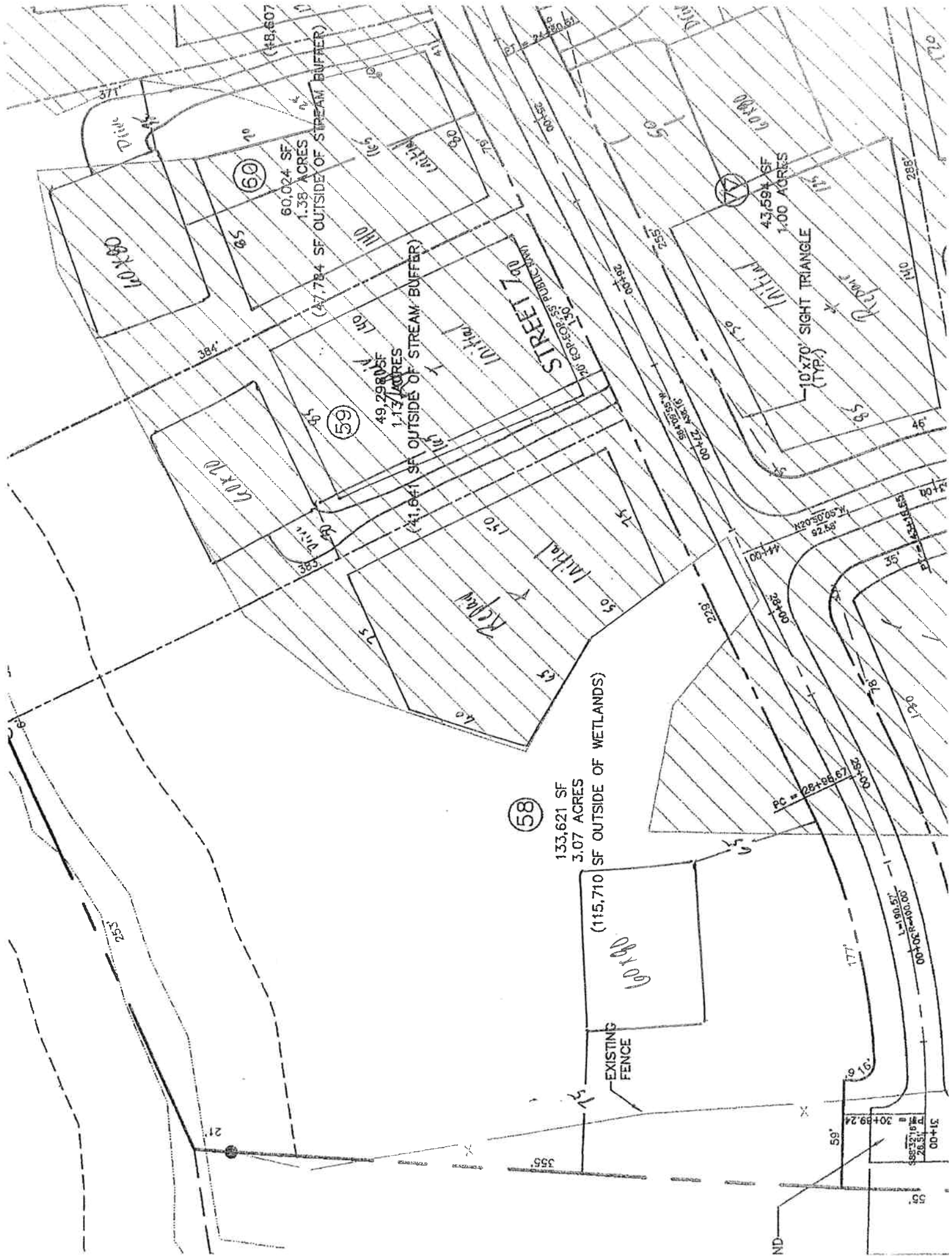
Issued by Thomas C. Boyer R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-29-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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

An Improvement Permit is issued to Wendy Dev. for
a 1.38 acre site located Lot 60 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 PTBPS

Design Flow 600 EGPD Application Rate .3 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 71'

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III () IV () V () VI ()

Description PTBPS

Special Conditions Pressure Manifesto 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.

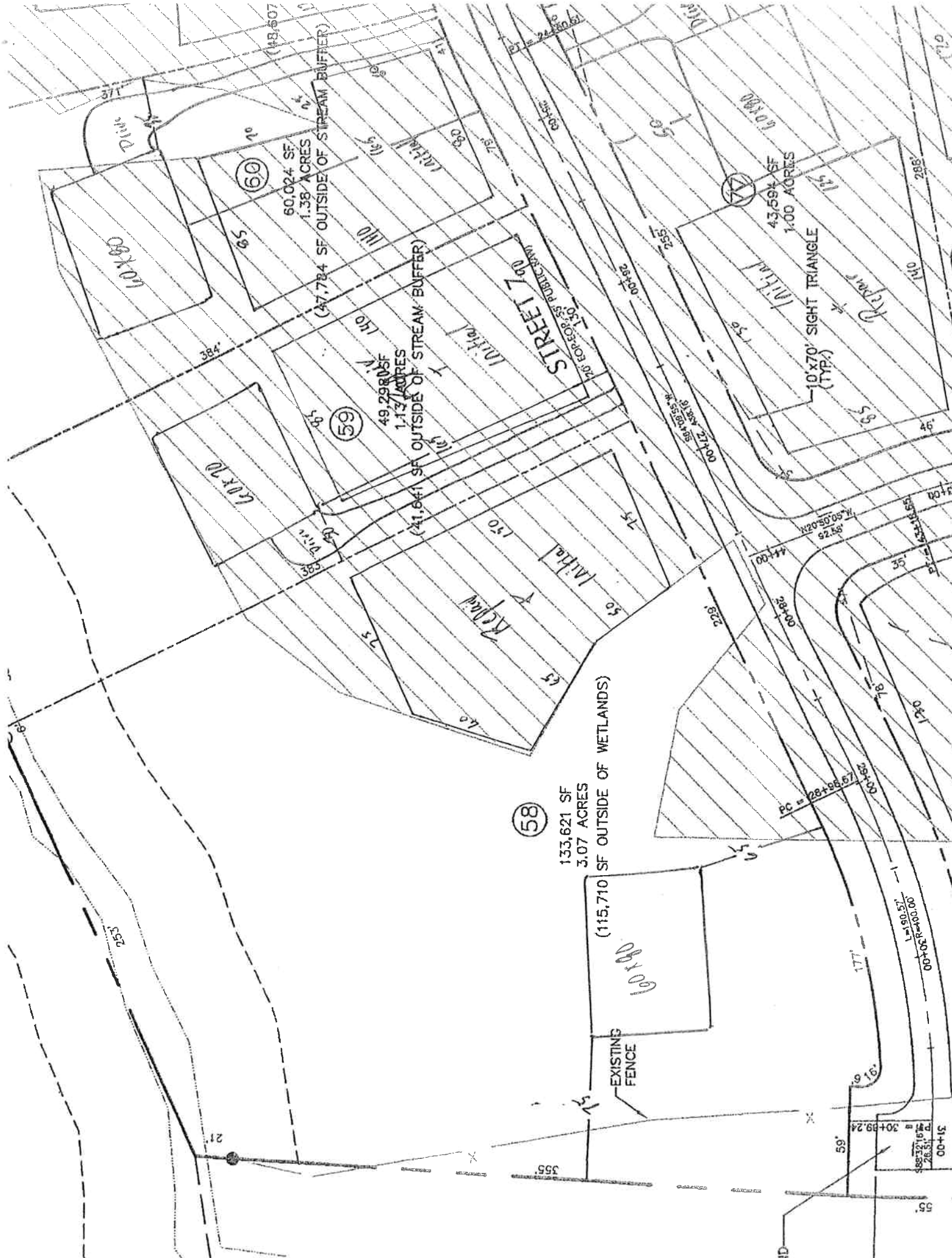
Issued by Thomas O. Rain R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-22-06

911 Address

Name



58

133,621 SF
3.07 ACRES
(115,710 SF OUTSIDE OF WETLANDS)

59

49,298 SF
1.13 ACRES
(41,641 SF OUTSIDE OF STREAM BUFFER)

60

60,024 SF
1.38 ACRES
(47,784 SF OUTSIDE OF STREAM BUFFER)

77

43,594 SF
1.00 ACRES
10'x70' SIGHT TRIANGLE (TYP.)

CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 II-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 Woodpeck Dr. for
a 1.40 acre site located Lot 61 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 PPDPs

Design Flow 100 EGPD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1350 Gal PT 1350 Gal

Nitrification Line (Length/Width/Max Depth) 325' x 1' x 12"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (☒) IV () V () VI ()

Description PPDPs

Special Conditions Pressure Methods 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.

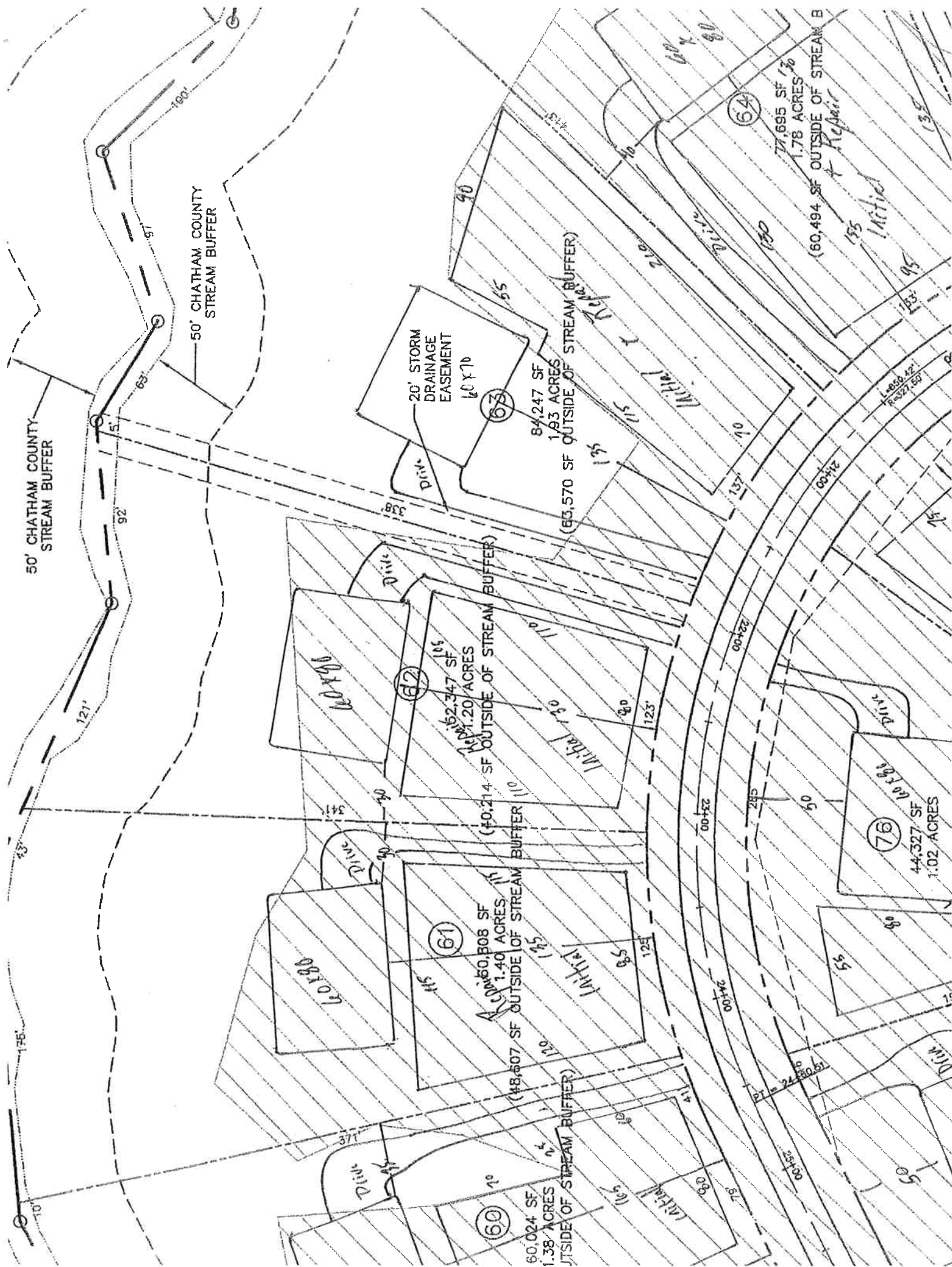
Issued by Thomas L. Boyer R.S.
Environmental Health Specialist

N.C. Registration Number 1953

Date 8-29-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 Wadsworth Div. for
a 1.20 acre site located lot 62 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 FFBPS

Design Flow 600 EPGD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 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 () III (☒) IV () V () VI ()

Description FFBPS

Special Conditions Pressure Manholes 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.

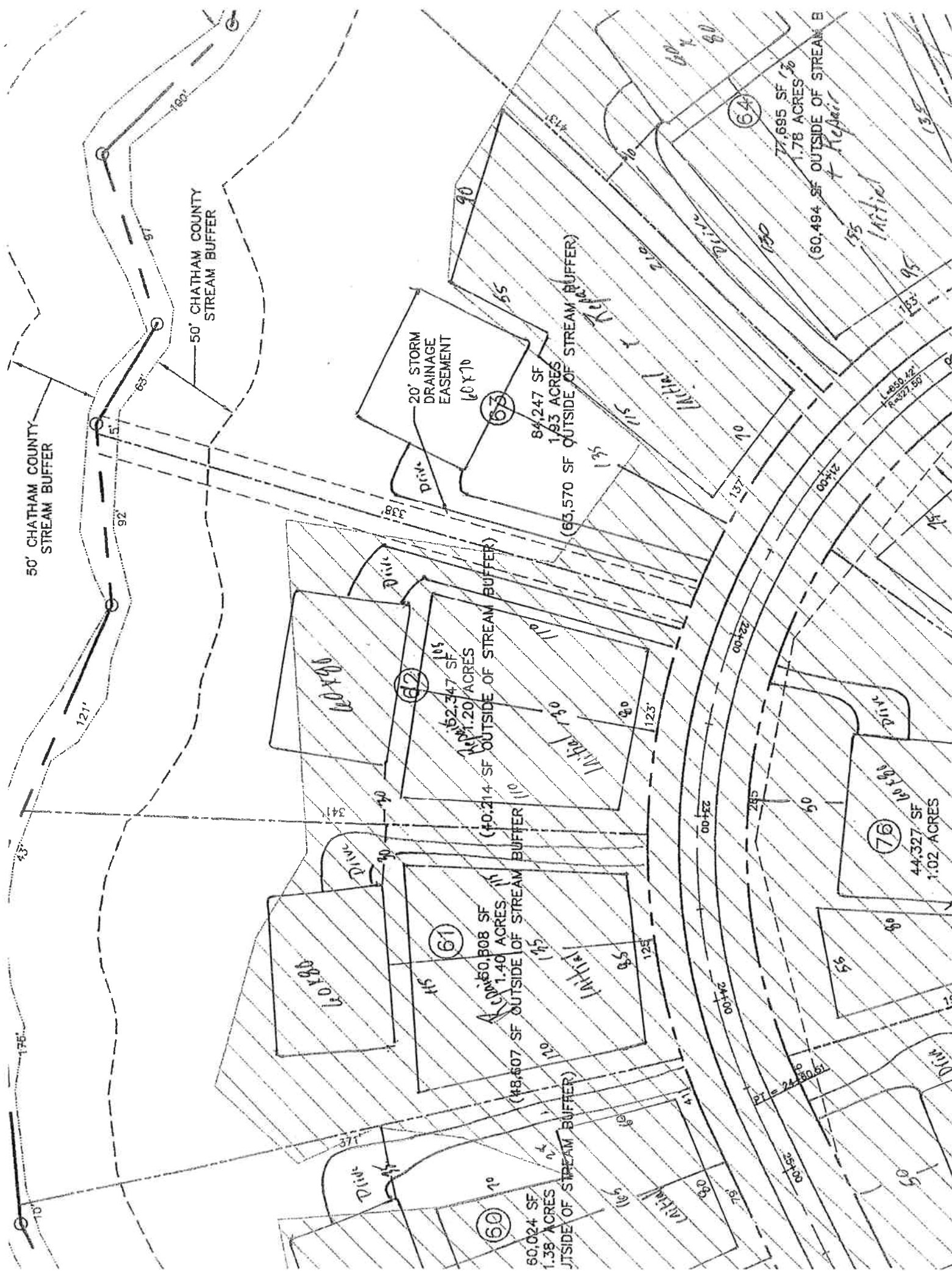
Issued by Thomas G. Bony R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-29-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 Widener Dr. for

a 1.73 acre site located 1st 103 The Hampsons

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 Prop to Accept 75% Reduction

Design Flow 100 EPGD Application Rate 3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 40' x 2' x 20'

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (☒) IV () V () VI ()

Description Prop to Accept 75% Reduction

Special Conditions Pressure Mainhole 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.

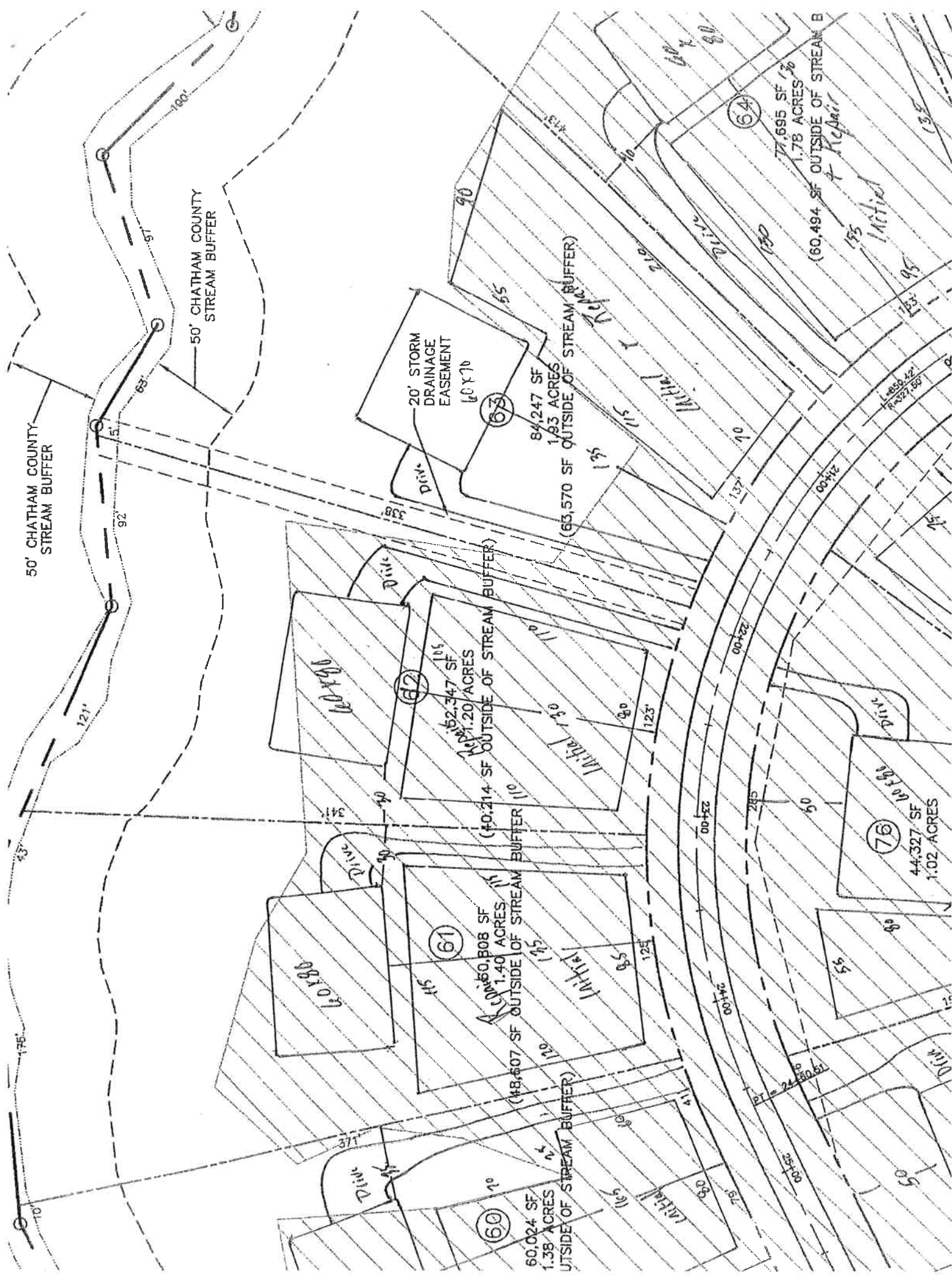
Issued by Thomas O. Boyer R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-27-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 Wendy Dev for
a 1.78 acre site located Lot 64 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 Pump to Hamptons 15% Reduction

Design Flow 600 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) 50' x 2' x 20"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (☒) IV () V () VI ()

Description Pump to Hamptons 25% Reduction

Special Conditions Pressure Manholes 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 Thomas G. Boyle R.S.
Environmental Health Specialist

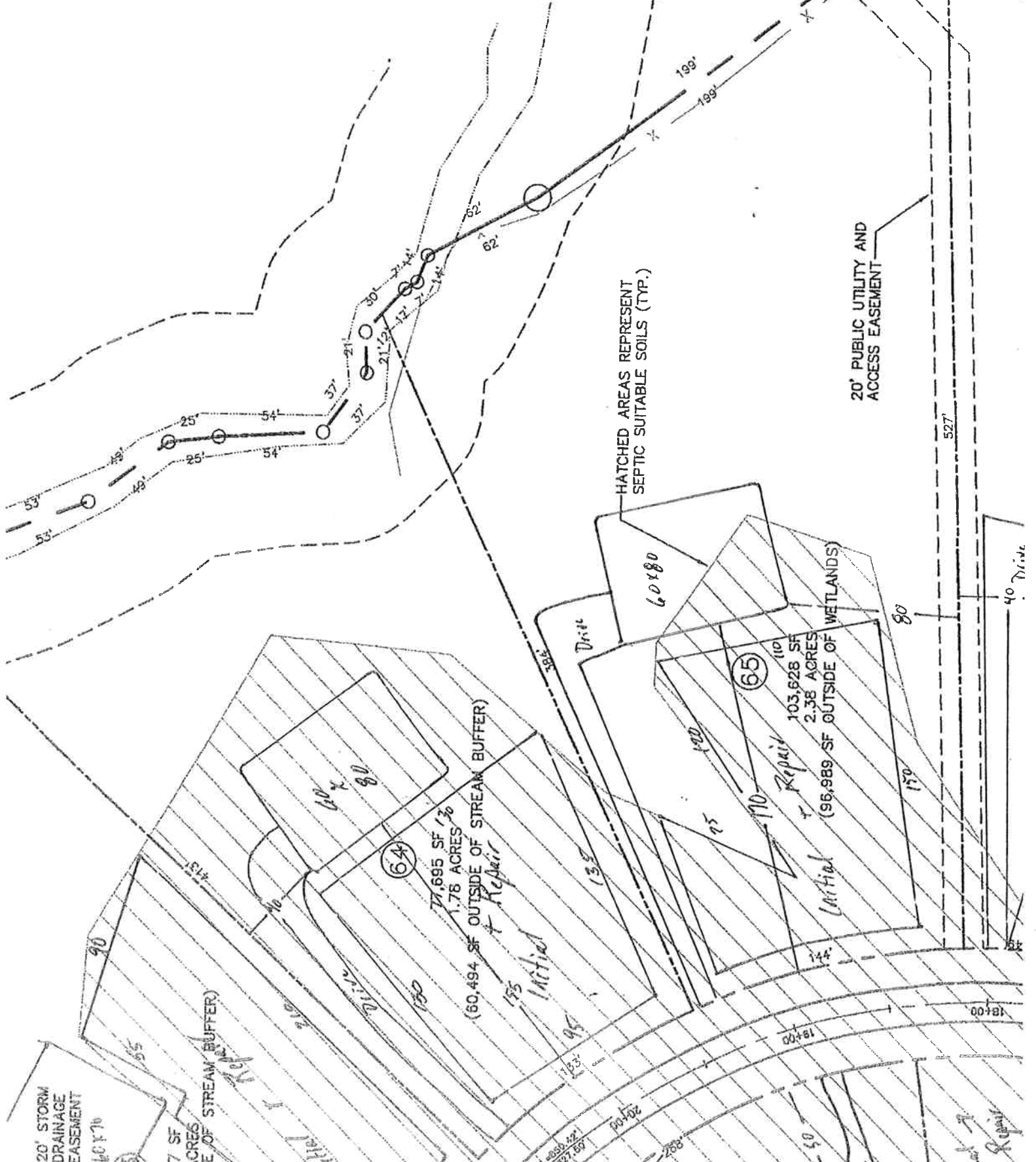
N.C. Registration Number 1553

Date 8-29-06

911 Address

Name

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

80 East Street ▪ P. O. Box 130 ▪ Pittsboro, NC 27312-0130
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Improvement Permit for Wastewater Systems ARTICLE II-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 Windjam Dev. for

a 2.38 acre site located Lot 65 The Hamptons

in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()

No. Bedrooms 5 No. Residents/Employees 15 max

Type Wastewater: Residential (☒) Commercial ()

Initial System Type: I () II () III (☒) IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other PEEPS

Design Flow 600 EPGD Application Rate 3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 235' x 2' x 2'

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (☒) IV () V () VI ()

Description PEEPS

Special Conditions Pressure Available 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 Thomas J. Boyer R.S.
Environmental Health Specialist

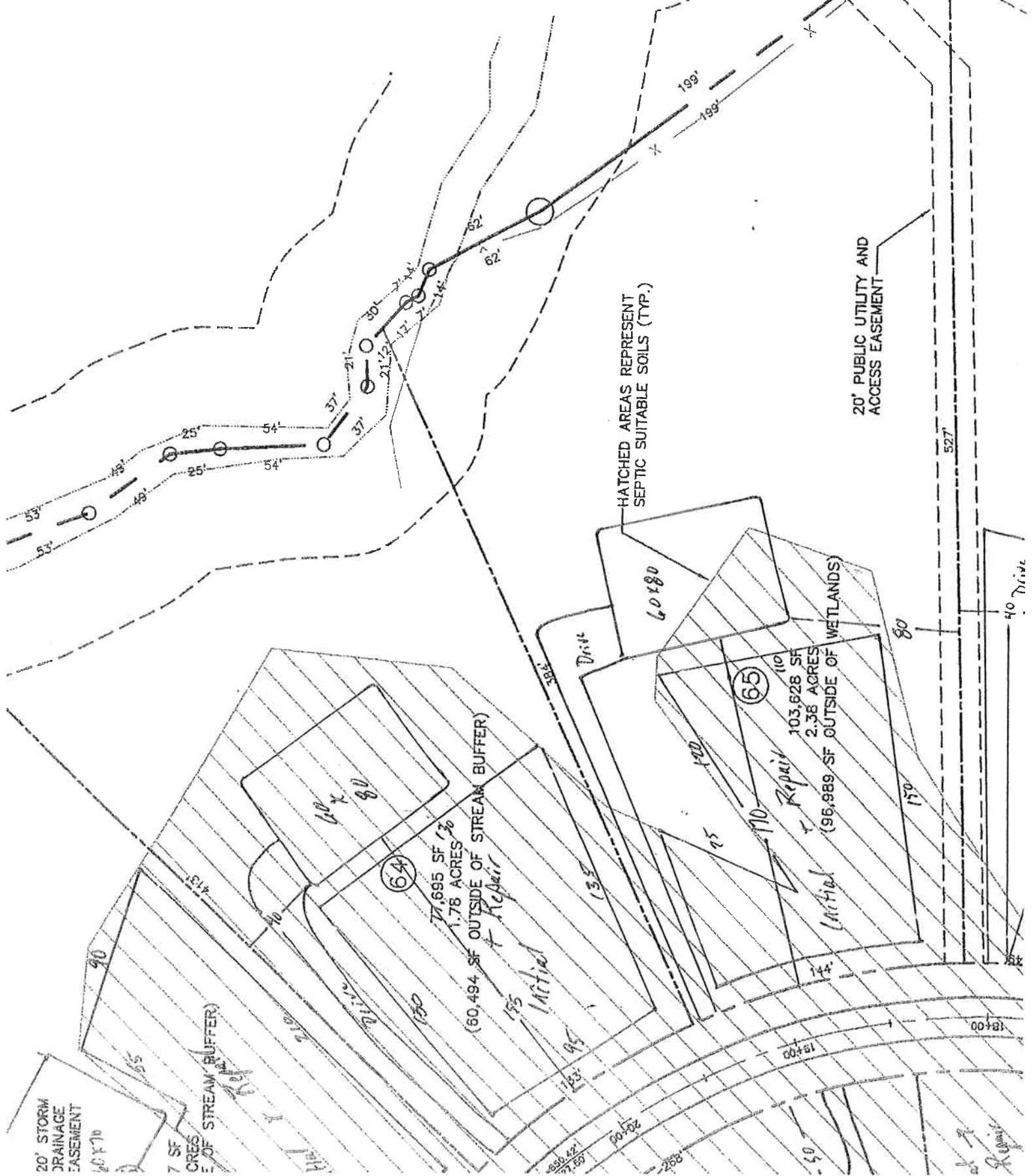
N.C. Registration Number 1353

Date 8-29-06

911 Address

Name

-



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 II-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 Wendy Duv... for

a 3.93 acre site located Lot 66 The Simpsons

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 FPEBS

Design Flow 100 EPGD Application Rate 1.2 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 335 x 9' x 22"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (☒) IV () V () VI ()

Description FPEBS

Special Conditions Reserve Manhole 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 [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.

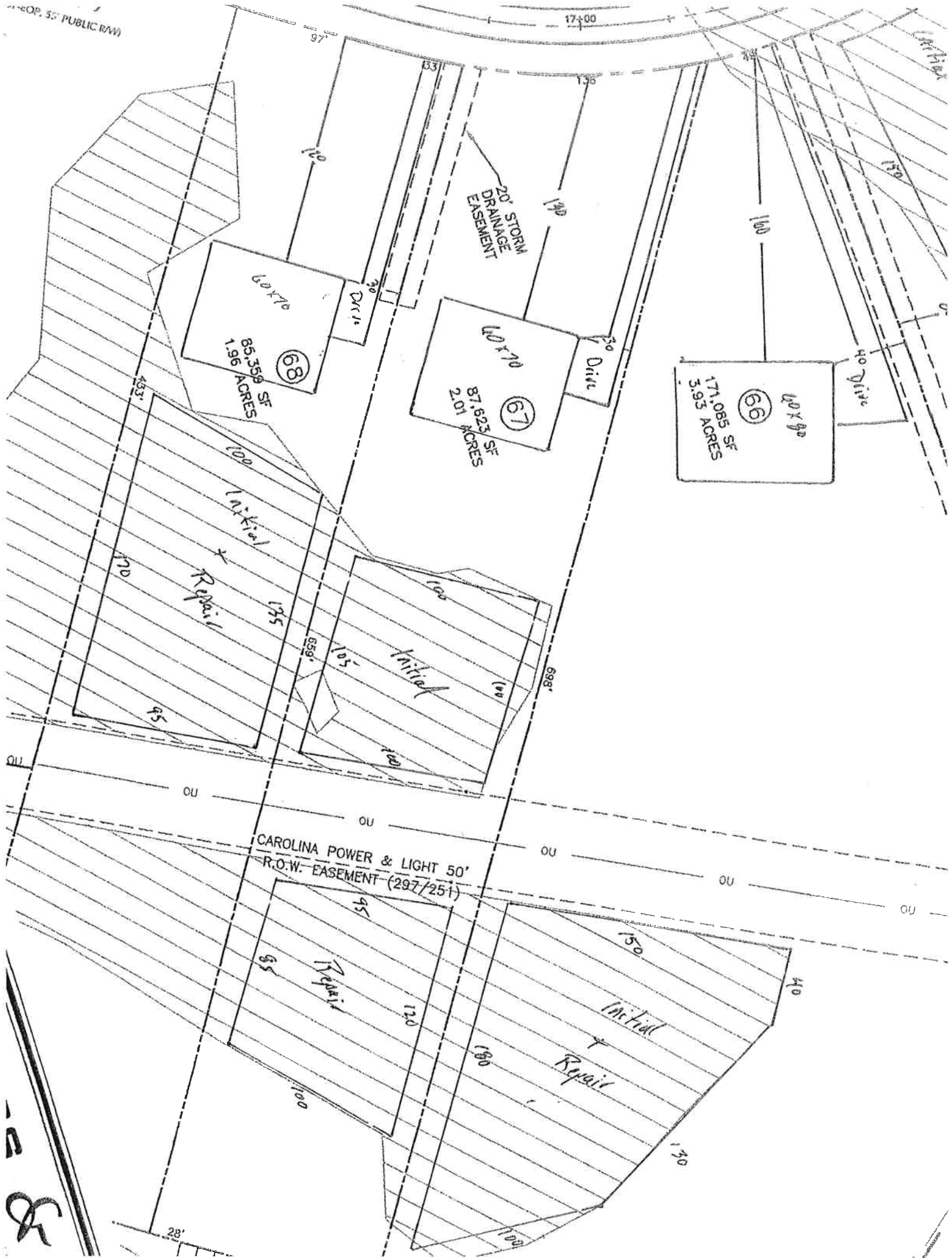
Issued by Thomas C. Boyle R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-29-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 II-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 Wendy Dev. for
a 2.01 acre site located lot 67 The Chaplains
in Chatham County. It is specifically issued for the following facility:

Facility: Residential () Non-Residential ()

No. Bedrooms 5 No. Residents/Employees 10 persons

Type Wastewater: Residential () Commercial ()

Initial System Type: I () II () III (x) IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other PPBPS

Design Flow 1.00 EPGD Application Rate 3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 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 () III (v) IV () V () VI ()

Description PPBPS

Special Conditions Process Modified 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.

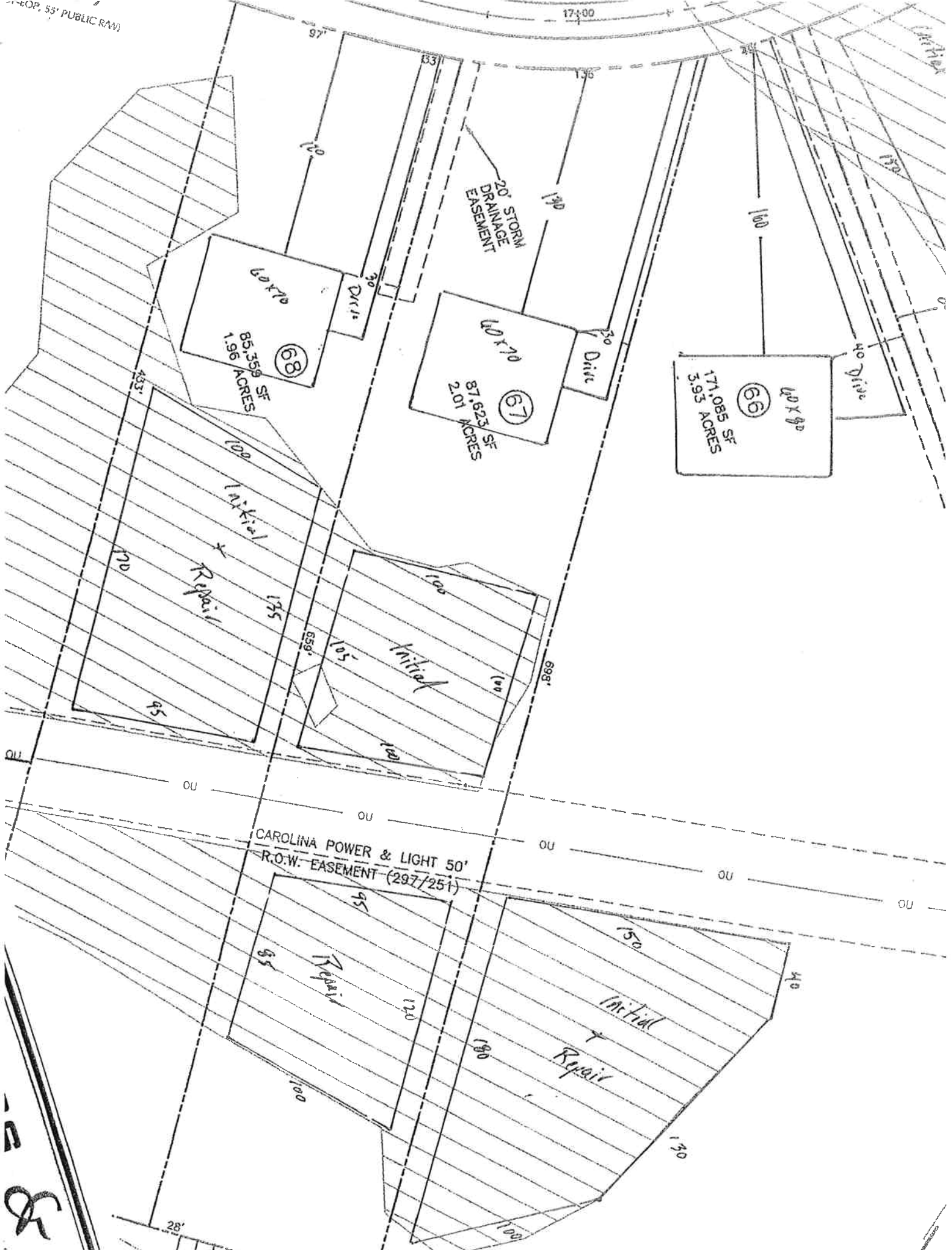
Issued by Therese R. S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-29-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 II-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 Woodson Dev. for
a 1.96 acre site located lot 68 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 FFPS

Design Flow 600 EPGD Application Rate 3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 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 () V () VI ()

Description PT BFS

Special Conditions Pressure Available 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.

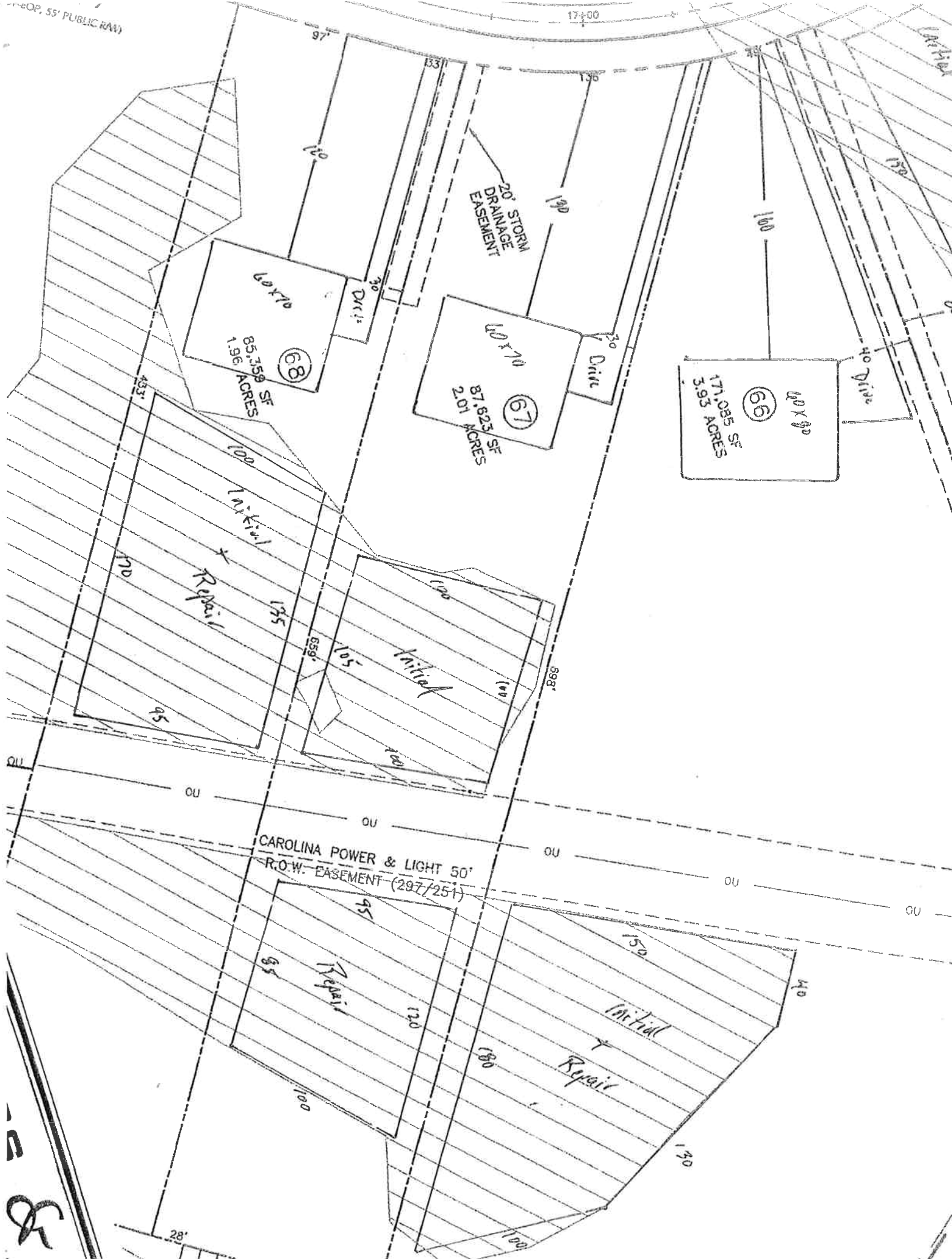
Issued by Thomas G. Bore R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 5-29-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 Dev. for

a 1.94 acre site located lot 69 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 PPBS

Design Flow 600 EGPD Application Rate .3 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 22"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (☒) IV () V () VI ()

Description PPBS

Special Conditions Permittee to be responsible for maintenance

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.

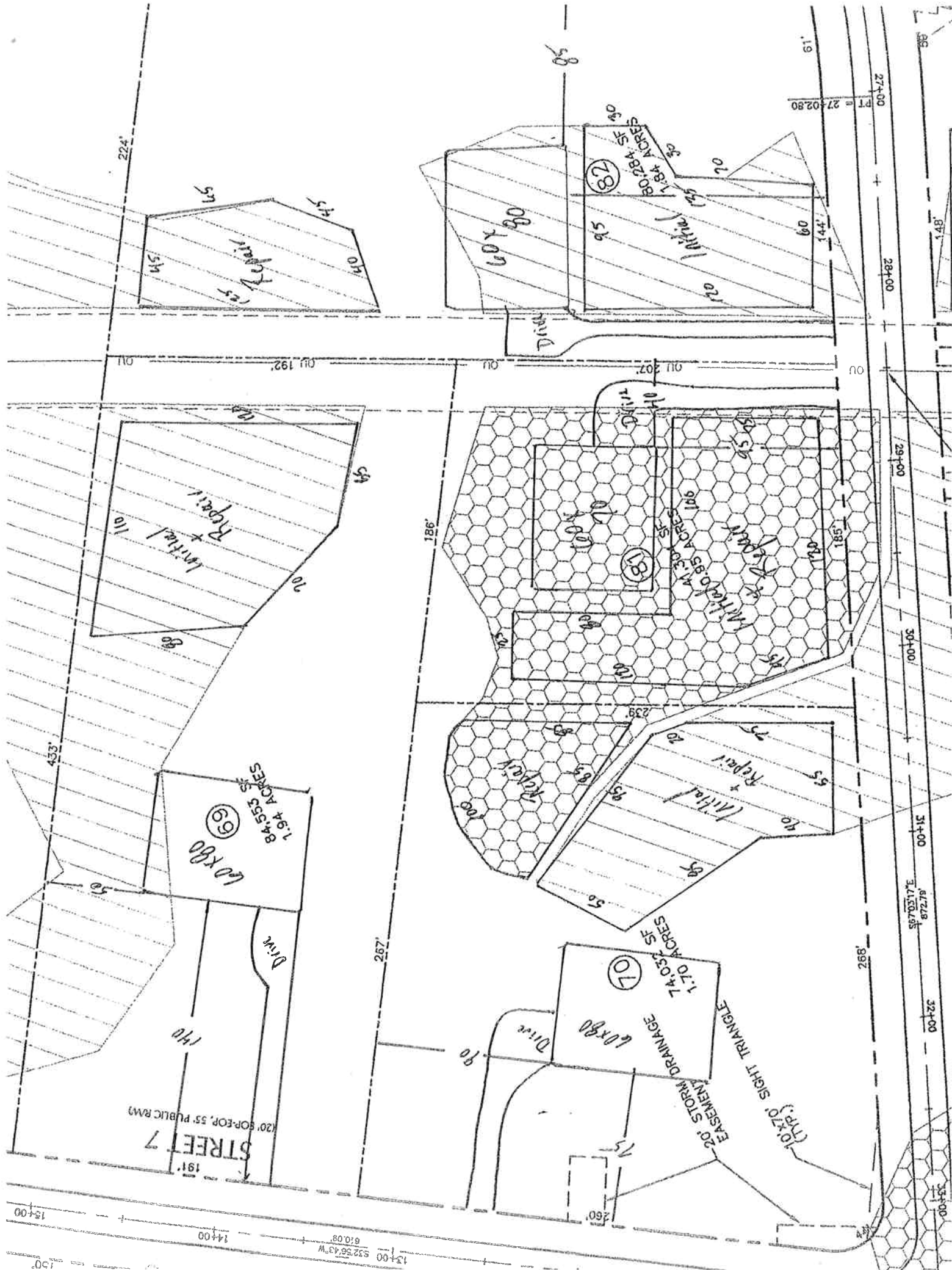
Issued by Thomas C. Boyer R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-29-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 II-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 Whispering Doves for
a 1.30 acre site located Lot 70 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 Drip Irrigation No Treatment

Design Flow 600 GPD Application Rate .08 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 3750' x 1' x 6"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III () IV () V (☒) VI ()

Description Drip Irrigation - No Treatment

Special Conditions Plans required by engineer or person certified by manufacturer

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.

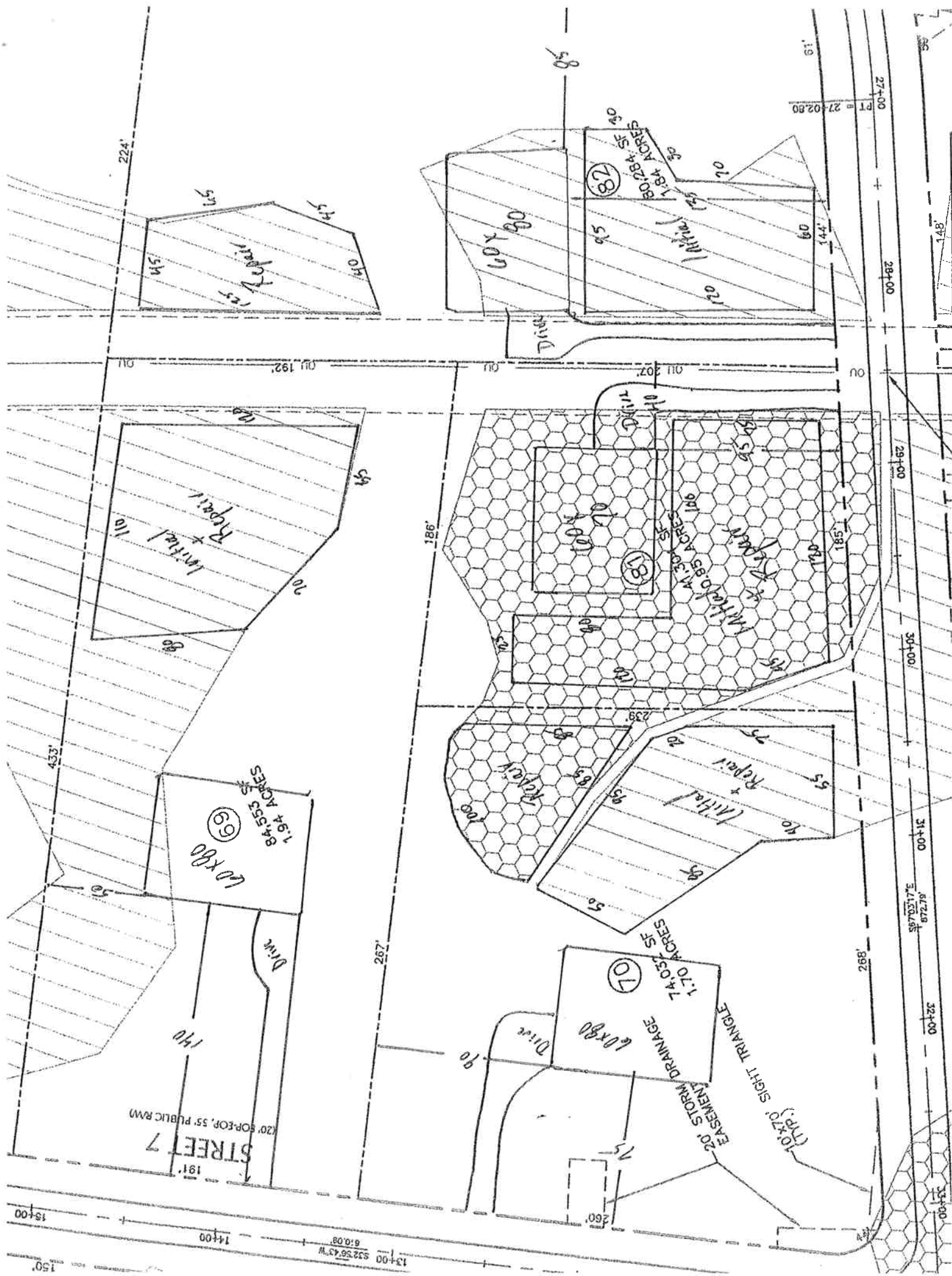
Issued by Thomas J. Boyce R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-29-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 ☐

REVISED ☐

An Improvement Permit is issued to Walter D. for
a 1.77 acre site located Lot 91 7th Hangers

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 TPBPS

Design Flow 100 EGD Application Rate 3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 335' x 8" x 22"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (☒) IV () V () VI ()

Description pump to at grade 15% Reduction

Special Conditions Pressure Hardened 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 Thomas C. Boya R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-29-06

911 Address

Name

CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 ☐ REVISED ☐

An Improvement Permit is issued to Walden Dr for
a 1.02 acre site located 1012 Th. Hopkins
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 PT OPS

Design Flow 600 EPGD Application Rate 3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1750 Gal PT 1750 Gal

Nitrification Line (Length/Width/Max Depth) 335' 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 PT OPS

Special Conditions Pressure Airtight 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 [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 Thomas G. Boyd R.S.
Environmental Health Specialist

N.C. Registration Number 1353

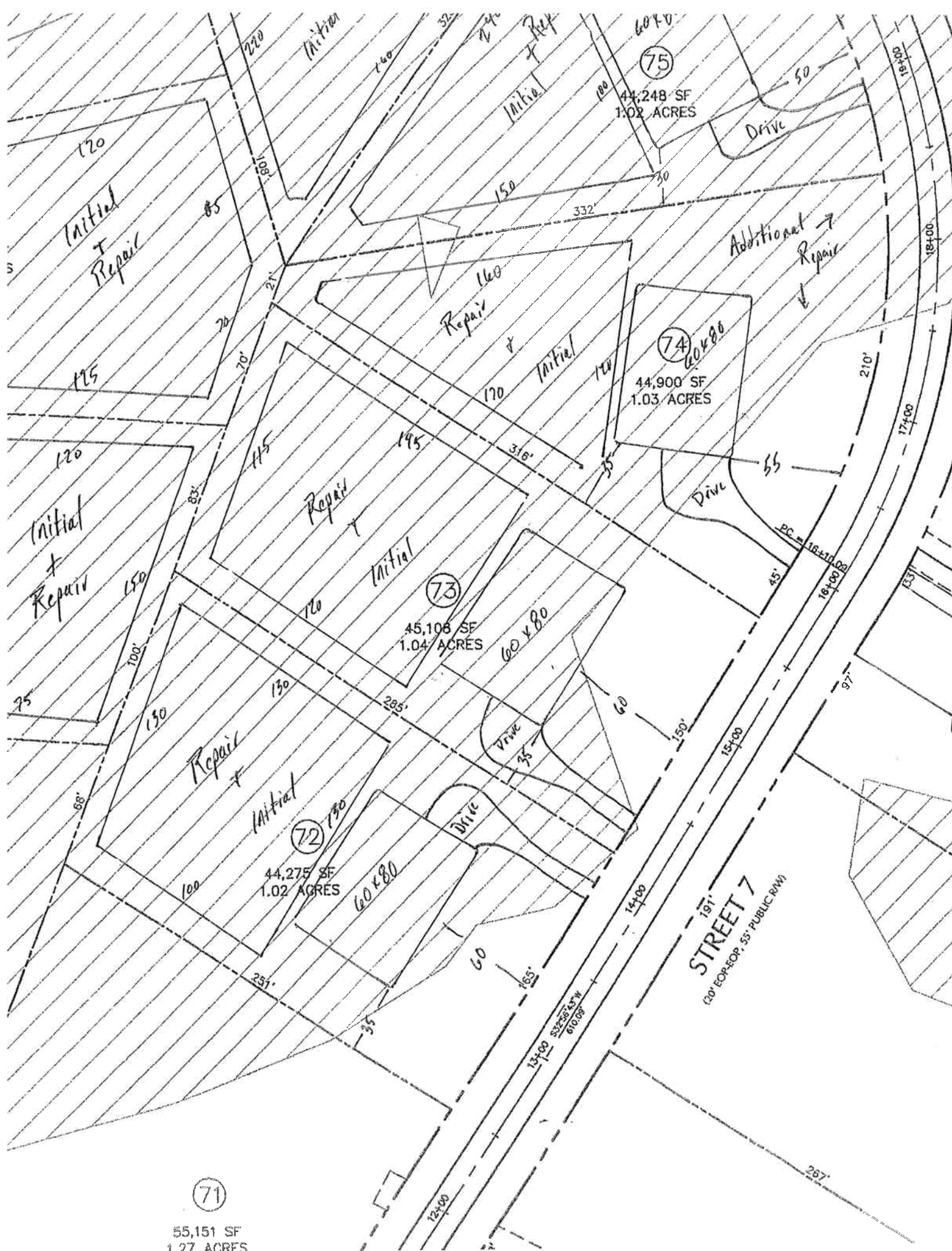
Date 2-29-06

911 Address

Name

(71)

55,151 SF
1.27 ACRES



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 ☐

REVISED ☐

An Improvement Permit is issued to Wagner Dev for

a 1.0 acre site located 1813 W. Highway

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 PTBPS

Design Flow 100 GPD Application Rate .3 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 27"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III () IV () V () VI ()

Description PTBPS

Special Conditions Process Materials 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 [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 Thomas J. Bojarski R.E.
Environmental Health Specialist

N.C. Registration Number 1753

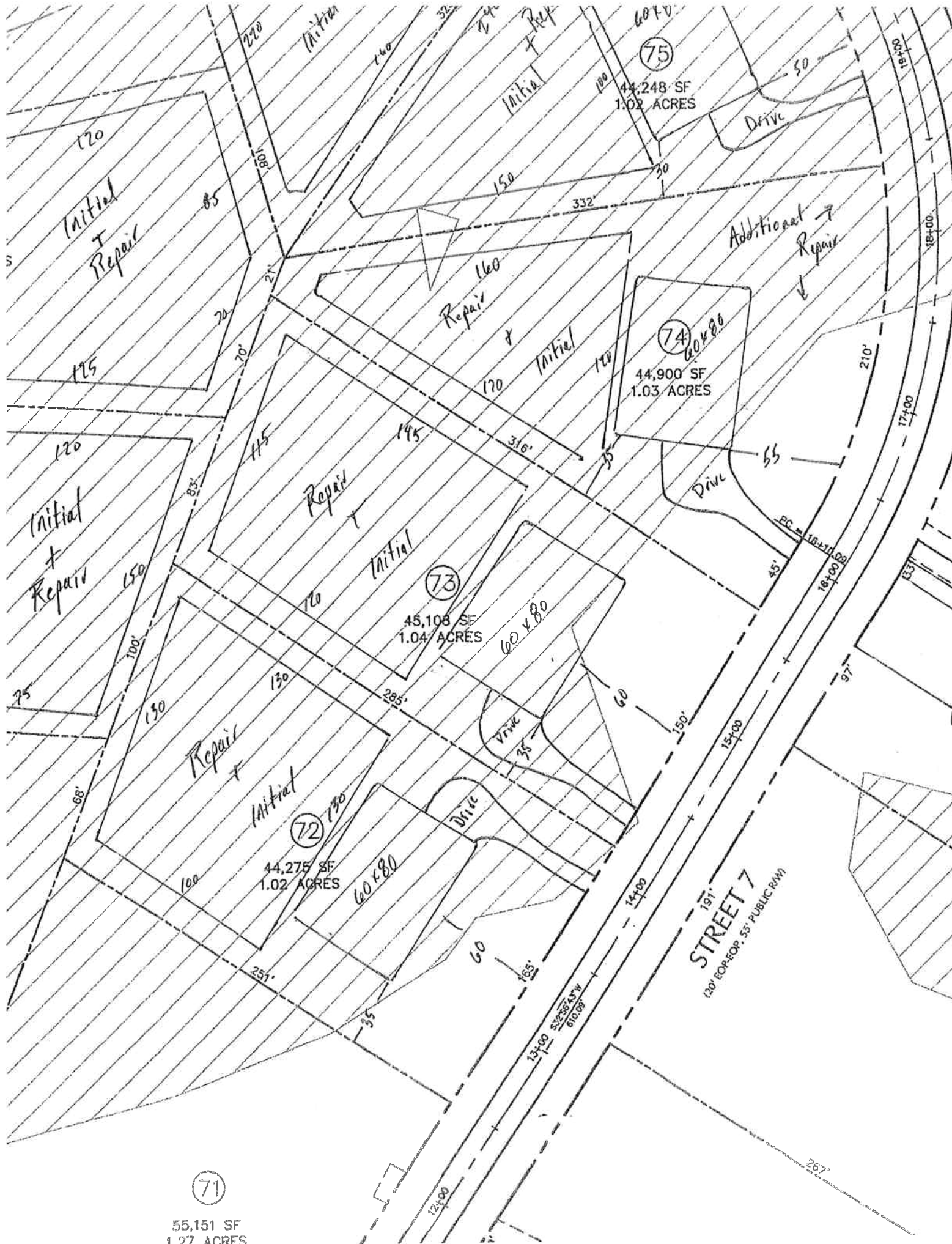
Date 8-29-06

911 Address

Name

71

55,151 SF
1.27 ACRES



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 ☐ REVISED ☐

An Improvement Permit is issued to Walter R. S. for

a 1.03 acre site located 1174 W. Houghs

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 LPP

Design Flow 600 GPD Application Rate 2 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 335' x 1' x 17"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III () IV () V () VI ()

Description PTPP

Special Conditions Protein Waste Removal

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 James O. Boyer R.S.
Environmental Health Specialist

N.C. Registration Number 1353

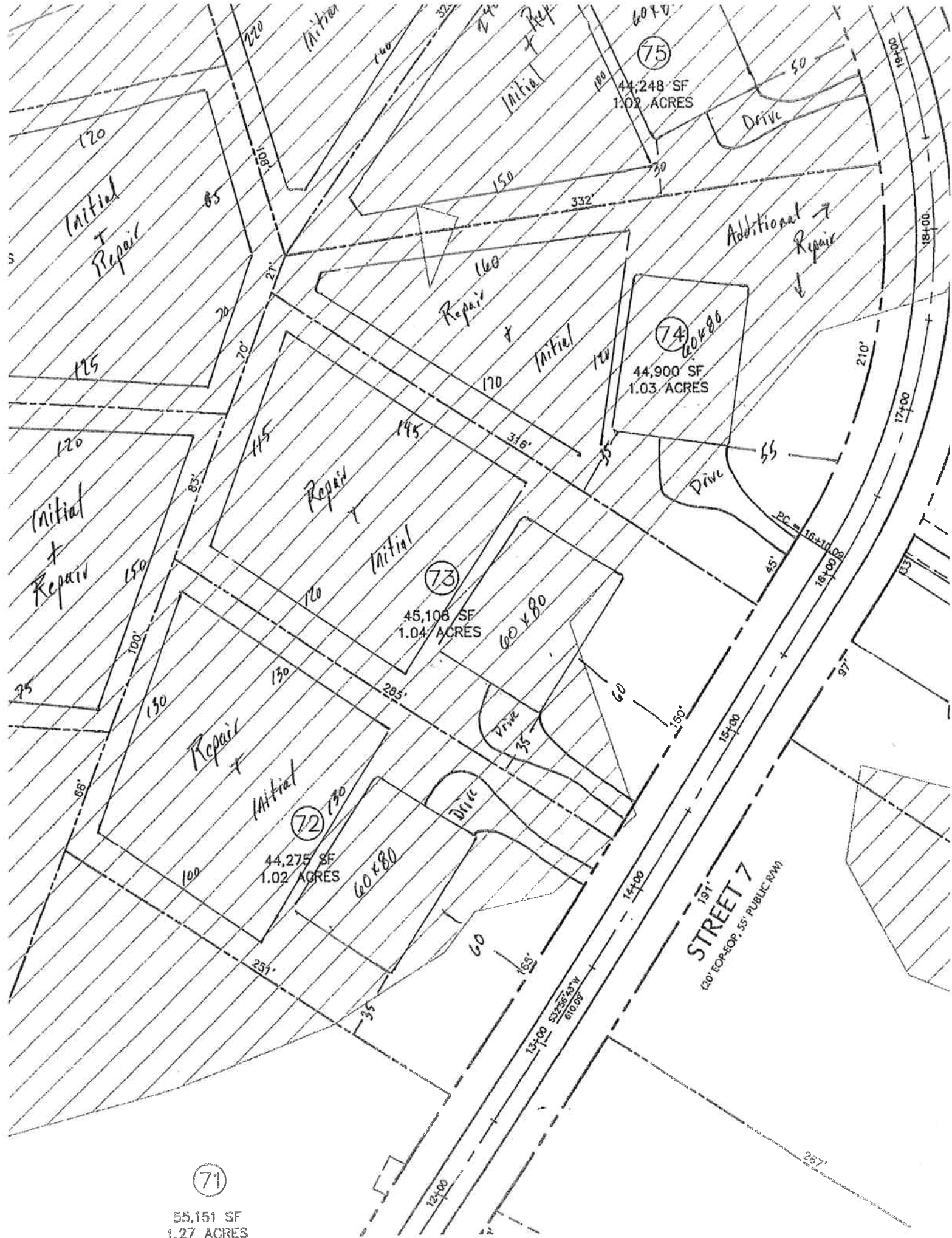
Date 8-79-06

911 Address

Name

71

55,151 SF
1.27 ACRES



75

44,248 SF
1.02 ACRES

74

44,900 SF
1.03 ACRES

73

45,108 SF
1.04 ACRES

72

44,275 SF
1.02 ACRES

STREET 7
120' EOP-ROP, 55' PUBLIC-RW

CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 ☐ REVISED ☐

An Improvement Permit is issued to Wendy Davis for

a 1.02 acre site located Lot 75 The Woodlands

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 TPBP

Design Flow 600 GPD Application Rate 1.3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1750 Gal

Nitrification Line (Length/Width/Max Depth) 33' x 2' x 22"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III () IV () V () VI ()

Description TPBP

Special Conditions Permittee Monitor 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 [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.

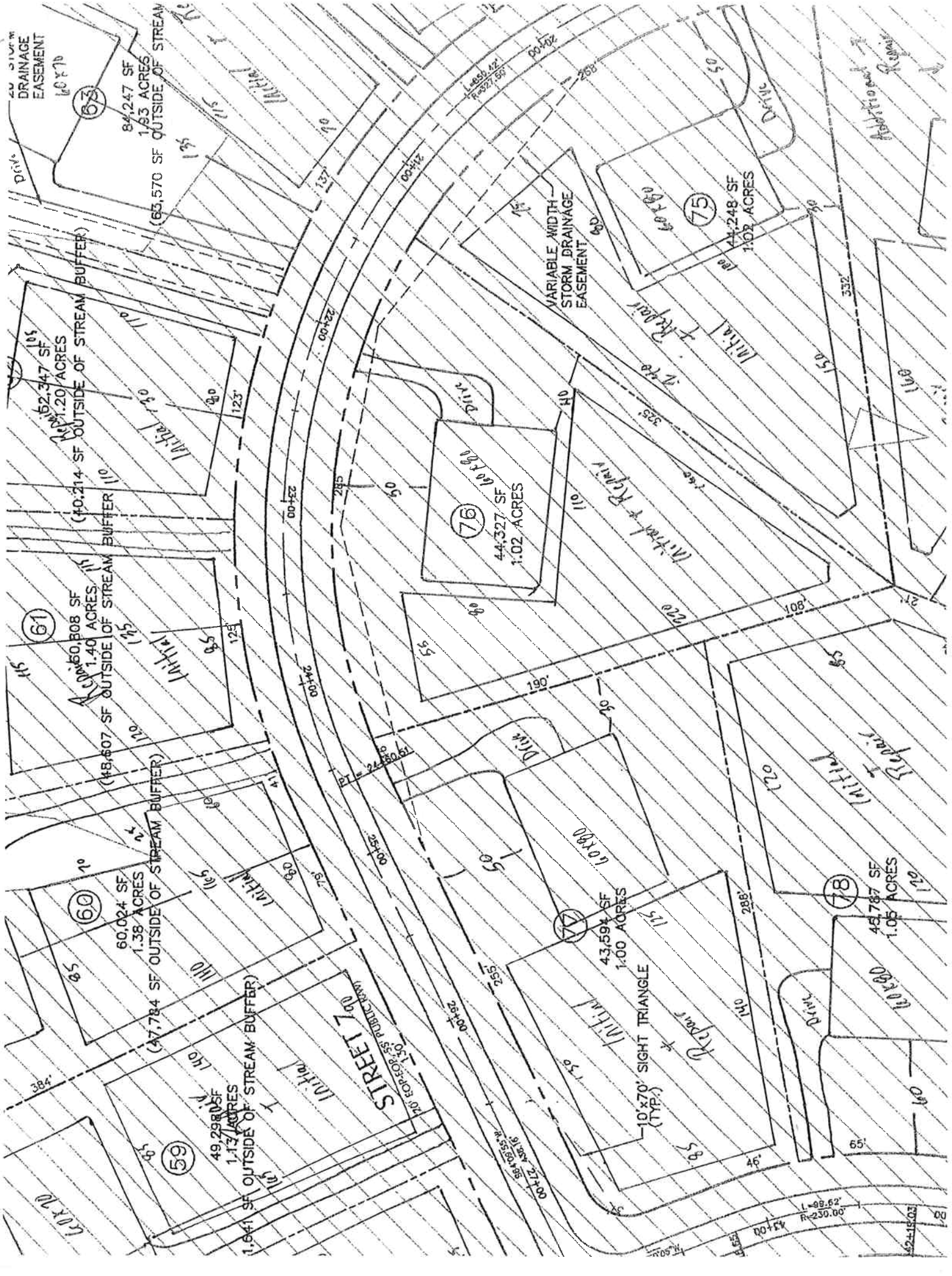
Issued by Thomas C. Davis R.S.
Environmental Health Specialist

N.C. Registration Number 1753

Date 8-29-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 ☐ REVISED ☐

An Improvement Permit is issued to Virginia Do. for
a 1.02 acre site located 100 W. 7th St. Hampton

in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()

No. Bedrooms 3 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 FFBPS

Design Flow 1.00 EPGD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 305' x 2' x 22"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (☒) IV () V () VI ()

Description FFBPS

Special Conditions Pressure Available 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 [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.

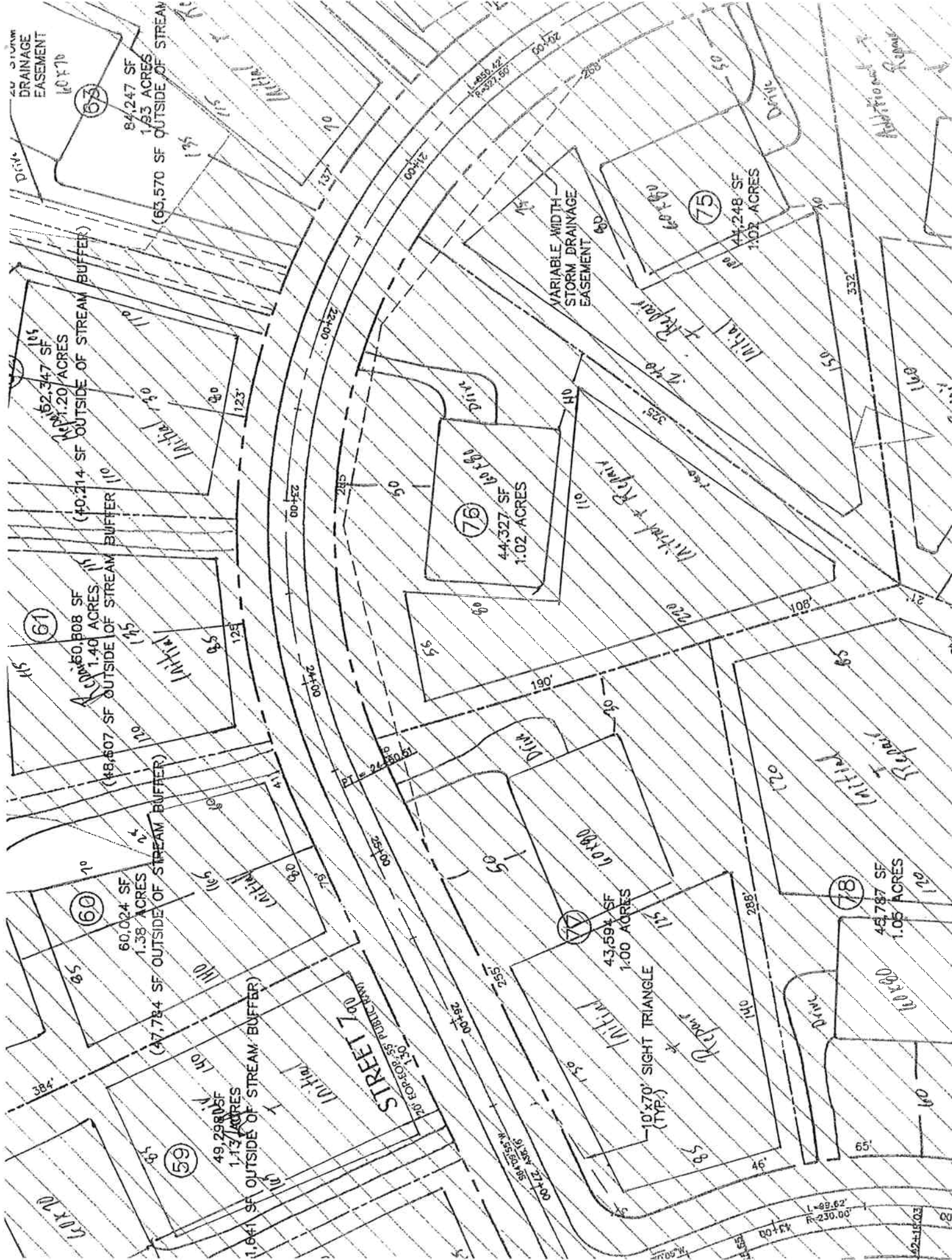
Issued by Thomas C. Boyer R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-29-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 ☐ REVISED ☐

An Improvement Permit is issued to Alvin De... for

a 1.00 acre site located lot 77 The Hampton

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 FFBPS

Design Flow 600 GPD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 535' x 2' x 22"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (☒) IV () V () VI ()

Description FFBPS

Special Conditions Person Handled 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 [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.

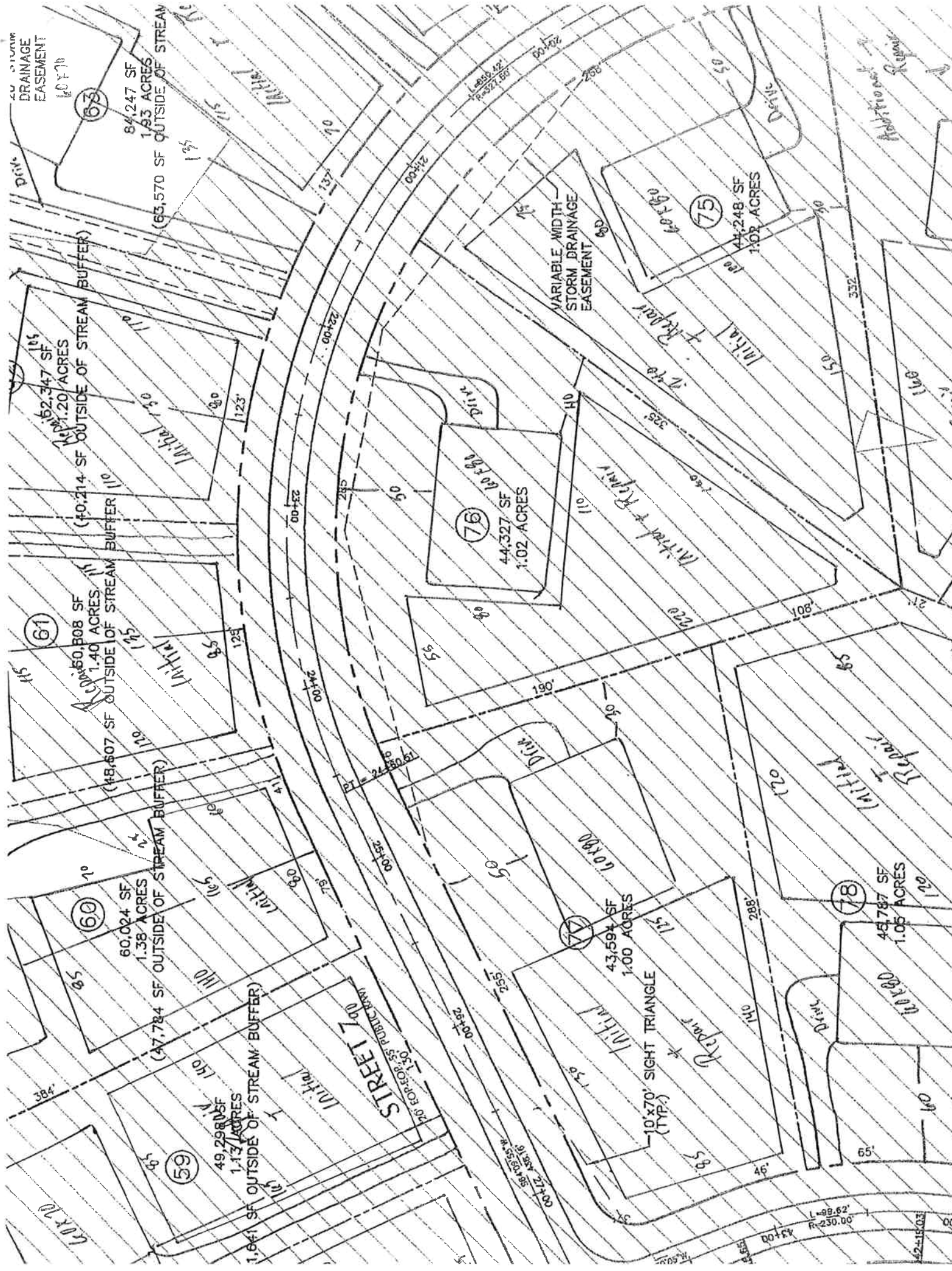
Issued by Thomas G. Boyer R.S.
Environmental Health Specialist

N.C. Registration Number 1753

Date 8-29-06

911 Address

Name



20' STORM DRAINAGE EASEMENT

60x70' SIGHT TRIANGLE (TYP.)

60x70' SIGHT TRIANGLE (TYP.)

60x70' SIGHT TRIANGLE (TYP.)

60x70' SIGHT TRIANGLE (TYP.)

60x70' SIGHT TRIANGLE (TYP.)

84,247 SF
1.93 ACRES
(63,570 SF OUTSIDE OF STREAM BUFFER)

62,347 SF
1.42 ACRES
(40,214 SF OUTSIDE OF STREAM BUFFER)

60,024 SF
1.38 ACRES
(47,784 SF OUTSIDE OF STREAM BUFFER)

60,024 SF
1.38 ACRES
(47,784 SF OUTSIDE OF STREAM BUFFER)

49,298 SF
1.13 ACRES
(1,641 SF OUTSIDE OF STREAM BUFFER)

49,298 SF
1.13 ACRES
(1,641 SF OUTSIDE OF STREAM BUFFER)

44,327 SF
1.02 ACRES

44,327 SF
1.02 ACRES

43,594 SF
1.00 ACRES

43,594 SF
1.00 ACRES

43,594 SF
1.00 ACRES

44,248 SF
1.02 ACRES

44,248 SF
1.02 ACRES

45,787 SF
1.05 ACRES

45,787 SF
1.05 ACRES

45,787 SF
1.05 ACRES

Variable Width Storm Drainage Easement

Variable Width Storm Drainage Easement

Variable Width Storm Drainage Easement

Variable Width Storm Drainage Easement

Variable Width Storm Drainage Easement

Variable Width Storm Drainage Easement

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Variable Width Storm Drainage Easement

CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 ☐ REVISED ☐

An Improvement Permit is issued to William D. ... for
a 1.05 acre site located 1410 The Hamptons
in Chatham County. It is specifically issued for the following facility:

Facility: Residential (1) Non-Residential ()
No. Bedrooms 5 No. Residents/Employees 10 max
Type Wastewater: Residential (x) Commercial ()
Initial System Type: I () II () III (x) IV () V () VI ()
Description _____

Type System: Shallow Conventional () LPP ()
Other PPRPS
Design Flow 600 EGPD Application Rate 3 GPD/ft²
Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal
Nitrification Line (Length/Width/Max Depth) 125' x 2' x 24"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (x) IV () V () VI ()
Description PPRPS

Special Conditions Treason Meritelo 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** [(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.

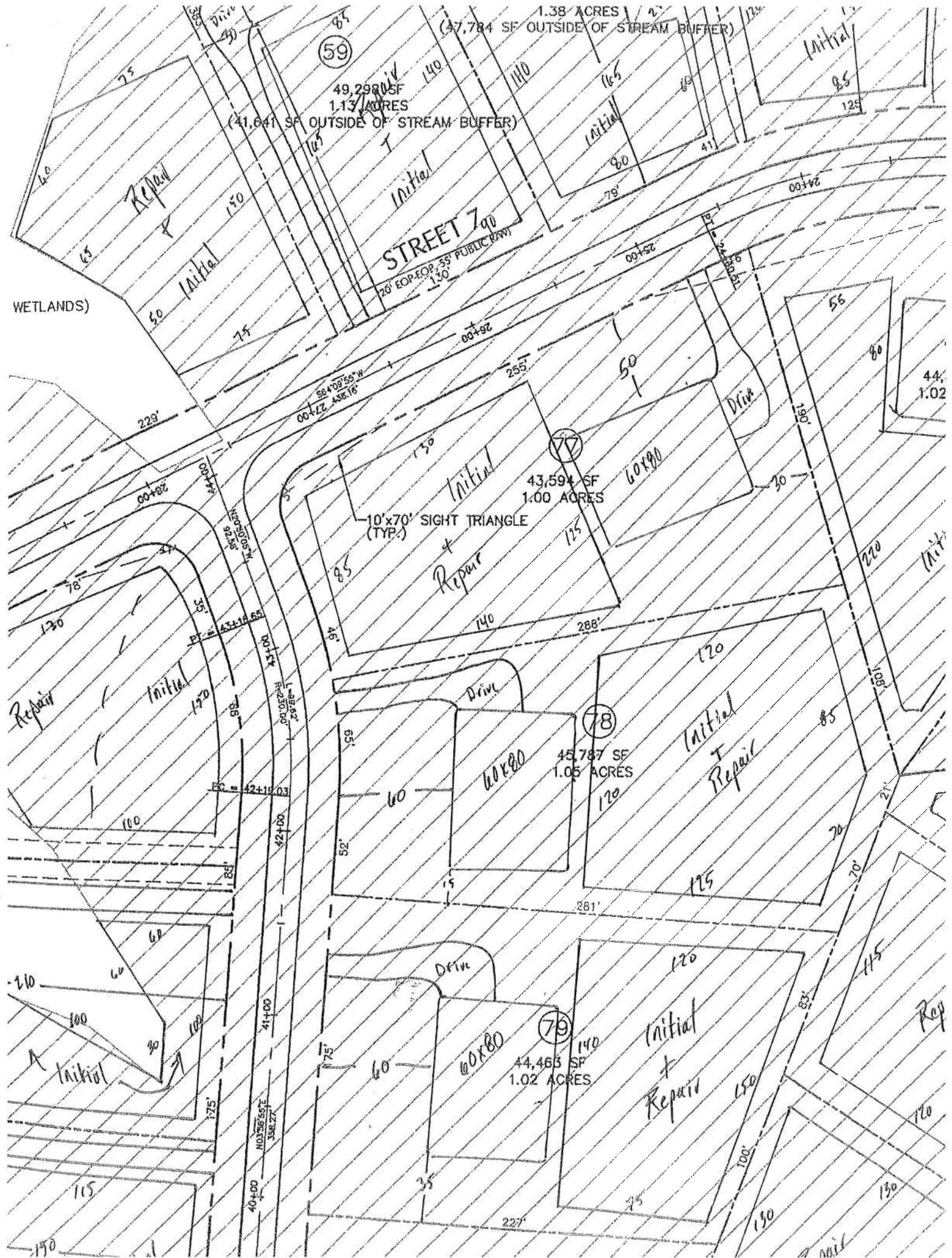
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.

Issued by Thomas C. Page R.S.
Environmental Health Specialist

N.C. Registration Number 1353
Date 8-29-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 ☐ REVISED ☐

An Improvement Permit is issued to Blindon Dr. for

a 1.05 acre site located Lot 19 The Highlands

in Chatham County. It is specifically issued for the following facility:

Facility: Residential () Non-Residential ()

No. Bedrooms 5 No. Residents/Employees 10,000

Type Wastewater: Residential () Commercial ()

Initial System Type: I () II () III () IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other PFBPS

Design Flow 1,000 GPD Application Rate 1.3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 335' x 8' x 77"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III () IV () V () VI ()

Description PFBPS

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 Thomas Q. Boyd R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-29-06

911 Address

Name



WETLANDS)

59

49,298 SF
1.13 ACRES
(41,641 SF OUTSIDE OF STREAM BUFFER)

STREET 790
20' EOP-55' PUBLIC ROW

77

10'x70' SIGHT TRIANGLE
(TYP.)

43,594 SF
1.00 ACRES

78

45,787 SF
1.05 ACRES

79

44,463 SF
1.02 ACRES

Initial

Initial

Initial

Initial
Repair

Initial
Repair

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Initial

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Initial

CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 II-CHAPTER 130A OF THE NC GENERAL STATUTES

OFFICE USE ONLY

TPN _____
Permit No. _____
Date _____
EHS _____
System Type _____

NEW ☒ REPAIR ☐ EXPANSION ☐ REVISED ☐

An Improvement Permit is issued to Wagner Div for

a 1.5 acre site located Lot 80 The Homestead

in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()

No. Bedrooms 5 No. Residents/Employees 10 or less

Type Wastewater: Residential (☒) Commercial ()

Initial System Type: I () II () III (☒) IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other PPBPS

Design Flow 600 EPGD Application Rate 13 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1750 Gal PT 1290 Gal

Nitrification Line (Length/Width/Max Depth) 33' x 1' x 12"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (☒) IV () V () VI ()

Description PPBPS

Special Conditions Pressure Mainfield 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.

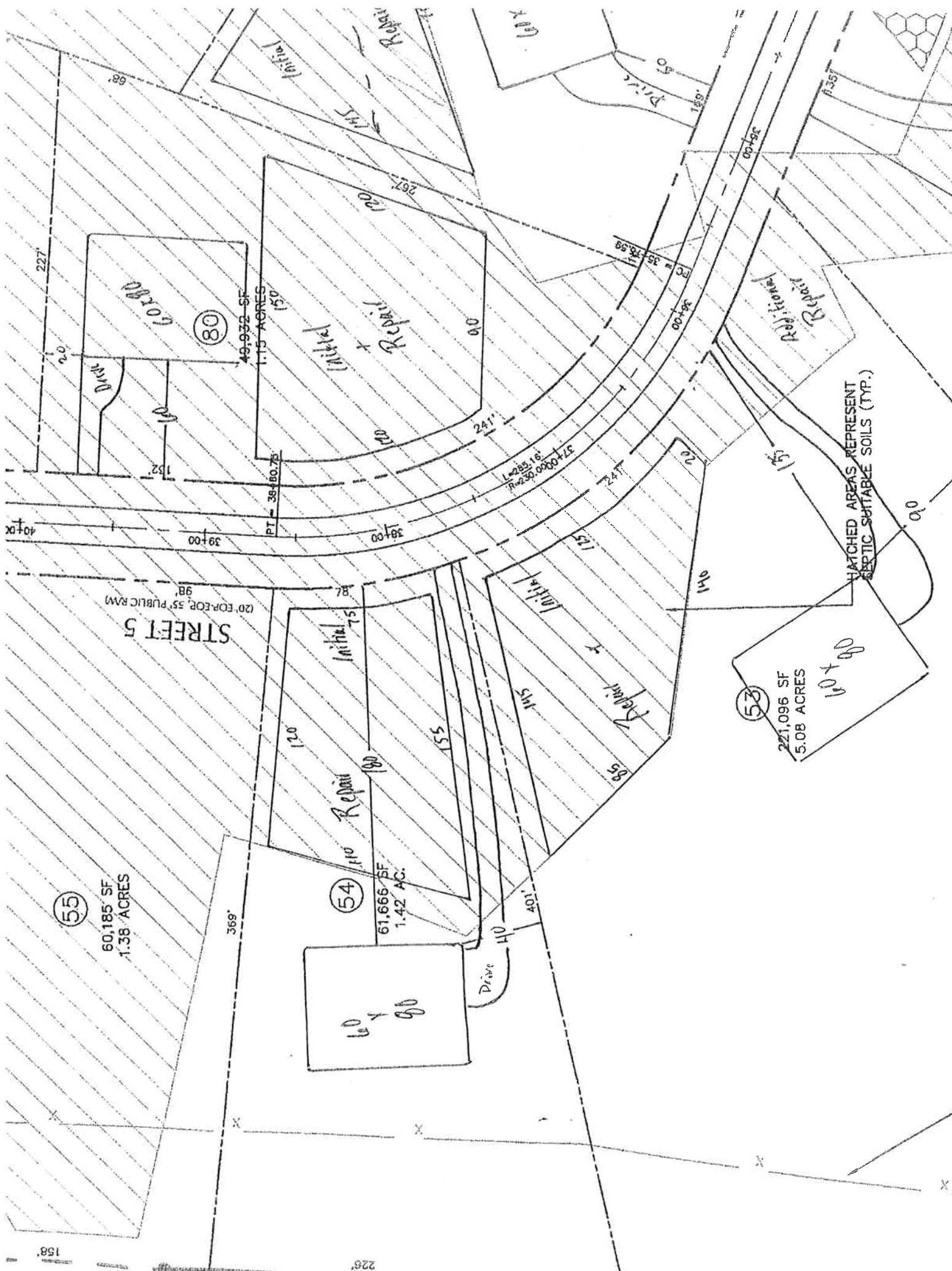
Issued by Thomas S. Boyd R.S.
Environmental Health Specialist

N.C. Registration Number 1953

Date 8-22-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 ☐ REVISED ☐

An Improvement Permit is issued to William Dev. for

a .95 acre site located Lot 81 T.L. Haynes

in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()

No. Bedrooms 0 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 Drip No. Treatment

Design Flow 100 EGPD Application Rate .08 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1750 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 3750' x 1" x 6"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III () IV () V (☒) VI ()

Description Drip No. Treatment

Special Conditions Plans required to be drawn by engineer or person

certified by manufacturer

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.

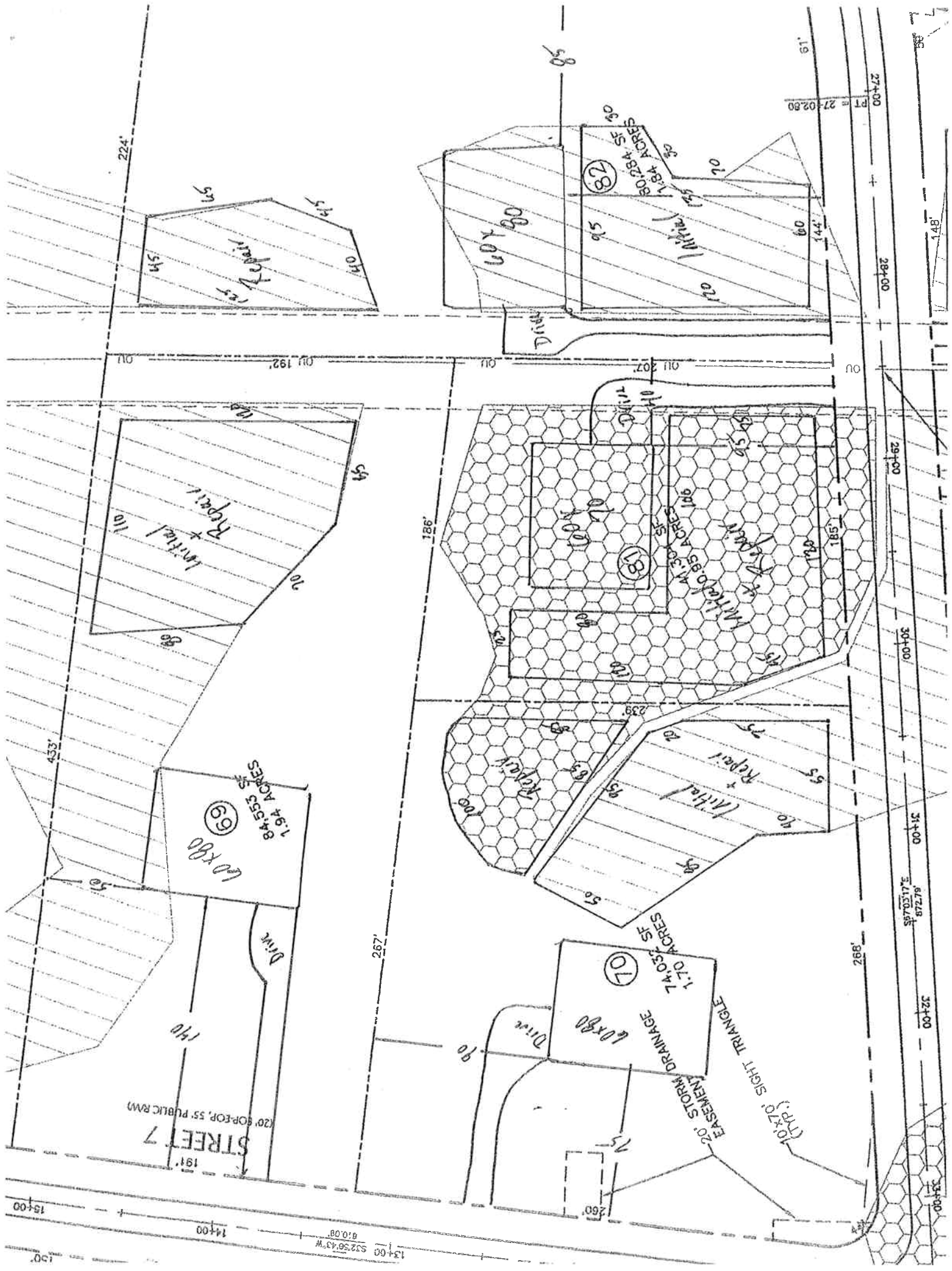
Issued by Thomas G. Boney R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-29-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 ☐ REVISED ☐

An Improvement Permit is issued to William De for

a 1.86 acre site located 1682 The Homptons

in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()

No. Bedrooms 3 No. Residents/Employees 2

Type Wastewater: Residential (☒) Commercial ()

Initial System Type: I () II () III (☒) IV () V () VI ()

Description _____

Type System: Shallow Conventional () LPP ()

Other PPBS

Design Flow 600 GPD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 250 Gal PT 250 Gal

Nitrification Line (Length/Width/Max Depth) 235' x 2' x 22"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III () IV () V () VI ()

Description PPBS

Special Conditions Pressure Main 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.

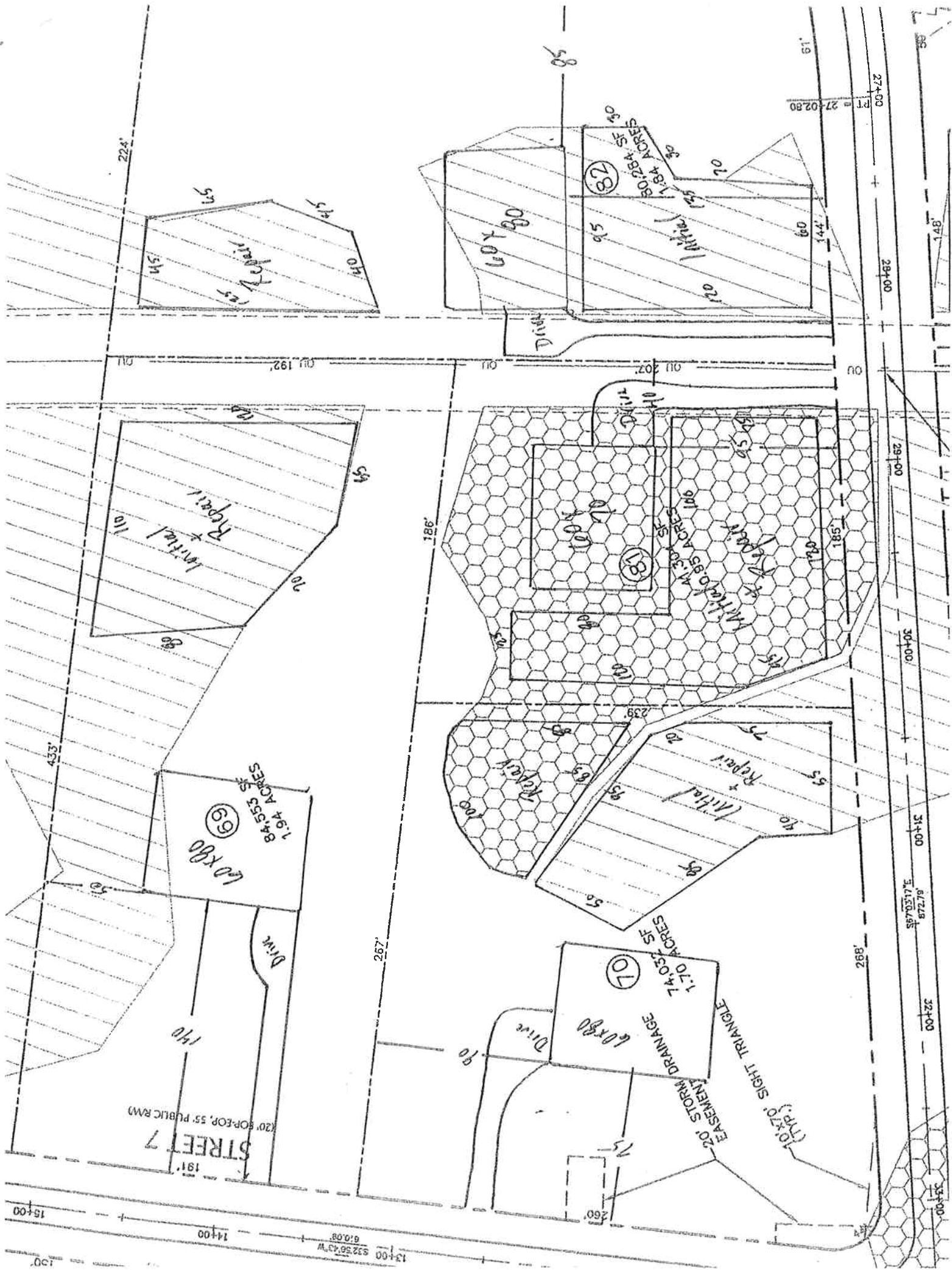
Issued by Thomas G. Bogg, Jr.
Environmental Health Specialist

N.C. Registration Number 1353

Date 3-29-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

80 East Street ▪ P. O. Box 130 ▪ Pittsboro, NC 27312-0130
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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 ☐ EXPANSION ☐ REVISED ☐

An Improvement Permit is issued to William Dev for
a 1.57 acre site located Lot 83 Hampton

in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()

No. Bedrooms 5 No. Residents/Employees 10

Type Wastewater: Residential (☒) Commercial ()

Initial System Type: I () II () III (☒) IV () V () VI ()

Description PPBP

Type System: Shallow Conventional () LPP ()

Other _____

Design Flow 600 EGPD Application Rate 2 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 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 () III (☒) IV () V () VI ()

Description PPBP

Special Conditions Pressure Model 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.

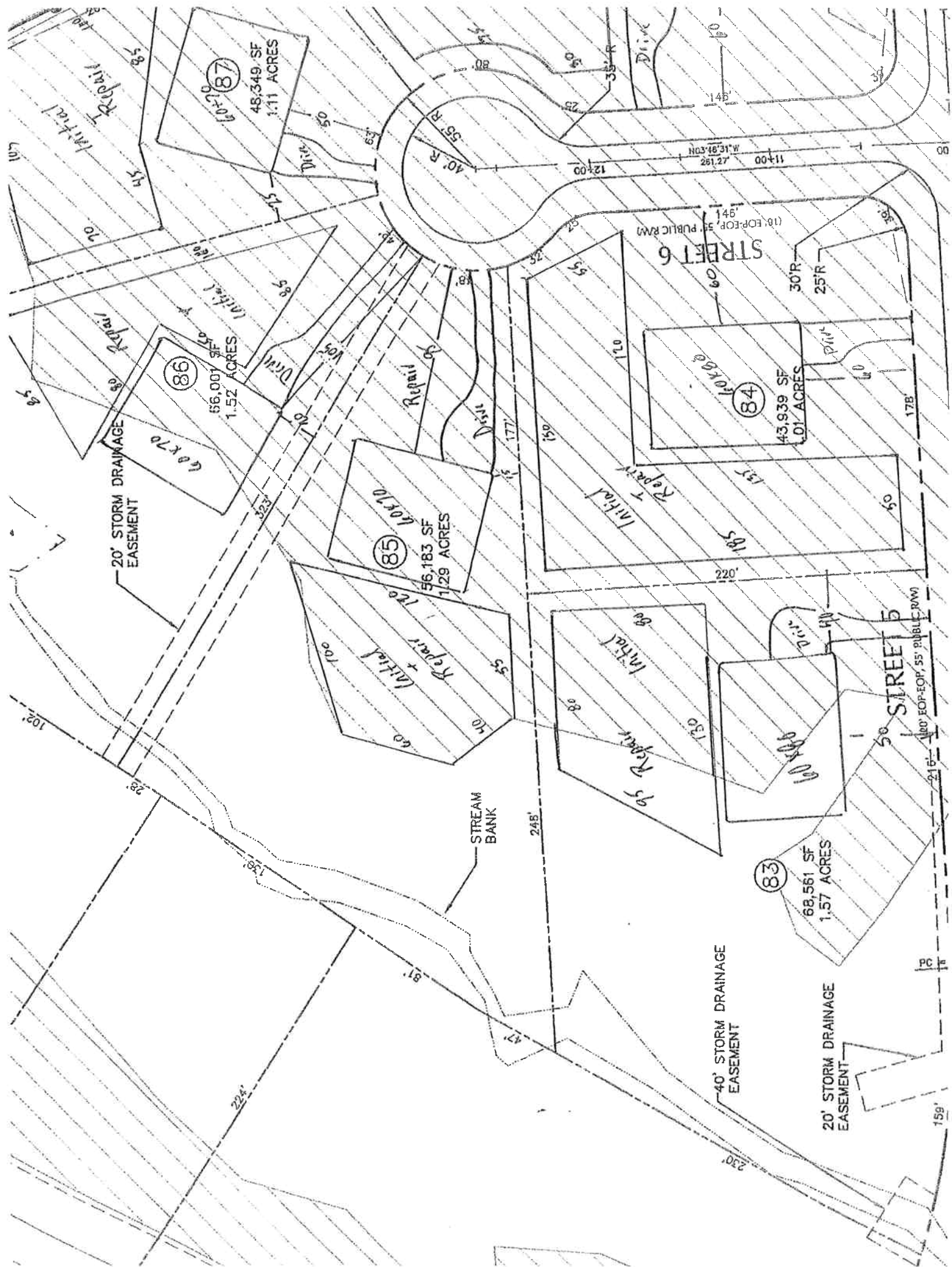
Issued by Thomas C. Brown
Environmental Health Specialist

N.C. Registration Number 1363

Date 2-27-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 ☐ REVISED ☐

An Improvement Permit is issued to William J. R. for
a 1.01 acre site located 10864 The Hampdens
in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()
No. Bedrooms 5 No. Residents/Employees _____
Type Wastewater: Residential (☒) Commercial ()
Initial System Type: I () II () III (☒) IV () V () VI ()
Description _____

Type System: Shallow Conventional () LPP ()
Other TPEPS

Design Flow 600 EGPD Application Rate 3 GPD/ft²
Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1750 Gal
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: I () II () III (☒) IV () V () VI ()
Description TPEPS

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.

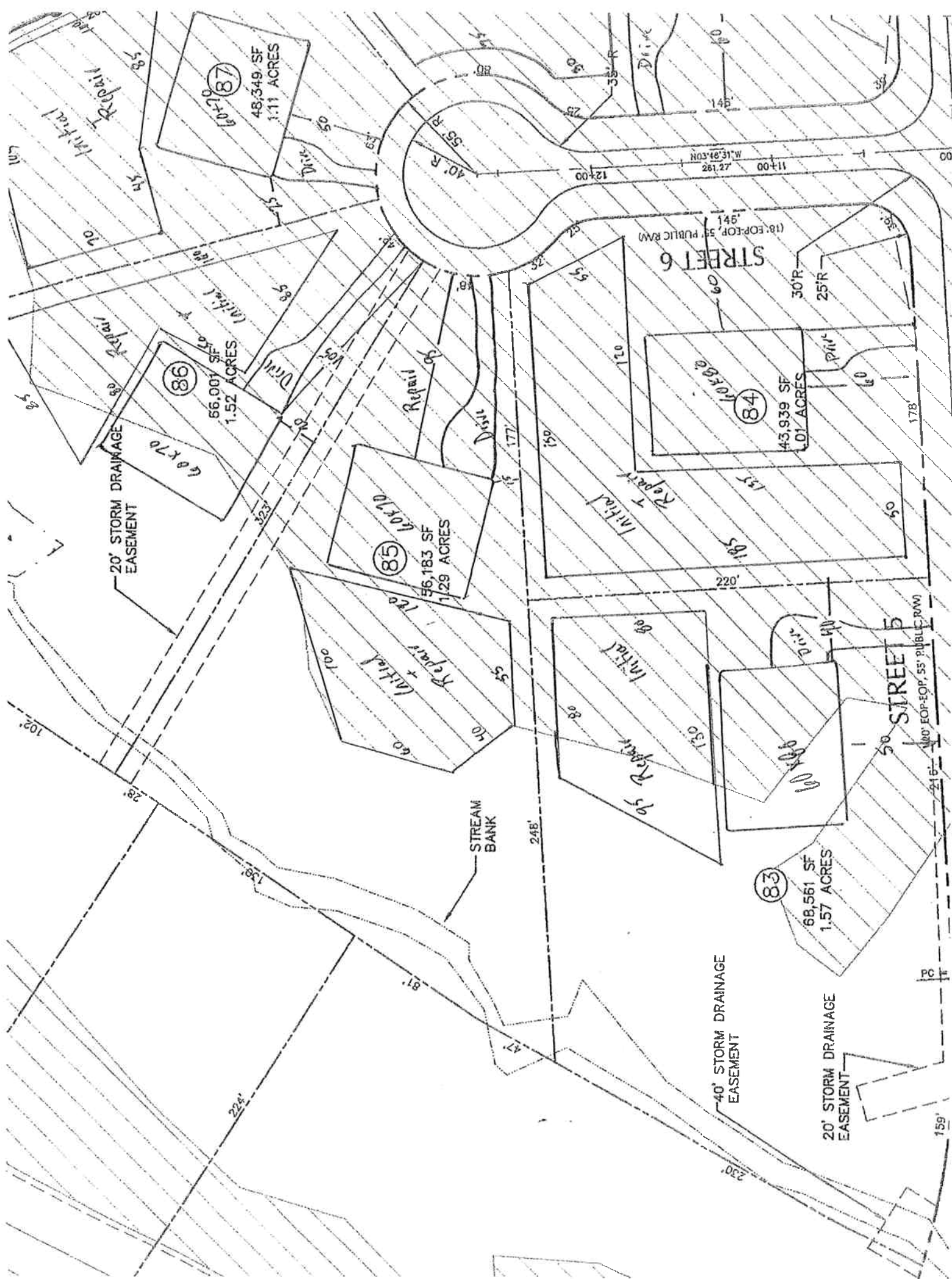
THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation.

Issued by Thomas D. Ryan R.S.
Environmental Health Specialist

N.C. Registration Number 1353
Date 8-29-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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

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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 ☐ REVISED ☐

An Improvement Permit is issued to Wendy Dea for

a 1.29 acre site located lot 85 The Hoppers

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 PPBPS

Design Flow 600 EPGD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 333' x 2' x 27"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III () IV () V () VI ()

Description PPBPS

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.

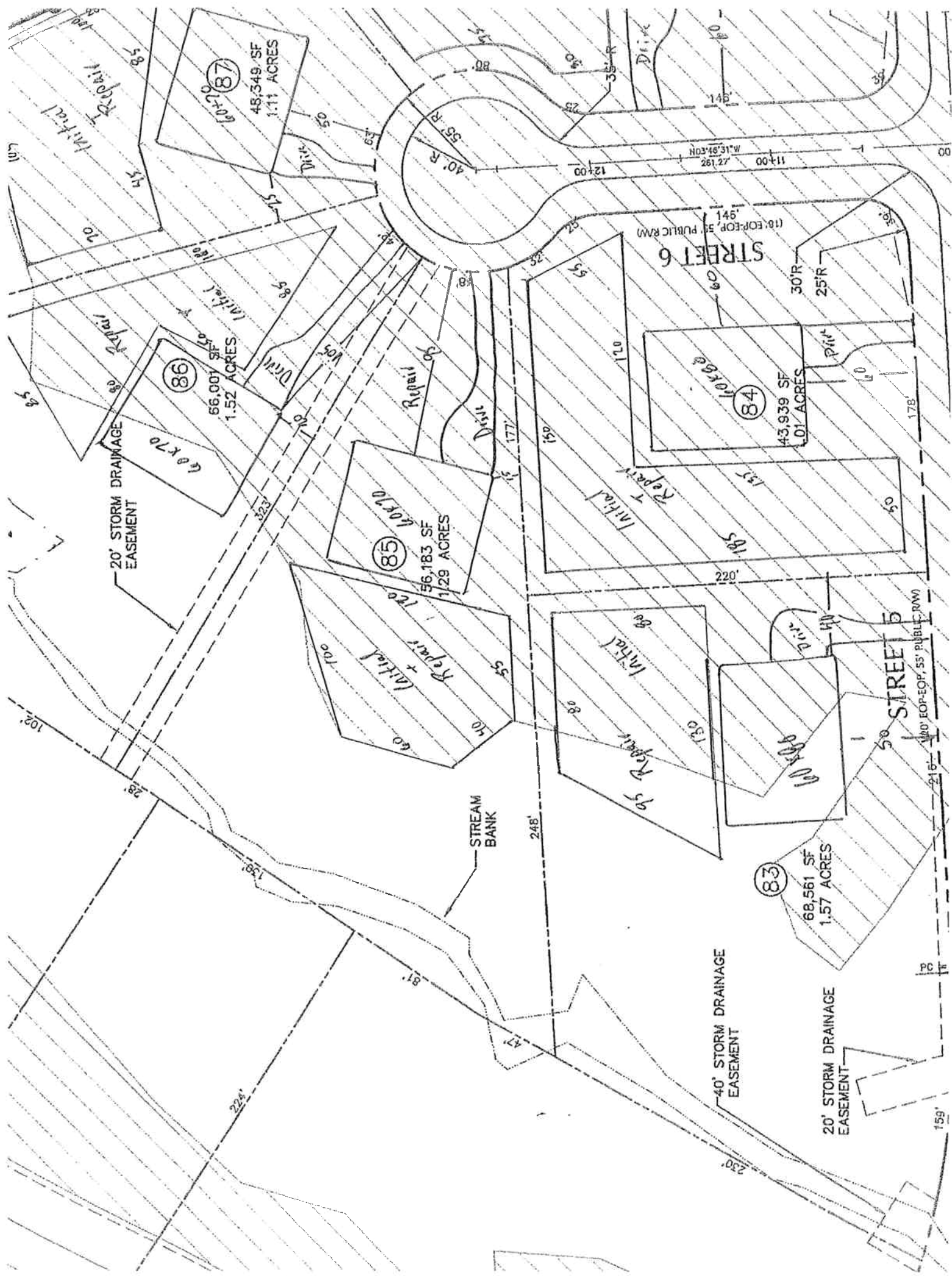
Issued by Thomas G. Boone R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 6-29-06

911 Address

Name



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 ☐ REVISED ☐

An Improvement Permit is issued to William Dr. for
a 1.52 acre site located lot 86 The Harpurs
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 PPRPS

Design Flow 600 GPD Application Rate 3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 250 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 375' x 21" x 21"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (☒) IV () V () VI ()

Description PPRPS

Special Conditions Pressure Available 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 Thomas J. Boyd R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-22-06

911 Address

Name

20' STORM DRAINAGE EASEMENT

60x70

86

56,001 SF
1.52 ACRES

Repair

Initial

60x70

87

48,349 SF
1.11 ACRES

Initial

Repair

60x70

85

56,183 SF
1.29 ACRES

Initial

Repair

Repair

Initial

Repair

60x80

84

43,939 SF
1.01 ACRES

Initial

Repair

60x80

88

46,561 SF
1.07 ACRES

Initial

Repair

STREET 6

STREET 5

20' EOP-EOP, 55' PUBLIC R/W

10'x70' SIGHT TRIANGLE (TYP.)

CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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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 ☐ EXPANSION ☐ REVISED ☐

An Improvement Permit is issued to Widjan Dev for
a 1.11 acre site located Lot 67 The Hamptons
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 (x) Commercial ()
Initial System Type: I () II () III (x) IV () V () VI ()
Description _____

Type System: Shallow Conventional () LPP ()
Other PP LPP
Design Flow 600 EPGD Application Rate 3 GPD/ft²
Size Tank(s) w/Risers and Effluent Filter ST 1750 Gal PT 1750 Gal
Nitrification Line (Length/Width/Max Depth) 3'5" x 2' x 2'

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (x) IV () V () VI ()
Description PP LPP

Special Conditions Platting 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** [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 Thomas J. Boya R.S.
Environmental Health Specialist

N.C. Registration Number 1353
Date 8-29-06

911 Address

Name

20' STORM DRAINAGE EASEMENT

60x70
86
66,001 SF
1.52 ACRES

60x70
87
48,349 SF
1.11 ACRES

60x70
85
56,183 SF
1.29 ACRES

60x80
84
43,939 SF
1.01 ACRES

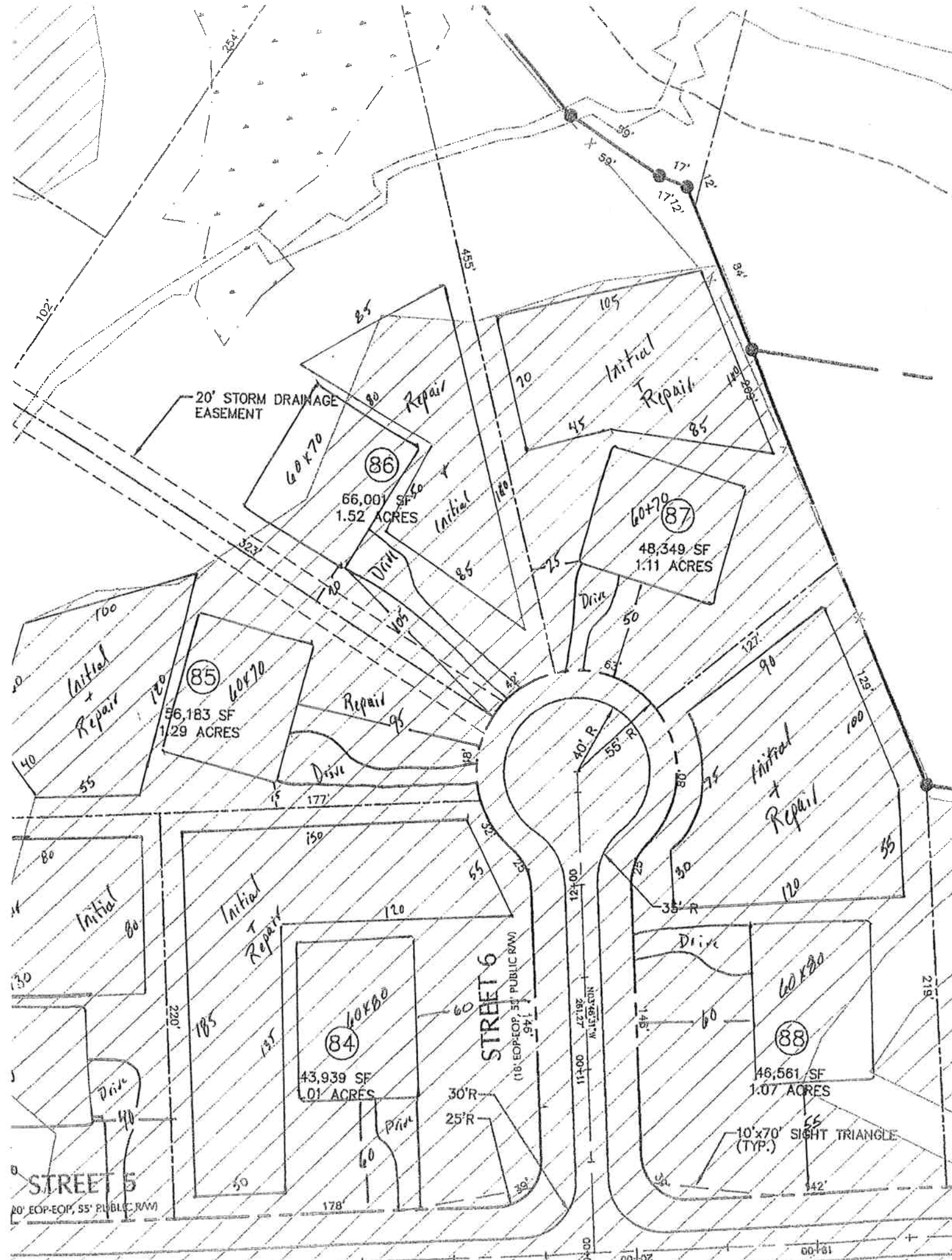
60x80
88
46,561 SF
1.07 ACRES

STREET 6
(PUBLIC R/W)

STREET 5

20' EOP-EOP, 55' PUBLIC R/W

10'x70' SIGHT TRIANGLE (TYP.)



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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 ☐ REVISED ☐

An Improvement Permit is issued to Windjam Dev. for

a 1.07 acre site located lot 28 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 FFBTS

Design Flow 600 GPD Application Rate .3 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal

Nitrification Line (Length/Width/Max Depth) 855' x 8" x 48"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III (☒) IV () V () VI ()

Description FFBTS

Special Conditions Timber Mobile 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.

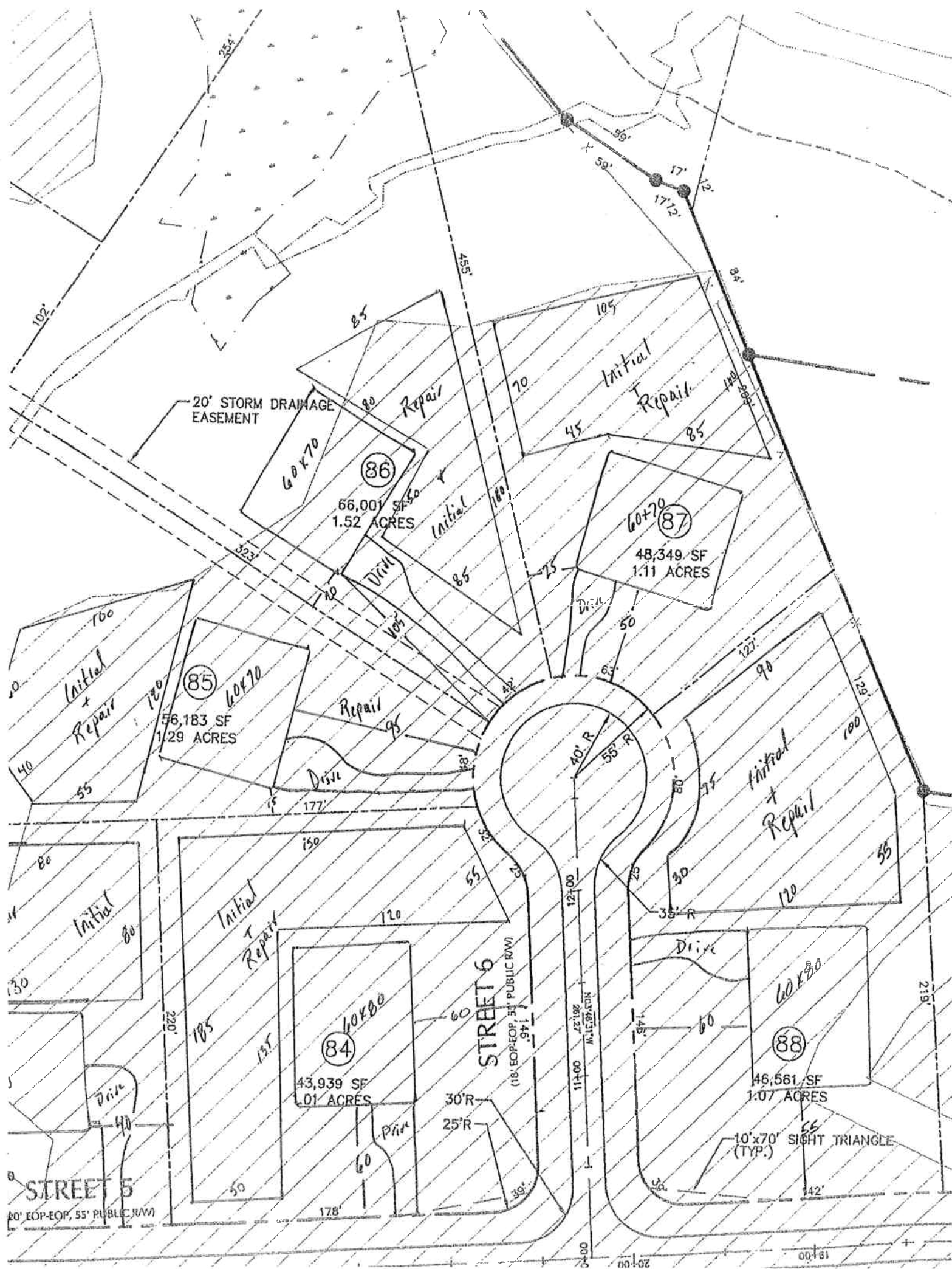
Issued by Thomas Q. Boop R.S.
Environmental Health Specialist

N.C. Registration Number 1353

Date 8-29-06

911 Address

Name



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System Type _____

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

NEW ☒ REPAIR ☐ EXPANSION ☐ REVISED ☐

An Improvement Permit is issued to Wladimir Dev. for
a 2.43 acre site located 6180 The Hampton
in Chatham County. It is specifically issued for the following facility:

Facility: Residential (☒) Non-Residential ()
No. Bedrooms 5 No. Residents/Employees _____
Type Wastewater: Residential (☒) Commercial ()
Initial System Type: I () II () III (☒) IV () V () VI ()
Description _____

Type System: Shallow Conventional () LPP ()
Other PREP

Design Flow 600 EGPD Application Rate 3 GPD/ft²
Size Tank(s) w/Risers and Effluent Filter ST 1250 Gal PT 1250 Gal
Nitrification Line (Length/Width/Max Depth) 335'-2'-11"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III () IV () V () VI ()

Description Prep 3565-5000

Special Conditions Prep 3565-5000

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 G. Boga R.S.
Environmental Health Specialist

N.C. Registration Number _____

Date _____

911 Address

Name

