

# Chatham County Property Record Card and Property Tax Bill

# Chatham County Property Record Card

DATE 1/10/07  
 TIME 14:40:38  
 USER KIM  
 CRCD TREATMENT INC

CHATHAM CO TAX DEPARTMENT  
 PROPERTY CARD  
 FOR YEAR 2007

PIN... 0716 00 34 5228 PROG# AS2006  
 PAGE 1

20400 STEVENS CREEK BLVD  
 SUITE 600

PARCEL ID.. 0073288  
 LOCATION... 176 LASSITER HMSTD RD  
 DEED YEAR/BOOK/PAGE.. 2006 1261 0685  
 PLAT BOOK/PAGE..  
 LEGAL DESC:01-14B-1

OWNER ID.. 1284282  
 DISTRICT.. 112 PARKWOOD FIRE DISTRICT

CUPERTINO  
 DESCRIPTION CA 95014-

TOWNSHIP... 13 WILLIAMS

NRHOOD... 1315 EAST WILLIAMS  
 RESIDENTIAL

MAINTAINED... 9/06/2006 BY TERESA  
 VISITED... 1/14/2005 BY JLS  
 PARCEL STATUS... ACTIVE

VALUED.. 12/19/2006 BY JMM

ROUTING#...  
 CATEGORY... REAL PROPERTY

\* LAND VALUED BY NEIGHBORHOOD BASE RATE METHOD \*

DEED BK/PAGE	SALE DATE	SALES INSTRUMENT	SALES HISTORY	SALE AMOUNT	STAMP AMOUNT	DEED NAME
1261 0685	5/30/2006	WARRANTY DEED	QUALIFIED	899,000	1,798.00	CRCD TREATMENT INC
1214 0043	10/17/2005	WARRANTY DEED	SAME FAMILY NAM			LOGAN JOHN F
1089 0116	3/08/2004	WARRANTY DEED	SAME FAMILY NAM			LOGAN JOHN F ETUX SANDRA C MON
986 0755	1/07/2003	WARRANTY DEED	QUALIFIED	529,000	1,058.00	LOGAN JOHN F

LAND #	ZONE	STRAT CODE	LAND TYPE/CODE	LAND QTY	AVERAGE LAND RATE	DPT%	SHP%	LOC%	SIZE	OTH%	TOP%	TOT ADJ	CURRENT FMV
1	100	AC B		1.000	60,000.00	.00	.00	75.00	.00	.00	.00	75.00	45,000
2	100	AC U		9.140	24,000.00	.00	.00	75.00	.00	.00	.00	TOTAL LAND FMV..	164,520
TOTAL ACRES.. 10.140													

MAIN FIN AREA.. 4,572.00 ACT/EFF YR/AGE.. 1999 1999 6  
 IMPROVEMENT # 1 MAJOR IMPR-M  
 VISITED.. BY  
 MAINTAINED.. 12/19/2006

STRAT... 100  
 LOCATION #... 176 LASSITER HMSTD RD

COMPONENT	TYPE/CODE/DESC	PCT	UNITS	RATE	STR#	STR%	SIZE	HGT%	PER%	CDS%	COST	%CMPL
AC 06	COVERED PORCH	100	860.00	25.05			90.00				19,388	
AC 06	COVERED PORCH	100	224.00	25.05			98.00				5,498	
AC 43	FRAME GARAGE UNFNSH	100	672.00	29.90			96.00				19,289	
MA 37W	SINGLE FAMILY UNIT W	100	3048.00	81.85	1.50		74.00				184,614	
MA 37W	(UPPER FLOORS)	100	1524.00	81.85	1.50	65.00	74.00				59,998	
EW 06	WOOD SIDING	100	292.00	.00							0	
- FP 03	PREFABRICATED	0	1.00	1800.00							1,800	
- HC 07	PACKAGED HEAT/COOL	0	3048.00	2.70			74.00				6,089	
- PL 02	NUMBER OF FIXTURES	0	3.00	960.00							2,880	

RCN... PCT COMPLETE  
 QUAL... QG AA- QUALITY GRADE AA-

100 X  
 200.00 X  
 299,557  
 599,114

Chatham County Property Record Card (cont)

DATE 1/10/07  
TIME 14:40:38  
USER KIM  
CRCD TREATMENT INC

CHATHAM CO TAX DEPARTMENT  
PROPERTY CARD  
FOR YEAR 2007

PIN... 0716 00 34 5228 PROG# AS2006

PAGE 2

COMPONENT TYPE/DESC	PARCEL ID..	UNITS	RATE	STR#	STR%	SIZE	HGT%	PER%	CDS%	COST	%CPL
---	0073288										
DEPR.. VG						5.00	-		29,955	29,955	T
DEPREC: AGE TO 011											

--FMV...

569,159



Chatham County Property Record Card (cont)

DATE 1/10/07  
 TIME 14:40:38  
 USER KIM  
 CRCD TREATMENT INC

CHATHAM CO TAX DEPARTMENT  
 PROPERTY CARD  
 FOR YEAR 2007

PIN... 0716 00 34 5228 PROG# AS2006

PAGE 4

PARCEL ID.. 0073288

----- IMPROVEMENT # 2 MISC IMPR-X -----

MAIN FIN AREA..

ACT/EFF YR/AGE.. 1999 6

VISITED... BY  
 MAINTAINED.. 8/01/2005

STRAT..... 100  
 LOCATION #.....

176 LASSITER HMSTD RD  
 DESCRIPT..... STORAGE BLDG UNFINISHED 8

BY KIM

COMPONENT TYPE/CODE/DESC	PCT	UNITS	RATE	STR#	STR%	STR#	STR%	SIZ%	HGT%	PER%	CDS%	COST	%CMPL
MS 28 STORAGE BLDG UNFINIS	100	64.00	9.40					98.00					589

RCN...  
 QUAL.. QG C+-  
 DEPR.. D2

PCT COMPLETE  
 QUALITY GRADE C+-  
 MISC DEPREC: AGE TO

100 X  
 100.00 X  
 30.00 -

589  
 589  
 176 T

--FMV...

TOTAL PARCEL VALUES-----  
 FMV.....  
 APV.....

LAND / OVR IMPROVEMENTS / OVR  
 209,520 569,572  
 209,520 569,572

TOTAL LAND/IMPROVE  
 779,092  
 779,092

2006 VALUE  
 651,031  
 651,031

413

THIS IS A GENERATED TAX BILL. NOT THE ORIGINAL! - FOR DISPLAY PURPOSES ONLY

**CHATHAM COUNTY TAX COLLECTOR**  
 PO BOX 697  
 PITTSBORO, NC 27312107

**CHATHAM COUNTY - PROPERTY TAX NOTICE**  
**IMPORTANT - PLEASE READ**

- **PROPERTY SOLD** If you have sold the real property assessed to you, please forward this tax notice to the new owner
- **DUE DATE** - Property taxes are due and payable Sept. 1 and delinquent if not paid by Jan. 5
- **FAILURE TO PAY** - Delinquent taxes are subject to garnishment of wages, levy on personal property and foreclosure proceeding AFTER Jan.5.
- **INTEREST** - Accrues at the rate of 2% for January & 3/4 of 1% each following month.
- **INSTALLMENTS** - For your convenience, partial payments will be accepted. Account must be paid in full by Jan. 5
- **CREDIT CARD PAYMENTS** - VISA, Mastercard and Discovery payment accepted by calling 1-866-802-2998 or 919-277-2230. A transaction fee will be charged.
- **ESCROW / MORTGAGE ACCOUNTS** - The property owner is responsible for ensuring full payment of this obligation. If you have an escrow account with a loan institution, taxes should be paid by them or their tax service agent. You may wish to verify your payment date with your loan institution.

**CRCED TREATMENT INC**  
 20400 STEVENS CREEK BLVD  
 CUPERTINO, CA 95014

YEAR	ACCOUNT NUMBER	PARCEL ID	BILL NUMBER	DUE DATE
2007	1284282	0073288	1118054	1-05-2008

DESCRIPTION OF PROPERTY	ASSESSED	VALUE	DESCRIPTION	RATE	AMOUNT
176 LASSITER HMSTD RD	\$5,667.09	779,092	CHATHAM COUNTY	0.617	4,807.00
Taxable Personal Property Value		779,092	PARKWOOD FIRE DIST	0.1	779.09
Total Taxable Value		779,092	SW COLLECTION CENTER FEE	0	81.00

YEAR	ACCOUNT NUMBER	PARCEL ID	BILL NUMBER	DUE DATE	TOTAL DUE
2007	1284282	0073288	1215344	1-05-2008	\$ 5,667.09
<b>TOTAL DUE</b>					<b>\$ 5,667.09</b>

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## Levels of Care for Eating Disorders

**LEVELS OF CARE FOR EATING DISORDERS**  
 Chart developed from the American Psychological Association Guidelines for the Treatment of Eating Disorders

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>	<b>Level 6</b>
<b>Medical Complication</b>	Medically stable to the extent that more extensive medical monitoring as defined in levels 4&5 is no required	Medically stable to the extent that more extensive medical monitoring as defined in levels 4&5 is no required	Medically stable to the extent that more extensive medical monitoring as defined in levels 4&5 is no required  3+ Medically stable to the extent that intravenous fluids, nasogastric tube feedings, or multiple daily laboratory tests are not needed	Medically stable to the extent that intravenous fluids, nasogastric tube feedings, or multiple daily laboratory tests are not needed	Adults: HR<40bpm BP<90/60 Glucose <60 mg/dl Potassium <3 meq/l Electrolyte imbalance Temp<97.0 F Dehydration; Hepatic, renal, or cardiovascular organ compromise requiring acute treatment Child/Adolescent: HR in 40s; Orthostatic BP changes(>20 bpm increase in HR or >10- to 20-mm Hg drop); BP<80/50 mm Hg; hypokalemia or hypophosphatemia	
<b>Suicidality</b>	No intent or plan	No intent or plan	No intent or plan 3+ Possible Plan but no intent: Acute vs. Chronic; Past History vs. Family History Ability to Contract >75%	Possible Plan but no intent: Acute vs. Chronic; Past History vs. Family History Ability to Contract	Intent and plan	
<b>Weight as % of Healthy Body Weight Rule of Thumb*</b>	>85%	>80%	>75%	>75%	<75% (for children and adolescents: acute weight decline with food refusal even if not <75% healthy body weight)	<75% Weight was refractory to Level 1-5  TPN
<b>Motivation to Recovery</b>	Fair to Good	Fair	Partial; preoccupied with ego-syntonic thoughts more than 3 hours a day; cooperative	Fair to Poor; preoccupied with ego-syntonic thoughts more than 3 hours a day; cooperative with highly structured treatment	Poor to Very Poor; preoccupied with ego-syntonic thoughts 4-6 hours a day; uncooperative with treatment or cooperative only in highly structured environment	

\*Men: 106 lbs. for the first 5 ft. and 6 lbs. per inch (BMI = 23.8)  
 \*Women: 100 lbs. for the first 5 ft. and 5 lbs. per inch (BMI = 21)



<b>Comorbid Disorders</b> (Substance Abuse, depression, anxiety)	Presence of comorbid condition may influence choice of level of care	Self-Sufficient	Presence of comorbid condition may influence choice of level of care	Self-Sufficient	Presence of comorbid condition may influence choice of level of care	Presence of comorbid condition may influence choice of level of care	Any existing psychiatric disorder that would require hospitalization	Needs medical supervision or refusing oral feeding but amenable to Total Parental Nutrition (TPN)
<b>Structure Needed for Eating/Gaining Weight</b>	Self-Sufficient	Self-Sufficient	Needs some structure to gain weight 3+ Needs supervision at all meals or will restrict eating	Self-Sufficient	Needs supervision during and after meals or nasogastric/special feeding	Needs supervision at all meals or will restrict eating	Needs supervision during and after meals or nasogastric/special feeding	Needs medical supervision or refusing oral feeding but amenable to Total Parental Nutrition (TPN)
<b>Impairment &amp; Ability to Care for Self; Ability to Control Exercise</b>	Able to exercise for fitness, but able to control compulsive exercising	Able to exercise for fitness, but able to control compulsive exercising	Structure required to prevent patient from compulsive exercise	Able to exercise for fitness, but able to control compulsive exercising	Complete role impairment, cannot eat and gain weight by self; structure required to prevent patient from compulsive exercising	Complete role impairment, cannot eat and gain weight by self; structure required to prevent patient from compulsive exercising	Complete role impairment, cannot eat and gain weight by self; structure required to prevent patient from compulsive exercising	Complete role impairment, cannot eat and gain weight by self; structure required to prevent patient from compulsive exercising
<b>Purging Behavior</b> (Laxatives and Diuretics)	Can greatly reduce purging in non-structured settings; no significant medical complications such as ECG abnormalities or others suggesting the need for hospitalization	Can greatly reduce purging in non-structured settings; no significant medical complications such as ECG abnormalities or others suggesting the need for hospitalization	Can greatly reduce purging in non-structured settings; no significant medical complications such as ECG abnormalities or others suggesting the need for hospitalization	Can greatly reduce purging in non-structured settings; no significant medical complications such as ECG abnormalities or others suggesting the need for hospitalization	Can greatly reduce purging in non-structured settings; no significant medical complications such as ECG abnormalities or others suggesting the need for hospitalization	Can greatly reduce purging in non-structured settings; no significant medical complications such as ECG abnormalities or others suggesting the need for hospitalization	Needs supervision during and after all meals and in bathroom	Needs supervision during and after all meals and in bathroom
<b>Environmental Stress</b>	Others able to provide adequate emotional and practical support and structure	Others able to provide adequate emotional and practical support and structure	Others able to provide at least limited support and structure 3+ (>18) Severe family conflict, problems, or absence so as unable to provide structured treatment in home, or live alone without adequate support system	Others able to provide adequate emotional and practical support and structure	Severe family conflict, problems, or absence so as unable to provide structured treatment in home, or live alone without adequate support system	Severe family conflict, problems, or absence so as unable to provide structured treatment in home, or live alone without adequate support system	Severe family conflict, problems, or absence so as unable to provide structured treatment in home, or live alone without adequate support system	Severe family conflict, problems, or absence so as unable to provide structured treatment in home, or live alone without adequate support system

SPECTRUM OF CARE FOR EATING DISORDERS

- Level 1: Outpatient
- Level 2: Intensive Outpatient
- Level 3: Day Hospital or Partial Hospitalization
- Level 3+: Hybrid PHP (7 days a week, 11 hours per day with alternative living situation)
- Level 4: Residential Treatment Center
- Level 5: Inpatient Hospitalization
- Level 6: Acute Medical ICU & Step Down

Totals Per Level:

Level 1 \_\_\_ Level 2 \_\_\_ Level 3 \_\_\_ Level 3+ \_\_\_ Level 4 \_\_\_ Level 5 \_\_\_ Level 6 \_\_\_

# Commercial Driveway Permit Application

APPLICATION IDENTIFICATION		N.C. DEPARTMENT OF TRANSPORTATION STREET AND DRIVEWAY ACCESS PERMIT APPLICATION
Driveway Permit No.	Date of Application 12/20/07	
County: Chatham		
Development Name: Carolina House		

**LOCATION OF PROPERTY:**

Route/Road: NC 751

Exact Distance 1.1       Miles      N   S   E   W  
 Feet     

From the Intersection of Route No. SR 1731 and Route No. NC 751 Toward US 64

Property Will Be Used For:  Residential /Subdivision    Commercial    Educational Facilities    TND    Emergency Services    Other

Property:  is    is not   within   City Zoning Area.

**AGREEMENT**

- I, the undersigned property owner, request access and permission to construct driveway(s) or street(s) on public right-of-way at the above location.
- I agree to construct and maintain driveway(s) or street entrance(s) in absolute conformance with the current "Policy on Street and Driveway Access to North Carolina Highways" as adopted by the North Carolina Department of Transportation.
- I agree that no signs or objects will be placed on or over the public right-of-way other than those approved by NCDOT.
- I agree that the driveway(s) or street(s) will be constructed as shown on the attached plans.
- I agree that that driveway(s) or street(s) as used in this agreement include any approach tapers, storage lanes or speed change lanes as deemed necessary.
- I agree that if any future improvements to the roadway become necessary, the portion of driveway(s) or street(s) located on public right-of-way will be considered the property of the North Carolina Department of Transportation, and I will not be entitled to reimbursement or have any claim for present expenditures for driveway or street construction.
- I agree that this permit becomes void if construction of driveway(s) or street(s) is not completed within the time specified by the "Policy on Street and Driveway Access to North Carolina Highways".
- I agree to pay a \$50 construction inspection fee. Make checks payable to NCDOT. This fee will be reimbursed if application is denied.
- I agree to construct and maintain the driveway(s) or street(s) in a safe manner so as not to interfere with or endanger the public travel.
- I agree to provide during construction proper signs, signal lights, flaggers and other warning devices for the protection of traffic in conformance with the current "Manual on Uniform Traffic Control Devices for Streets and Highways" and Amendments or Supplements thereto. Information as to the above rules and regulations may be obtained from the District Engineer.
- I agree to indemnify and save harmless the North Carolina Department of Transportation from all damages and claims for damage that may arise by reason of this construction.
- I agree that the North Carolina Department of Transportation will assume no responsibility for any damages that may be caused to such facilities, within the highway right-of-way limits, in carrying out its construction.
- I agree to provide a Performance and Indemnity Bond in the amount specified by the Division of Highways for any construction proposed on the State Highway system.
- The granting of this permit is subject to the regulatory powers of the NC Department of Transportation as provided by law and as set forth in the N.C. Policy on Driveways and shall not be construed as a contract access point.
- **I AGREE TO NOTIFY THE DISTRICT ENGINEER WHEN THE PROPOSED WORK BEGINS AND WHEN IT IS COMPLETED.**

**SIGNATURES OF APPLICANT**

PROPERTY OWNER (APPLICANT)		WITNESS	
COMPANY	NAME		
SIGNATURE	SIGNATURE		
ADDRESS	ADDRESS		
	Phone No.		

AUTHORIZED AGENT		WITNESS	
COMPANY <u>Carolina House, Stacie McEntyre</u>	NAME <u>Dwane K. Stegman</u>		
SIGNATURE <u>Stacie McEntyre, Exec. Director</u>	SIGNATURE <u>[Signature]</u>		
ADDRESS <u>176 Jessiter Homestead Rd</u>	ADDRESS <u>3715 University Dr</u>		
<u>Durham, NC 27713</u>	Phone No. <u>(919) 372-7942</u>	<u>Durham, NC 27707</u>	

**APPROVALS**

APPLICATION RECEIVED BY DISTRICT ENGINEER

\_\_\_\_\_  
SIGNATURE DATE

APPLICATION APPROVED BY LOCAL GOVERNMENTAL AUTHORITY (when required)

\_\_\_\_\_  
SIGNATURE TITLE DATE

APPLICATION APPROVED BY DISTRICT ENGINEER

\_\_\_\_\_  
SIGNATURE DATE

INSPECTION BY NCDOT

\_\_\_\_\_  
SIGNATURE TITLE DATE

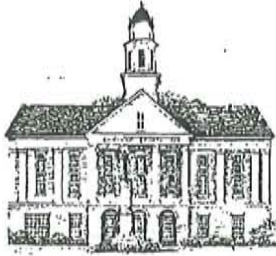
COMMENTS:

## Existing Conditional Use Letter

# COUNTY OF CHATHAM

PLANNING DEPARTMENT  
POST OFFICE BOX 54  
PITTSBORO, N. C. 27312

PHONE: 919-542-8204



ORGANIZED 1770

707 SQUARE MILES

August 20, 1996

Mr. Chris Brown  
8913 N.C. Hwy. 751  
Durham, NC 27713

Dear Mr. Brown:

During their regular meeting August 19, 1996, the Chatham County Board of Commissioners considered your request as described below:

*Request by Chris Brown for a Conditional Use Business District with a Conditional Use Permit for landscape and grading business on 1.41 acres off N.C. Hwy. 751 in Williams Township.*

After considering your written request, comments received at the public hearing, and recommendations of the County Planning Department and Planning Board, the Board made the five required findings and approved your request with the following five conditions:

1. A 50 foot building setback be maintained along all property lines and from the 60 foot driveway easement.
2. The private drive be improved to a travel way width of not less than 16 feet with not less than 4 inches of crush and run stone.
3. The entrance of the private drive on the state right-of-way onto N.C. 751 shall be improved to have a minimum travel way width of 22 feet. A 10 foot by 70 foot sight triangle shall be maintained to the south. The entrance improvements shall be made prior to other land disturbing activities on the property.

Mr. Chris Brown  
August 20, 1996  
Page 2

4. The property shall not be used to conduct retail sales on site.
5. Landscaping shall be provided as specified on the site plan.

Minutes of the meeting are available from Ms. Sandra Lee, Clerk to the Board at 542-8200.

If you have any questions about the Board's action or would like to discuss uses of your land, you may contact Lynn Richardson or me at 542-8204.

Sincerely,



Keith Megginson  
Planning Director

KM/ke

PC: Kwong T. Chong  
210 Chisehurst Way  
Cary, NC 27513



## Existing Septic Permit



Michael F. Easley, Governor  
William G. Ross Jr., Secretary  
North Carolina Department of Environment and Natural Resources

Alan W. Klimek, P. E., Director  
Division of Water Quality

December 16, 2002

John F. Logan  
4604 Whitmire Place  
Raleigh NC 27612

Subject: Permit No. WQ0013823  
John F. Logan  
Single Family Residence  
Surface Irrigation Facility  
Chatham County

Dear Mr. Logan:

In accordance with your permit application request received September 23, 2002, we are forwarding herewith Permit No. WQ0013823, dated December 16, 2002, to John F. Logan for the construction and operation of the subject single family wastewater treatment and spray irrigation facilities.

This permit shall be effective to the date of issuance until November 30, 2007, and shall be subject to the conditions and limitations as specified therein. Please pay particular attention to the monitoring requirements in this permit. Failure to establish an adequate system for collecting and maintaining the required operational information will result in future compliance problems.

If any parts, requirements, or limitations contained in this permit are unacceptable, you have the right to request an adjudicatory hearing upon written request within thirty (30) days following receipt of this permit. This request must be in the form of a written petition, conforming to Chapter 150B of the North Carolina General Statutes, and filed with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. Unless such demands are made this permit shall be final and binding.

One set of approved plans and specifications is being forwarded to you. If you need additional information concerning this matter, please contact Michelle Barnett at (919) 733-5083 extension 544.

Sincerely,

Alan W. Klimek, P. E.

cc: Chatham County Health Department  
Raleigh Regional Office, Water Quality Section  
Technical Assistance and Certification Unit  
Bryan F. Staley, P.E., Duane K. Stewart and Associates, Inc.  
Water Quality Central Files  
NDPU Files

NORTH CAROLINA  
ENVIRONMENTAL MANAGEMENT COMMISSION  
DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES  
RALEIGH  
SINGLE FAMILY SPRAY IRRIGATION PERMIT

---

In accordance with the provisions of Article 21 of Chapter 143, General Statutes of North Carolina as amended,  
and other applicable Laws, Rules, and Regulations

PERMISSION IS HEREBY GRANTED TO

**John F. Logan**  
Chatham County

FOR THE

construction and operation of a 960 GPD spray irrigation wastewater treatment and disposal system consisting of a 2,078 gallon baffled septic tank, a 420 square foot dual bed sand filter with a 1.15 gpd/ft<sup>2</sup> design loading rate, chlorine tablet disinfection, a 6,000 gallon storage tank, a 6,000 gallon pump tank to deliver at a rate of 17.52 GPM with high water alarms, and a 28,837 square foot fenced irrigation area to serve the Logan residence, and all associated piping and appurtenances with no discharge of wastes to the surface waters, pursuant to the application received September 23, 2002, and in conformity with the project plan, specifications, and other supporting data subsequently filed and approved by the Department of Environment and Natural Resources and considered a part of this permit.

This permit shall be effective from the date of issuance until November 30, 2007 and shall be subject to the following specified conditions and limitations:

I. PERFORMANCE STANDARDS

1. Upon completion of construction and prior to operation of this permitted facility, a certification must be received from a professional engineer certifying that the permitted facility has been installed in accordance with this permit, the approved plans and specifications, and other supporting materials. If this project is to be completed in phases and partially certified, you shall retain the responsibility to track further construction approved under the same permit, and shall provide a final certificate of completion once the entire project has been completed. Mail the Certification to the Non-Discharge Permitting Unit, 1617 Mail Service Center, Raleigh, NC 27699-1617.
2. The Raleigh Regional Office, telephone number (919) 571-4700, shall be notified at least forty-eight (48) hours in advance of operation of the installed facilities so that an in-place inspection can be made. Such notification to the regional supervisor shall be made during the normal office hours from 8:00 a.m. until 5:00 p.m. on Monday through Friday, excluding State Holidays.

3. The surface irrigation facilities shall be effectively maintained and operated at all times so that there is no discharge to the surface waters, nor any contamination of ground waters which will render them unsatisfactory for normal use. In the event that the facilities fail to perform satisfactorily, including the creation of nuisance conditions or failure of the irrigation area to adequately assimilate the wastewater, the Permittee shall take immediate corrective actions including those actions that may be required by the Division of Water Quality (Division), such as the construction of additional or replacement wastewater treatment and disposal facilities.
4. The issuance of this permit shall not relieve the Permittee of the responsibility for damages to surface or ground waters resulting from the operation of this facility.
5. The sand media of the sand filter must comply with the Division's sand specifications. The Engineer's Certification will serve as evidence that these specifications have been met.
6. A leakage test shall be performed on the septic tank and dosing tank to insure that any exfiltration occurs at a rate which does not exceed twenty (20) gallons per twenty-four (24) hours per 1,000 gallons of tank capacity. The Engineer's Certification will serve as proof of compliance with this condition.
7. If excavation into bedrock is required for the installation of the septic tank or sand filter, the pit shall be lined with a 10 mil synthetic liner.
8. A sanitary tee and filter shall be installed on the effluent pipe of the septic tank. The Engineer's Certification will serve as evidence that these specifications have been met.
9. The residuals generated from these treatment facilities must be disposed in accordance with General Statute 143-215.1 and in a manner approved by the Division.
10. Diversion or bypassing of the untreated wastewater from the treatment facilities is prohibited.
11. The following buffers shall be maintained:
  - a. 400 feet between wetted area and any residence or places of public assembly under separate ownership,
  - b. 150 feet between wetted area and property lines,
  - c. 100 feet between wetted area and wells,
  - d. 100 feet between wetted area and drainage ways or surface water bodies,
  - e. 50 feet between wetted area and public right of ways,
  - f. 100 feet between treatment/storage units and any wells, and
  - g. 50 feet between treatment units and property lines.
12. The pump tanks shall have functional high water audible and visual alarms. The name and number of an emergency contact shall be posted in a conspicuous location.
13. The disposal system shall be connected to a rain or moisture sensor that shall indicate when wastewater application is not appropriate in accordance with Condition II(4) of this permit.

## II. OPERATION AND MAINTENANCE REQUIREMENTS

1. The facilities shall be properly maintained and operated at all times.

2. Upon classification of the wastewater treatment and spray irrigation facilities by the Water Pollution Control System Operators Certification Commission (WPCSOCC), the Permittee shall designate and employ a certified operator to be in responsible charge (ORC) and one or more certified operator(s) to be back-up ORC(s) of the facilities in accordance with 15A NCAC 8G .0201. The ORC shall visit the facilities in accordance with 15A NCAC 8G .0204 or as specified in this permit and shall comply with all other conditions specified in these rules.
3. A suitable year round-vegetative cover of Fescue shall be maintained (or leaf litter in wooded areas).
4. Irrigation shall not be performed during inclement weather or when the ground is in a condition that will cause runoff.
5. Adequate measures shall be taken to prevent wastewater runoff from the spray field.
6. The application rate shall not exceed a cumulative loading of 19.85 inches over any twelve (12) month period at an instantaneous application rate not to exceed 0.40 inches per hour.
7. The facilities shall be effectively maintained and operated as a non-discharge system to prevent the discharge of any wastewater resulting from the operation of this facility.
8. No type of wastewater other than that from the Logan residence shall be sprayed onto the irrigation area.
9. No traffic or equipment shall be allowed on the disposal area except while installation occurs or while normal maintenance is being performed.
10. The spray irrigation field shall be fenced with at least a two strand wire fence.
11. The Permittee is responsible for the operation and maintenance of the entire treatment and disposal system including, but not limited to, the following items:
  - a. The septic tank shall be checked annually and pumped out as needed.
  - b. The tablet chlorinator shall be checked every week. Tablets shall be added to provide proper chlorination.
  - c. The storage, pump, and alarm systems shall be inspected monthly. The scum layer shall be removed at the same interval as the septic tank is cleaned out.
  - d. The system shall be inspected monthly to make certain of the proper operation of the sprinkler head, that the vegetative growth allows a proper spray pattern, that the soil is assimilating the disposed treated wastewater with no surface runoff, and that no objectionable odors are being generated.

### III. MONITORING AND REPORTING REQUIREMENTS

1. Any monitoring deemed necessary by the Division to insure surface and ground water protection will be established and an acceptable sampling reporting schedule shall be followed.
2. The Permittee shall maintain records of all maintenance performed on the system and irrigation area, as required in Condition II(11) for a minimum of five years. This information shall be provided to the Division upon request.

3. Noncompliance Notification:

The Permittee shall report by telephone to the Raleigh Regional Office, telephone number (919) 571-4700, as soon as possible, but in no case more than 24 hours or on the next working day following the occurrence or first knowledge of the occurrence of any of the following:

- a. Any process unit failure, due to known or unknown reasons, that renders the facility incapable of adequate wastewater treatment, such as mechanical or electrical failures of pumps, spray heads, etc.; or
- b. Any failure of a pumping station or treatment facility resulting in a by-pass directly to receiving waters without treatment of all or any portion of the influent to such station or facility.

Persons reporting such occurrences by telephone shall also file a written report in letter form within five (5) days following first knowledge of the occurrence. This report must outline the actions taken or proposed to be taken to ensure that the problem does not recur.

#### IV. INSPECTIONS

1. Adequate inspection, maintenance, and cleaning shall be provided by the Permittee to insure proper operation of the subject facilities.
2. Any duly authorized officer, employee, or representative of the Division may, upon presentation of credentials, enter and inspect any property, premises or place on or related to the disposal site or facility at any reasonable time for the purpose of determining compliance with this permit, may inspect or copy any records that must be maintained under the terms and conditions of this permit, and may obtain samples of groundwater, surface water, or leachate.

#### V. GENERAL CONDITIONS

1. This permit shall become void unless the facilities are constructed in accordance with the conditions of this permit, the approved plans and specifications, and other supporting data.
2. This permit is effective only with respect to the nature and volume of wastes described in the application and other supporting data.
3. This permit is not transferable. In the event there is a desire for the facilities to change ownership, or there is a name change of the Permittee, a formal permit request must be submitted to the Division accompanied by documentation from the parties involved, and other supporting materials as may be appropriate. The approval of this request will be considered on its merits and may or may not be approved.
4. Upon the availability of a municipal or regional sewerage collection system, the subject wastewater treatment facilities shall be abandoned and all wastewater discharged into the municipal or regional sewerage system.
5. Failure to abide by the conditions and limitations contained in this permit may subject the Permittee to an enforcement action by the Division in accordance with North Carolina General Statute 143-215.6A to 143-215.6C.
6. The issuance of this permit does not preclude the Permittee from complying with any and all statutes, rules, regulations, or ordinances which may be imposed by other government agencies (local, state, and federal) which have jurisdiction.
7. This permit may be revoked if the Permittee fails to abide by the conditions of the "Operation and Maintenance Agreement" previously signed by the Permittee.

8. A set of approved plans and specifications for the subject project must be retained by the Permittee for the life of the project.
9. The annual administering and compliance fee must be paid by the Permittee within 30 days after being billed by the Division. Failure to pay the fee accordingly may cause the Division to initiate action to revoke this permit as specified by 15A NCAC 2H .0205 (c)(4).
10. The Permittee, at least six (6) months prior to the expiration of this permit, shall request its extension. Upon receipt of the request, the Commission will review the adequacy of the facilities described therein, and if warranted, will extend the Permit for such period of time and under such conditions and limitations as it may deem appropriate.

Permit issued this the 16th day of December, 2002

NORTH CAROLINA ENVIRONMENTAL MANAGEMENT COMMISSION



Alan W. Klimek, P.E., Director  
Division of Water Quality  
By Authority of the Environmental Management Commission

Permit Number WQ0013823



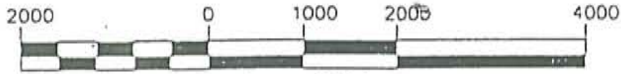


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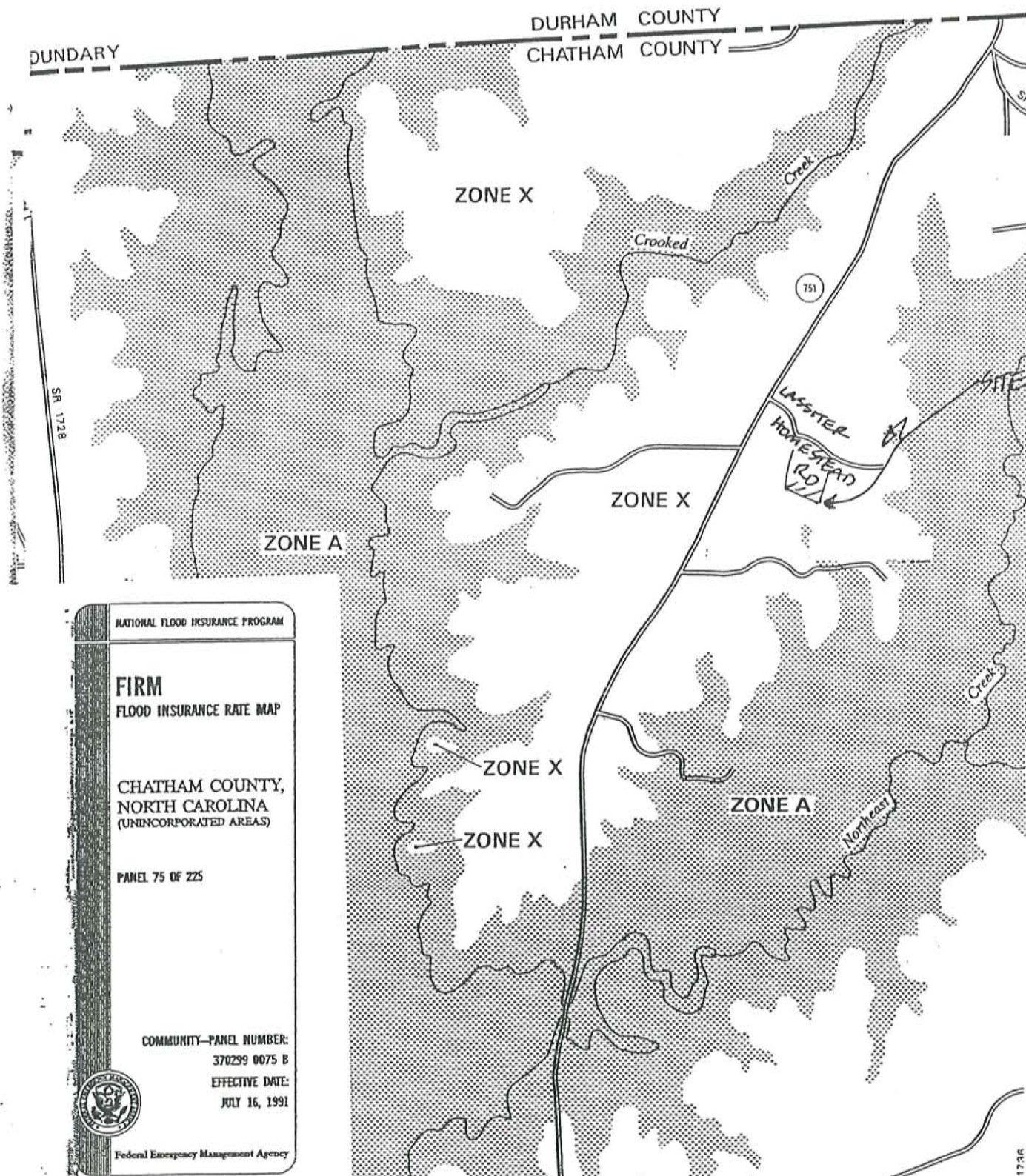
G

# LOGAN WWTS

GRAPHIC SCALE



1 inch = 2000 ft.



NATIONAL FLOOD INSURANCE PROGRAM


**FIRM**  
FLOOD INSURANCE RATE MAP

CHATHAM COUNTY,  
NORTH CAROLINA  
(UNINCORPORATED AREAS)

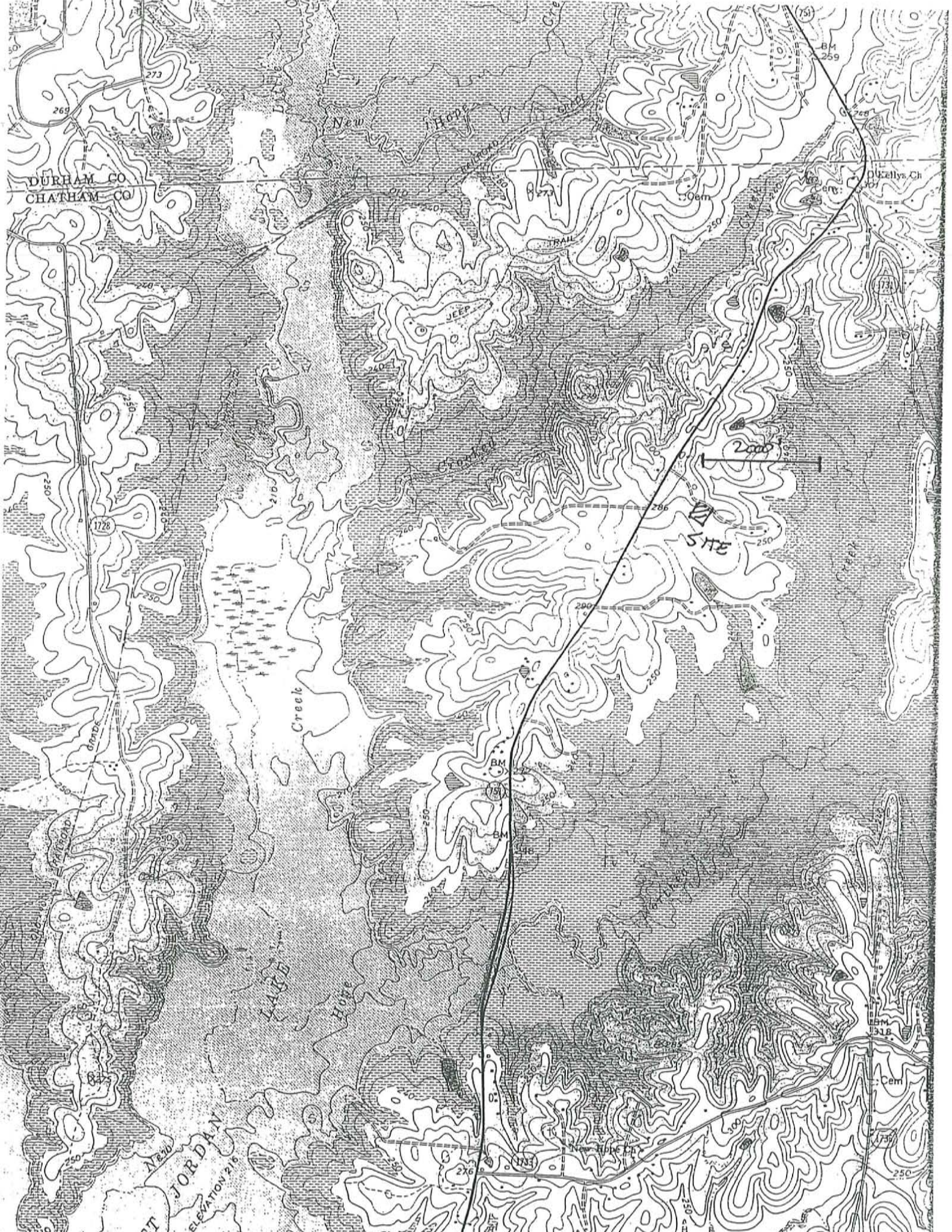
PANEL 75 OF 225

COMMUNITY-PANEL NUMBER:  
370299 0075 B

EFFECTIVE DATE:  
JULY 16, 1991



Federal Emergency Management Agency



DURHAM CO  
CHATHAM CO

1728

Creek

JEEP

TRAIL

SITE

2000

TTT JORDAN  
ELEVATION 215

Cem

1750

250

OPERATION AND MAINTENANCE AGREEMENT  
SINGLE FAMILY RESIDENCE WASTEWATER TREATMENT SYSTEM  
DIVISION OF WATER QUALITY

Mr. John F. Logan  
Chapter 13 Trustee  
4501 Atlantic Ave  
Suite 132  
Raleigh, NC 27604

Disposal Method: SPRAY IRRIGATION

County: Durham Permit No. \_\_\_\_\_

I agree to operate and maintain the wastewater treatment system as follows:

- 1) The Permittee is responsible for the operation and maintenance of the entire treatment and disposal system including, but not limited to, the following items:
  - a) The septic tank shall be checked annually and pumped out as needed. The effluent filter shall be checked and cleaned at the same frequency of the septic tank.
  - b) Check one:
    - ✓ The tablet chlorinator shall be checked every week. Tablets shall be added so as to provide proper chlorination.
    - o The ultraviolet disinfection unit shall be checked every week. The lamp shall be cleaned and/or replaced to ensure proper disinfection.
  - c) The storage, pump, and alarm systems shall be inspected monthly. The scum layer shall be removed at the same time interval as the septic tank is pumped out.
  - d) The irrigation system shall be inspected monthly to make certain of proper operation, that vegetative growth does not interfere with the system inspection or operation, that the soil is assimilating the disposed treated wastewater with no surface runoff, and that no objectionable odors are being generated.
- 2) Failure of the Permittee to properly operate this system is subject to a penalty up to \$25,000 per day.
- 3) Failure to meet the permit conditions or violation of the State's surface or groundwater regulations will require evacuating the dwelling and may void the permit.

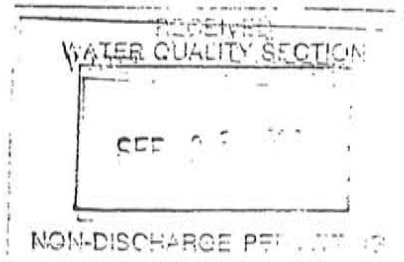
I understand the above requirements and agree to these terms as part of the issued permit.

Signature: *John F. Logan*  
John F. Logan

Date: 7-29-02

Notary Seal

Notary Signature: *Lorrie Ann Weidenhamer* My Commission Expires: 12-8-04



**WATER POLLUTION CONTROL SYSTEM OPERATORS  
CERTIFICATION COMMISSION**

**CLASSIFICATION  
RATING SHEET FOR WATER POLLUTION CONTROL SYSTEMS**

**FACILITY INFORMATION:**

NAME OF FACILITY: John F. Logan

MAILING ADDRESS: 4604 Whitmire Place, Raleigh, NC 27612

COUNTY: Chatham

CONTACT PERSON: John Logan      TELEPHONE: 919/788-0750

PERMIT NO.: WQ0013823      Check One: NC      WQ       HEALTH DP

ORC:      TELEPHONE:

**RATING INFORMATION:** (Before completing this section, please refer to pages 2-4)

PERMITTED FLOW: 960 GPD      BNR?      YES      NO

CHECK CLASSIFICATION:      WASTEWATER:      1      2      3      4

   COLLECTION:      1      2      3      4

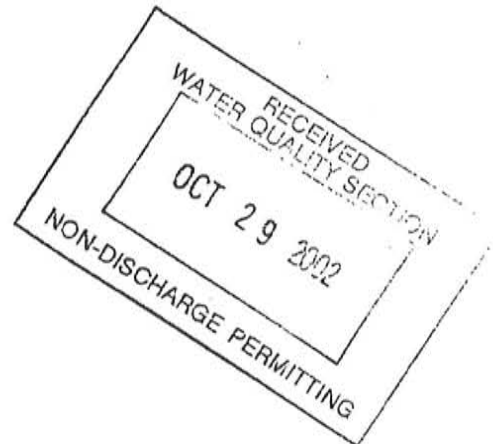
SPRAY IRRIGATION       SUBSURFACE      LAND APPLICATION

PHYSICAL/CHEMICAL      GRADE I      GRADE II

RATED BY: Randy Jones      REGION: RRO      DATE: 10/21/02

REGIONAL OFFICE TELEPHONE NUMBER: 919/571-4700

EXT: 255



**Classification of Spray Irrigation Water Pollution Control Systems:**

- ✓ Systems which utilize spray irrigation for the reuse or disposal of wastewater. These systems include: septic tanks, sand filter, oil/water separators, lagoons, storage basins, screening, sedimentation. Systems other than those listed above shall be subject to additional classification.
- .....

**Classification of Land Application of Residuals Systems:**

Systems permitted and dedicated for the land application of residuals that are produced by a water pollution control system or contaminated soils.

.....

**Classification of Physical/Chemical Water Pollution Control Treatment Systems:**

Grade I Physical/Chemical: Any water pollution control system that utilizes a primarily physical process to treat wastewater. This classification includes groundwater remediation systems \*\*

Grade II Physical/Chemical: Any water pollution control system that utilizes a primarily chemical process to treat wastewater. This classification includes reverse osmosis, electro dialysis, and ultrafiltration systems. \*\*

\*\* *Any water pollution control system that utilizes a physical/chemical process to enhance an activated sludge or fixed growth process, shall not be subject to additional classification*

.....

**Classification of Subsurface Water Pollution Control Systems:**

Systems which utilize the soil for subsurface treatment and disposal of wastewater And/or are required to have a certified operator under 15A NCAC 18A.1961. \*\*\*

\*\*\* *Any subsurface system that has as part of its treatment process a water pollution control system that may be classified under Rules .0302 through .0307 of this section shall be subject to additional classification.*