



18 December 2008

Ms. Angela Birchett, CZO
Chatham County Planning Department
P.O. Box 54
Pittsboro, NC 27312

Ms. Birchett,

I am writing to update you on the status of the CRC Carolina House project and request an extension to the original sunset date outlined in condition #10 of the Approval Documents for the Conditional Use Permit.

As you are aware, we have been working diligently to complete the work required to fulfill all conditions outlined in the approval. Shortly after receiving approval on the Conditional use, we submitted plans to Chatham County Inspections and obtained building permits. To date, we have completed the following:

- Installation of new sprinkler system throughout the existing structures
- Completed the conversion of the existing garage into administration offices
- Addressed all accessibility issues at the existing structure including but not limited to:
 - New ramps at the front and back entrances to the main house
 - Conversion of an existing restroom on the main level to meet accessibility requirements including the addition of an accessible shower
 - Addition of fixtures to accommodate visually and hearing impaired residents at one bedroom

The remaining item required under the Conditional Use Permit is the permitting, approval, and installation of a new sewage treatment and disposal system to accommodate the proposed occupant load. Upon the receipt of the approval documents, we released the site engineer to complete the design and submittal of all documents required for permitting and approval of the new septic system. The engineer retained to design the new system designed the septic system for the original residential structure as he was familiar with the existing structure, site and conditions surrounding the project.

After four rounds of submittals which were returned with comments, we contacted Trish Angoli with the state for further feedback. It was determined we were no closer to fulfilling the state requirements and that the current design being proposed most likely wouldn't meet the requirements. At this point we contacted Agriwaste Technologies about re-designing the system, as they were highly recommended and have completed design and installation on similar systems in Chatham County.

AWT was brought on board in the beginning of September, designed the system, and had an approval letter for permit from the state by the end of October. We promptly sent the approved system design out for pricing and executed a contract for installation on November 20th, 2008. Upon the selection of a contractor, the required preconstruction meeting was scheduled and completed on December 3rd, 2008.



1304 Hillsborough Street | Raleigh, NC 27605 | tel 919.831.1308 | fax 919.831.9737

www.newcitydesign.com

Carolina House
19 December 2008

At this point, installation of the new system is under way and scheduled to be completed by the middle of February 2009. Due to the close proximity of the sunset date on the Conditional Use Permit, we are requesting a 90 day extension in order to accommodate any inspections, paperwork, and unforeseen conditions that might impact the completion of any and all requirements of the Conditional Use Permit.

We will continue to work diligently on the fulfillment of any and all requirements outlined in the Conditional Use Permit to complete this project in a successful manner. Thank you in advance for your consideration on the requested extension.

Regards,

A handwritten signature in black ink, appearing to read "Jonathan Wright", is written in a cursive style.

Jonathan Wright, AIA
Architect / Project Manager

APPLICATION FOR
ZONING DISTRICTS
CONDITIONAL USE DISTRICTS
CONDITIONAL USE PERMITS

Chatham County Planning Department
P.O. Box 54
Pittsboro, NC 27312

Tel: 919/542-8204
Fax: 919/542-2698
Email: angela.birchett@chathamnc.org

(1) Applicant Information:

Name: Stacie McEntyre
Address: 176 Lassiter Homestead Rd.
Durham, NC 27713
Phone No: (h) 919-401-2620
(w) 919-372-7944
(m) 919-641-4397
Email: smcentyre@crchealth.com

(2) Landowner Information (as shown on deed)

Name: CRCED TREATMENT INC
Address: 20400 Stevens Creek Blvd Suite 600
Cupertino CA 95014
Phone No: (h) 919-401-2620
(w) 919-372-7944
(m) 919-641-4397
Email: smcentyre@crchealth.com

(3) Property Identification:

911 Address: 176 LASSITER HMSTD RD
DURHAM NC 27713
S.R. Name: _____
S.R. Number: _____
Township: 13 – Williams
Acreage: 10.14 acre
Flood map #: 3720071600K (2-02-2007)
Flood Zone: X

PARCEL#: 73288
P.I.N #: 0716-34-9130.000
Deed Book: 1261 Page: 0685 Yr: 2006
Plat Book: _____ Page: _____
Current Zoning District: RA-40 & CU-B-1
Watershed District: WS-IV PA

(4) Requested Zoning District, Conditional Use District, OR Conditional Use Permit:

Revision to existing Conditional Use Permit Condition #10. We are seeking a 90 day extension to the 1 year time frame provided for in condition #10 of the approval documents.

(5) Directions to property: From 80 East St in Pittsboro, Go east on East St./US-64BR to US-64 E. Go 10.5 mi., then left on Hwy. 751. Go 8 miles to Lassiter Homestead Rd. (gravel rd. on right). Turn right on Lassiter Homestead Rd. Second driveway on right is 176 Lassiter Homestead Rd.

(6) Attach the following, if requesting a zoning map amendment:

- ☒ List of names and addresses of current adjoining property owners (see Adjacent Landowners form)
- ☒ Written legal description
- ☒ Map of the property at a scale of not less than 1 inch equals 200 feet
- ☒ Explanation of request addressing applicable portions of Section 17.3B of the Chatham County Zoning Ordinance

(7) Attach Submission Materials Checklist Information (see Submission Materials Checklist form)

See attached Submission Materials Checklist and supporting documentation

I hereby certify that I am the owner or authorized agent of said property and that the information provided is complete and the statements given are true to the best of my knowledge.

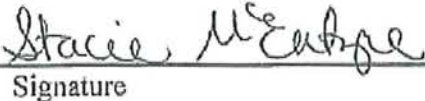

Signature

12-18-08

Date

The owner must sign the following if someone other than the owner is making the application.

I hereby certify that Corey Bates is an authorized agent for said property and is permitted by me to file this application.


Signature

12.18.08

Date

APPLICATION FOR
ZONING DISTRICTS
CONDITIONAL USE PERMITS

Chatham County Planning Department
P.O. Box 54
Pittsboro, NC 27312

Tel: 919/542-8204
Fax: 919/542-2698
Email: angela.birchett@chathamnc.org

(1) Applicant Information:

Name: Corey Bates

Address: 1304 Hillsborough St.
Raleigh, NC 27605

Phone No: (h) _____

(w) 919-831-1308

(m) 919-395-1936

Email: corey@newcitydesign.com

(2) Landowner Information (as shown on deed)

Name: CRCED TREATMENT INC

Address: 20400 Stevens Creek Blvd Suite 600
Cupertino CA 95014

Phone No: (h) 919-401-2620

(w) 919-372-7944

(m) 919-641-4397

Email: smcentyre@crchealth.com

(3) Property Identification:

911 Address: 176 LASSITER HMSTD RD
DURHAM NC 27713

S.R. Name: _____

S.R. Number: _____

Township: 13 – Williams

Acreage: 10.14 acre

Flood map #: 3720071600J (2-02-2007)

Flood Zone: No

PARCEL#: 73288

P.I.N #: 0716-34-9130.000

Deed Book: 1261 Page: 0685 Yr: 2006

Plat Book: _____ Page: _____

Current Zoning District: RA-40 & CU-B-1

Watershed District: WS-IV PA

(4) Requested Zoning District, Conditional Use District, OR Conditional Use Permit:

CUP-O&I

(5) Directions to property: From 80 East St in Pittsboro, Go east on East St./US-64BR to US-64 E. Go 10.5 mi., then left on Hwy. 751. Go 8 miles to Lassiter Homestead Rd. (gravel rd. on right). Turn right on Lassiter Homestead Rd. Second driveway on right is 176 Lassiter Homestead Rd.

(6) Attach the following, if requesting a zoning map amendment:

- ☒ List of names and addresses or current adjoining property owners (see Adjacent Landowners form)
- ☒ Written legal description
- ☒ Map of the property at a scale of not less than 1 inch equals 200 feet
- ☒ Explanation of request addressing applicable portions of Section 17.3B of the Chatham County Zoning Ordinance

(7) Attach Submission Materials Checklist Information (see Submission Materials Checklist form)

See attached Submission Materials Checklist and supporting documentation

I hereby certify that I am the owner or authorized agent of said property and that the information provided is complete and the statements given are true to the best of my knowledge.

 12-20-07
Signature Date

The owner must sign the following if someone other than the owner is making the application.

I hereby certify that Corey Bates is an authorized agent for said property and is permitted by me to file this application.

Stacie McEugene, Executive Director 12.20.07
Signature Date

Adjacent Land Owners

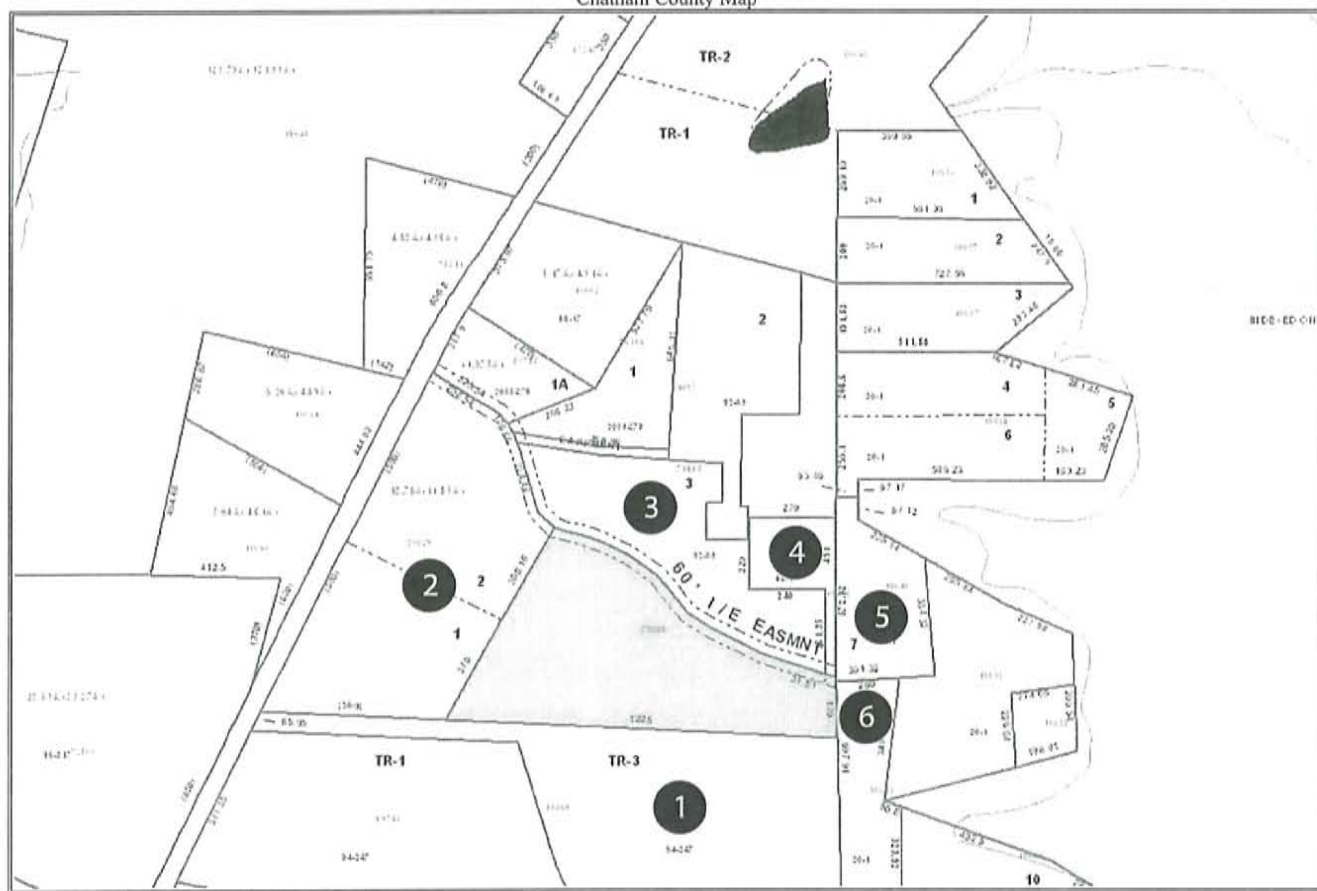
Adjacent Landowners (property owners across a public or private road, easement, or waterway are considered adjacent landowners)

Legal notices are mailed to these owners, please type or write neatly.

1. Steven C & Barbara J Howard
7880 NC HWY 751
Durham, NC 27713
2. David W & Wanda Hutson
7990 NC HWY 752
Durham, NC 27713
3. Reginald Van Stephens
77 Lassiter Homestead Rd
Durham, NC 27713
4. Oliver & Vivian Morris
296 Lassiter Homestead Rd
Durham, NC 27713
5. Bynum Gladys Lassiter Life Est
2200 Collier Rd
Durham, NC 27707
6. Lewis I & Phyllis Lassiter
11 Cedar Hill Dr.
Durham, NC 27713

Adjacent Land Owners

Chatham County Map



Disclaimer: This map is prepared for the inventory of real property found within this jurisdiction and is compiled from recorded deeds, plats, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information contained on this map. The County and the mapping companies assume no legal responsibilities for the information contained on this map.

Map Scale
1 inch = 384 feet
Grid based on the North
Carolina State Plane Coordinate
System, 1983 North American
Datum.



Written Legal Description

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions:

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

(Entity Name)

John F. Logan

(SEAL)

By: _____
Title: _____

(SEAL)

By: _____
Title: _____

(SEAL)

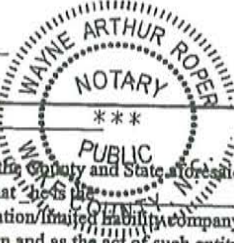
By: _____
Title: _____

(SEAL)

State of North Carolina - County of Chatham

I, the undersigned Notary Public of the County and State aforesaid, certify that John F. Logan personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 26th day of May, 2006.

My Commission Expires: 6-8-09



Notary Public

State of North Carolina - County of _____

I, the undersigned Notary Public of the County and State aforesaid, certify that _____ personally came before me this day and acknowledged that he is the _____ of _____ a North Carolina or _____ corporation/limited liability company/general partnership/limited partnership (strike through the inapplicable), and that by authority duly given and as the act of such entity, he signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal, this _____ day of _____, 20____.

My Commission Expires: _____

Notary Public

State of North Carolina - County of _____

I, the undersigned Notary Public of the County and State aforesaid, certify that _____

Witness my hand and Notarial stamp or seal, this _____ day of _____, 20____.

My Commission Expires: _____

Notary Public

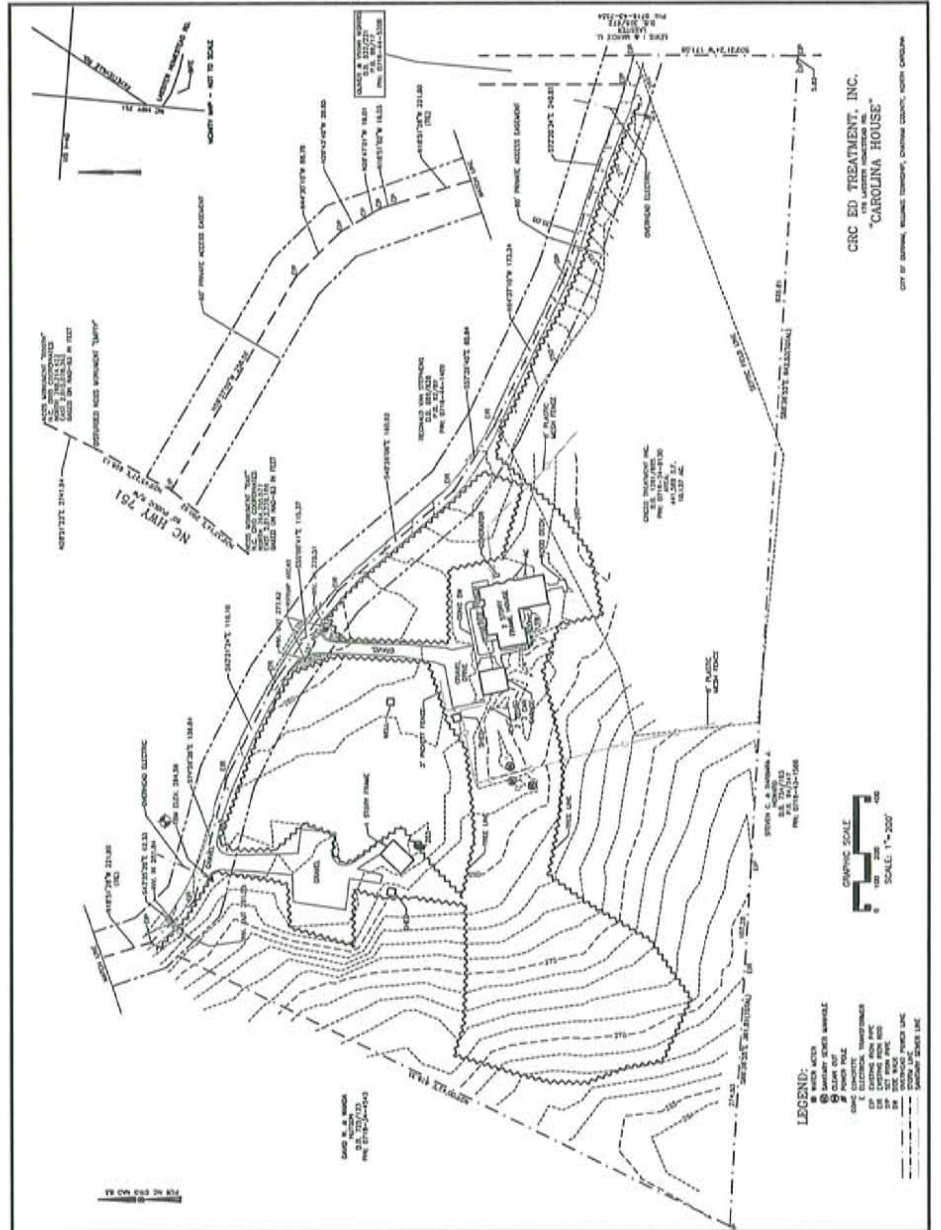
The foregoing Certificate(s) of _____ is/are certified to be correct. This instrument and this certificate are duly registered at the date and time and in the Book and Page shown on the first page hereof.

By: _____ Register of Deeds for _____ County
Deputy/Assistant - Register of Deeds

EXHIBIT "A"

Lying and being in Chatham County, Williams Township, and beginning at a point as measured from an iron located on the approximate centerline of N.C. Highway 751 approximately 1.1 miles South of the intersection of N.C. Highway 751 and O'Kelly Chapel Road, along an old farm road, said old farm road being the boundary of the lands, now or formerly, of R.E. Daughtery described in Deed Book 88, Page 17 of the Chatham County Registry, the following courses and distances along a private access easement, South 55° 32' 57" East 30 feet, South 54° 01' 00" East 258.54 feet, South 38° 52' 00" East 66.8 feet, South 21° 56' 00" East 61.86 feet, South 11° 02' 00" East 224.48 feet to the BEGINNING POINT of the property conveyed by this instrument, and thence continuing with said old farm road South 38° 17' 00" East 62.61 feet, South 38° 17' 00" East 136.64 feet, South 57° 50' 00" East 110.12 feet, South 49° 29' 00" East 115.47 feet, South 34° 50' 00" East 161.08 feet, South 52° 05' 00" East 80.65 feet, South 58° 55' 00" East 173.07 feet, South 66° 34' 44" East 240.21 feet to an iron and continuing in said line 31.51 feet to a new iron pin, a corner with the lands now or formerly of Gladys Lassiter described in Deed Book 398, Page 868 of the Chatham County Registry; thence South 05° 39' 09" West 170.89 feet to a new iron pin; thence North 80° 59' 16" West 843.25 feet to an iron pin, thence continuing in said line 381.75 feet to a new iron pin, thence North 31° 38' 40" East 676.16 feet to the place and point of Beginning; said parcel comprising 10.14 acres, more or less, and shown as Lot 3 on the Survey thereof by Ritchie Surveying Co., dated June 9, 1996. Together with access easement as shown on plat recorded in Plat Slide 92-89, CCR.

Map of Property



Explanation of Request

We are pleased to present our application for consideration of a conditional use district and a conditional use permit.

Carolina House is a Residential Eating Disorders Treatment Facility located in a 5600 square foot house on Lassiter Homestead Road in North Chatham County. Currently it operates as a Family Care Home with a capacity of 6 patients within Chatham County guidelines for the existing RA-40 district. Due to demand for a residential level of service, we are requesting a zoning change that would accommodate an additional 6 patients within the existing house.

Carolina House has developed a respected reputation within the eating disorders community, and is sought as a valuable and necessary resource for patients in need of a residential level of care. Due to current zoning of the property, the facility is limited to a maximum of 6 patients while the house is large enough to accommodate 12 patients. Interest and demand is such that there is typically a waiting list for the program.

In an effort to meet the current demand, The Division of Facility Services approved a rule waiver to increase the bed count to 12, recognizing the service to the community in meeting the need for additional specialized services. This rule waiver is contingent upon meeting all building code and zoning requirements. As the current zoning does not allow this increase in the number of patients, we are requesting an O&I conditional use district and conditional use permit to accommodate congregate care facilities, family care homes, and hospital, health and welfare centers, nursing homes and/or convalescent homes. Concurrently, we are requesting the existing CU-B-1 conditional use applied to a portion of the site by a previous owner be removed.

Carolina House originally chose Chatham County as the best location for a residential eating disorders facility specifically for the rural environment sustained by the zoning board's commitment to maintaining this environment. The area and this house are perfectly aligned with a treatment approach involving a high quality of care based on best practices in the field, volunteering within the community shown to decrease the eating disorder symptoms, teaching and engaging in sustainable living practices, and providing a nurturing, safe, and secure home for treatment. As a result of this philosophy and environment, there are a significant number of patients seeking treatment at this facility. We are highly committed to maintaining the environment as it is a primary component in our treatment approach.

Please see the attached letter from the NC Department of Facility Services outlining the approval of a rule waiver for increased capacity. We have also attached a letter from OPC Area Program which is the local governing body for this type of facility. In this letter, they recognize the need for this type of facility in the area it is located.

Please consider our request for an O&I conditional use district and conditional use permit, recognizing our commitment to the provision of necessary treatment services for eating disorders patients, to maintaining the rural environment, to collaborating with our neighbors, and to engaging in volunteer activities within our community.

Thank you for consideration in this matter.



North Carolina Department of Health and Human Services
Division of Facility Services
Office of the Director

2701 Mail Service Center • Raleigh, North Carolina 27699-2701

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Robert J. Fitzgerald, Director
Phone: 919-855-3750
Fax: 919-733-2757

February 21, 2007

Ms. Stacie McEntyre, Executive Director
Carolina House
176 Lassiter Homestead Road
Durham, NC 27699-2701

RE: Approval of Request for Waiver of Rules 10A NCAC 27G .0304(d)(3) and 10A NCAC 27G .5603(a)
for the Carolina House, MHL-019-041, Durham County

Dear Ms. McEntyre:

Pursuant to your request contained in your letter received on January 17, 2007 and after consultation with Michael Moseley, Director, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, I hereby approve your request for waiver of rules 10A NCAC 27G .0304(d)(3) and 10A NCAC 27G .5603(a) on behalf of the Carolina House, 176 Lassiter Homestead Road, Durham, North Carolina. Specifically, the facility wants to increase its service capacity from six clients to 12 clients and to allow more than two clients to share an individual bedroom and is approved based on the following:

- The facility's governing body supports the request.
- The description of the facility's design appears adequate to address basic safety and space concerns for the population served (college aged females who require residential treatment for eating disorders).
- Increasing the facility's capacity as requested will allow for an immediate reduction in the number of individuals waiting for admission.
- The Durham Center has identified no licensure or service issues that would preclude approval of the waiver request.

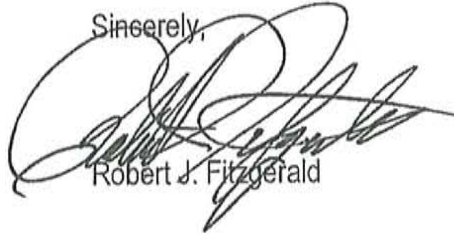
In accordance with 10A NCAC 27G .0813, the waiver cannot exceed the expiration date of the current license which is December 31, 2007 and, therefore, shall be subject to renewal consideration upon the request of the licensee.



Ms. Stacie McEntyre
February 21, 2007
Page 2

Should you have any questions regarding this matter, please contact Jeff Horton at (919) 855-3750.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert J. Fitzgerald", is written over the printed name.

Robert J. Fitzgerald

RJF:JH:peb

cc: Michael Moseley, Director, DMH/DD/SAS
Jeff Horton, Chief Operating Officer
Stephanie Alexander, Chief, Mental Health Licensure and Certification Section
William L. Warren, Chief, Construction Section



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Office of the Director

2701 Mail Service Center, Raleigh, North Carolina 27699-2701

Michael F. Easley, Governor
Dempsey Benton, Secretary

RECEIVED
12/2/07

Robert J. Fitzgerald, Director
Phone: 919-855-3750
Fax: 919-733-2757

November 28, 2007

Ms. Stacie McEntyre, Executive Director
Carolina House
176 Lassiter Homestead Road
Durham, NC 27713

RE: Approval of Request for Waiver of Rule 10A NCAC 27G .5601(a) for the Carolina House
MHL-#019-041, Chatham County

Dear Ms. McEntyre:

Pursuant to your request contained in your letter received on August 30, 2007, and after consultation with Michael Moseley, Director, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, I hereby approve your request for waiver of Rule 10A NCAC 27G .5601(a) on behalf of the Carolina House, located at 176 Lassiter Homestead Road, Durham, North Carolina. Specifically, the waiver is to facilitate transition to independent living and lower levels of care for individuals discharged from residential treatment and is approved based on the following factors:

- Carolina House is a private residential facility.
- Client services are authorized by private insurance or through self payments.
- The Carolina House Governing Board supports the waiver request.
- There are no deficiencies that would preclude approval of the waiver request.

In accordance with 10A NCAC 27G .0813, the waiver cannot exceed the expiration date of the current license which is December 31, 2007, and, therefore, shall be subject to renewal consideration upon the request of the licensee.

Should you have any questions regarding this matter, please contact Jeff Horton at (919) 855-3750.

Sincerely,

Robert J. Fitzgerald

RJF:JH:peb

cc: Michael Moseley, Director, DMH/DD/SAS
Jeff Horton, Chief Operating Officer, DHSR
Stephanie Alexander, Chief, Mental Health Licensure and Certification Section, DHSR
William L. Warren, Chief, Construction Section, DHSR



Administrative Offices
100 Europa Drive
Suite 490
Chapel Hill, NC 27517

Ms. Stacie McEntyre
Carolina House
176 Lassiter Homestead Rd.
Durham, NC 27713

Re: Carolina House
 176 Lassiter Homestead Road, Durham
 Chatham County
 5600A Supervised Living

Dear Ms. McEntyre:

On August 13, 2005, Governor Easley signed the "Current Operations and Capital Improvements Appropriations Act of 2005" into law. Included in this act was a revision of General Statute 122C-23: Licensure. This revision requires prospective providers of residential services, pending and current, to submit a letter of support from their Local Management Entity with their license application to the Division of Facility Services.

The purpose of the provision is to protect the general welfare and lives, health, and property of the people of the State of North Carolina, to ensure that unnecessary costs to the State do not result, that residential treatment facility beds are available where needed, and that individuals who need care in residential treatment facilities may have access to quality care.

In accordance with G.S. 122C-23.1: Licensure of Residential Treatment Facilities, this LME concludes the following:

Based on data available on this date, and a review of the APA guidelines for the treatment of eating disorders, there is a need for the above-referenced facility to provide a transitional PHP level of care within the 5600A Supervised Living facility.

This letter is not intended as an endorsement of the quality of the service nor is it to be interpreted as a guarantee of business or occupancy of the beds for the provider. Data utilized is current as of the date of the letter and subject to change.

Should you have any questions, please contact Cim Brailer, OPC Customer Service & Community Planning Manager, at 919-913-4150.

Sincerely,

A handwritten signature in cursive script that reads "Judy R. Truitt".

Judy R. Truitt

cc: Jim Jarrard, DMH/DD/SAS
Stephanie Alexander, DFS, MH Licensure & Certification Section

General Application Requirements:

A detailed description of the project, a requirement that is common to all applications, is discussed in this section.

1) Location. The location of the site in Chatham County, including:

- a. Public highway(s) servicing this site:

Hwy 751

- b. Private road(s) servicing the site:

Lassiter Homestead Rd.

- c. The current zoning of the site:

RA-40 w/ portion CU-B-1 by prior owner

- d. Watershed designation, the site classification and % impervious surface allowed:

WS-IV PA, 36% impervious allowed

- e. Is the site in or border the "Major Wildlife Areas" identified in the "Inventory of the Natural Areas and Wildlife Habitats of Chatham County, North Carolina", 1992, starting on page 181:

This site is not in nor does it border any of the "Major Wildlife Areas" as identified in the above referenced document

- f. The size (in acres) of the site:

10.137 Acres

- g. Current utility or other easements assigned to this site:

60' private access easement

- h. The current use of the site:

Residential Eating Disorders Treatment Facility

- i. Description of current contents of the site (e.g. buildings, utilities, etc.):

Buildings: One (1) house w/ attached garage, one (1) utility building, two (2) small sheds, and one (1) well house.

Utilities: Underground electrical service, well water, and propane gas.

- j. Other Conditional Use Permits that have been granted for this site:

Existing conditional use of CU-B-1 placed on 1.41 acres of the site by previous owner for a landscape business. As part of this application, we are requesting the removal of this previous conditional use. Please see attached copy of previous approval.

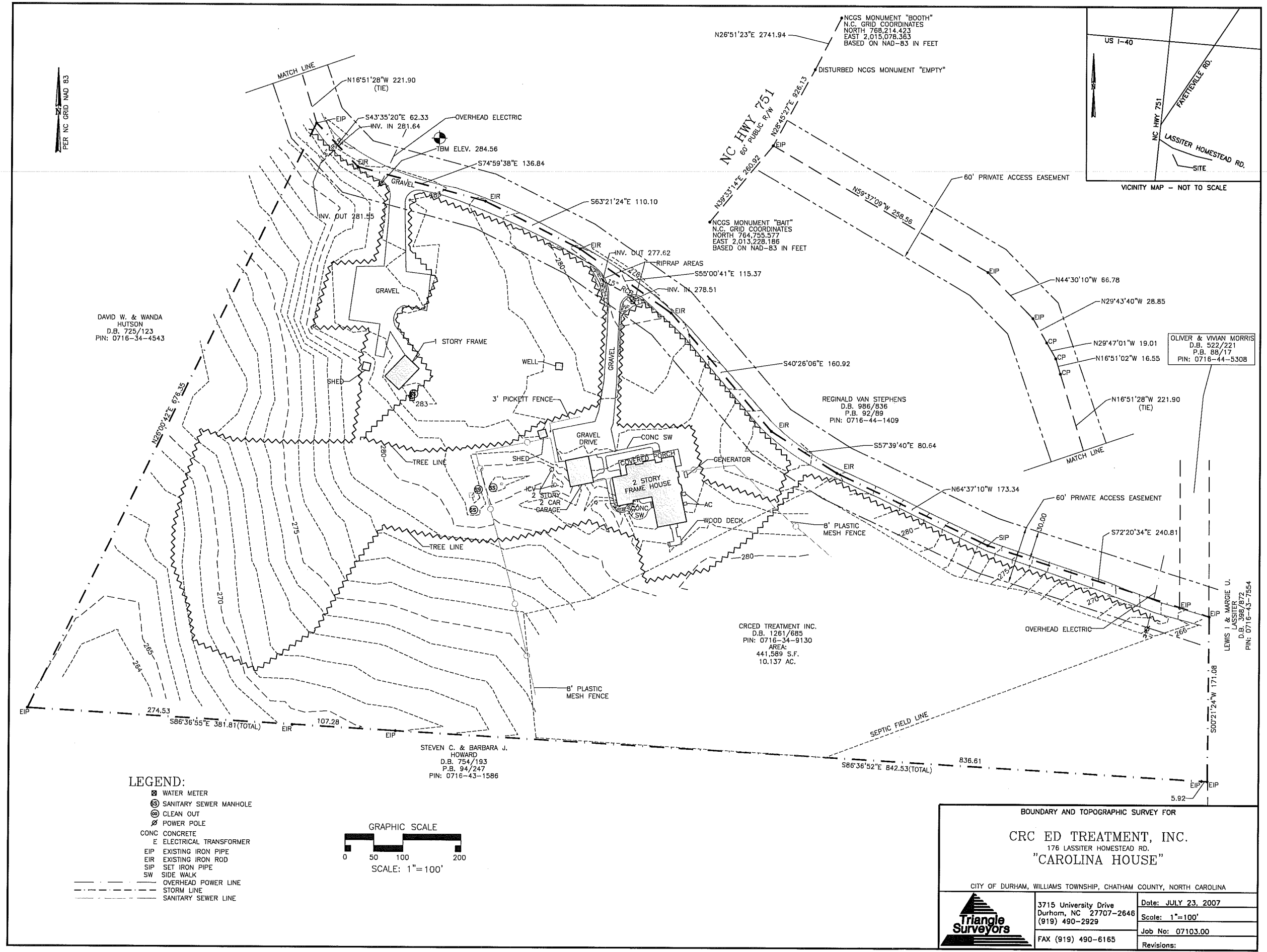
2) Description of Use:

We seek to increase the number of patients we may serve in our facility beyond our current residential zoning which allows for only 6 residents. We have received a rule waiver approval by the Division of Facility Services to provide services to 12 residents based on need. We would like utilize the space and rule waiver to accommodate 12 patients within our house. We seek to meet an important need in the state of North Carolina by providing residential eating disorders treatment services to accommodate the number of requests for admission for treatment of an eating disorder.

Site Plan

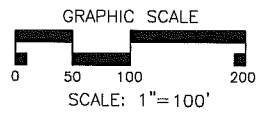
3) Site Plan and Drawing. Describe the plans for the site in detail. Provide drawing(s) at an appropriate of the completed project. This information should be of adequate detail (a drawing done by a licensed land surveyor and design details from a licensed architect are **strongly recommended**) to address the following:

1. Existing buildings on site, construction description and size.
 - a. *See site plan. All existing structures to remain. Structures are typical one and two story residential framing.*
2. Proposed new buildings, location on site, size, and construction description in adequate detail to determine the general appearance of the building and to establish the architectural design.
 - a. *No new buildings are proposed with this application*
3. Landscape plan with materials used.
 - a. *No site work is proposed with this application. All existing landscaping and plant material to remain*
4. Screening/buffering plan, setbacks.
 - a. *See site plan. All existing buildings and parking are set back from access drive to maintain rural setting. Existing tree line serves for screening and buffering.*
5. Natural preserved areas that will remain in this condition.
 - a. *Existing tree line to remain. See site plan.*
6. Site boundaries with adjacent properties.
 - a. *See site plan for property lines and adjacent property owners. All adjacent properties are currently zoned R-40.*
7. Parking design.
 - a. *Existing parking area to remain. Current parking configuration accommodates 3 vehicles adjacent to the main building and an additional 15 vehicles at the gravel parking area. Parking required is (1) space per every (2) beds and an additional space per each staff doctor on duty. The desired bed allocation being sought under this application is 12 beds which would require approximately 12 staff members at a time. This would require 18 spaces which are currently provided.*
8. Sign location, type, size.
 - a. *There is no existing sign and no proposed sign under this application.*
9. Areas reserved for future development or improvements under this permit.
 - a. *No areas are reserved for future development under this application.*
10. Lighting plan.
 - a. *All existing lighting to remain. No new lighting proposed under this application.*
11. Percentage of impervious surface, include storm drainage management plan.
 - a. *No new site work proposed under this application. Existing pervious and storm water drainage to remain.*
12. Topographical description/drawing of current site and after improvements have been made to the site.
 - a. *Existing topography to remain. See site plan.*
13. Designate streams and wetlands and any required water hazard setback areas.
 - a. *No known streams, wetlands, or water hazard setback areas are associated with this property.*
14. Vicinity map showing property location.
 - a. *See attached vicinity map and enclosed adjacent land owners map showing vicinity and adjacency to nearest roadway.*
15. County tax map with location of property identified
 - a. *See attached site survey, vicinity map, and property map*



LEGEND:

- WATER METER
- SANITARY SEWER MANHOLE
- CLEAN OUT
- POWER POLE
- CONC CONCRETE
- E ELECTRICAL TRANSFORMER
- EIP EXISTING IRON PIPE
- EIR EXISTING IRON ROD
- SIP SET IRON PIPE
- SW SIDE WALK
- OVERHEAD POWER LINE
- STORM LINE
- SANITARY SEWER LINE



BOUNDARY AND TOPOGRAPHIC SURVEY FOR

CRC ED TREATMENT, INC.
176 LASSITER HOMESTEAD RD.
"CAROLINA HOUSE"

CITY OF DURHAM, WILLIAMS TOWNSHIP, CHATHAM COUNTY, NORTH CAROLINA

3715 University Drive
Durham, NC 27707-2646
(919) 490-2929
FAX (919) 490-6165

Date: JULY 23, 2007

Scale: 1"=100'

Job No: 07103.00

Revisions:

4) Start and Completion Projections:

A rule waiver approval has already been obtained from the Division of Facility Services. Required facility upgrades to meet all codes include the improvement of septic systems and addition of a sprinkler system to the house. As the house is currently operational, the project duration is based solely on the installation of the sprinkler system and septic system.

5) Reference to Existing County Plans:

This site is not specifically mentioned in any existing county plans.

Chatham County Public Health Department
Environmental Health Division
80 East Street, P.O. Box 130 Pittsboro, NC 27312
(919) 542-8208 FAX (919) 542-8288

File Name _____
911 Address _____
Parcel Number _____

SEWAGE DISPOSAL CONSTRUCTION AUTHORIZATION

EXPIRATION DATE 2-5-13

New

Repair

Expansion

Owner

Directions To Property

CRC Health Carolina House
176 Cassiter Homestead Rd

- This permit authorizes its permit holder to install the sewage disposal system within five years of the issue date on the Improvement Permit.
- This permit is non-transferable.
- The installer must be registered with the Chatham County Environmental Health Division.
- This authorization is required prior to the issuance of a building permit.
- Before an Operations Permit is issued, all required inspections and conditions of the permit must be completed and verified by this department and payment of applicable fees must be received.

Instructions and Conditions

- ☒ Design capacity: Number of bedrooms _____ or GPD 2950.
- ☒ Plans, if required were approved by T. Angeli.
- _____ Approximate contour in system area is shown on site plan. The installer must flag the system prior to installation to ensure proper grade.
- _____ Approximate system component locations shown on site plan, contractor must verify component locations prior to installation to assure proper fall from house to septic tank and from septic tank to approved system area.
- _____ Approved site plan attached.
- _____ Site plan per Improvement Permit approved.
- ☒ System Type* ☒. System types III (b), IV, V and VI require the payment of annual onsite wastewater monitoring fees to the Chatham County Public Health Department. *Payment of the first annual fee is required prior to issuance of the Operation Permit.*
- Preconstruction meeting required, Certified Operator required, Authorized Installer required

The Operation Permit is required to be recorded at the Chatham County Register of Deeds Office prior to Environmental Health notifying Chatham County Building Inspections Department of Septic System Approval.

This Construction Authorization is subject to revocation if the site plan, plat or the intended use changes. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal conditions on this permit.

Permit issued by Thomas J. Bogu R.S.
Environmental Health Specialist

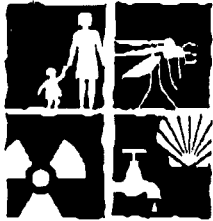
Date 10-31-08

* I understand that the system type specified is different from the type specified on the application and accept the specifications of this permit.

Signature _____
Owner/Legal Representative

Date _____

North Carolina



Division of
Environmental Health

Division of Environmental Health

Terry L. Pierce, Director

On-Site Waste Protection Section

Ted Lyon III, Section Chief

State of North Carolina
Michael F. Easley, Governor

Department of Environment
and Natural Resources
William G. Ross, Secretary

FAX FAX FAX FAX FAX

**On-Site Water Protection
2728 Capital Blvd
Raleigh, NC 27604**

DATE: 10-28-08

TO: KEVIN DAVIDSON

FAX NO. 919-233-1970

FROM: TRICIA ANGOLI

PHONE: 919-715-3272

Page fax (including this cover 5



Division of Environmental Health

Terry L. Pierce, Director
On-Site Water Protection Section
Ted Lyon, Chief

State of North Carolina
Michael F. Easley, Governor

Department of Environment and
Natural Resources
William G. Ross, Secretary

October 27, 2008

Mr. Thomas Boyce
Chatham County Health Department
PO Box 130
Pittsboro, NC 27312

Subject: Approval of Engineering Plans and Specifications for Carolina House
176 Lassiter Homestead Rd, Durham, Chatham County, NC
Project Number 2008-18

Dear Mr. Boyce:

We have reviewed revised engineering plans and specifications for the wastewater system proposed to serve Carolina House, received October 22, 2008. It appears that all of our previous technical comments have been adequately addressed by the proposed revisions.

Enclosed is one copy of the plans and specifications, stamped "Approved by the On-Site Wastewater Section, Division of Environmental Health, Department of Environment and Natural Resources." The Improvement Permit and Authorization to Construct to be issued for this new system must include the approved plans, specifications, System Operation and Maintenance Plan, legal documents and any other conditions deemed appropriate by the health department.

The approved plans and specifications are for the following facilities and system components:

Facilities: Commercial outpatient facility with 49 occupants (28 residents and 21 employees)

System: 2-6,000 gallon existing septic tanks in series [with effluent filters] or 2-4,000 gallon new septic tanks in series [with effluent filters]; 1-5,000 gallon recirculation tank; six Advantex AX-20 units and associated appurtenances; UV disinfection system; 1-5,000 gallon pump tank; du-plex control panel pumping system, on/off timer controls, and audible/visible high water alarm system; four 1 1/2-inch supply lines; drip irrigation headworks box and associated appurtenances; and 4 subsurface drip irrigation fields (11,000 linear feet total)

Design Flow: 2,950 gallons per day (Treatment Standard II at a LTAR 0.135 gpd/sq ft)

System classification: Va, requiring *quarterly* inspections by the ORC with semi-annual inspection reports submitted to the local health department and at least a yearly inspection by your department.

It is critical that the Health Department require a preconstruction meeting be held prior to system installation. Representatives of the Health Department, owner, installer and the engineer certifying the installation must attend this meeting. During this meeting, the sequencing of project construction, inspection, and testing activities must be discussed and clearly understood by all parties. Holding such a preconstruction meeting must be listed as a condition

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Phone (919) 715-3272 / Fax (919) 715-3227
<http://www.ncenvirohealth.org>

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North Carolina
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Carolina House
October 27, 2008
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in the Authorization to Construct, with attendance required by all key parties prior to the onset of the system installation. It is noted that this meeting has been included in the project specifications.

As you are aware, there are a number of times during the installation of this system when direct supervision by the health department must be provided to insure that this system is installed properly. For this project, make certain that:

1. Facilities served remain as proposed. Water conservation is practiced to the full extent possible for this system. Water closet capacities must not exceed 1.6 gallons per flush and hand wash sink capacities must not exceed 1.0 gallons per minute and must have automatic shut-off actuation. No garbage grinders and no condensate water is to be permitted to enter the wastewater system. No chemical cleaners or any other potentially inhibitory/interfering substance shall be discharged into the wastewater system, including but not limited to quaternary ammonia compounds.
2. Collection Sewers including gravity service lines and manholes, shall be properly constructed, utilizing specified materials, SDR 35 or ductile iron pipe, and pipe sizes (as indicated on the plans) and specified pipe grades and all determined to be watertight by specified leakage tests. It will also be critical to assure required separations (vertical and horizontal) are maintained between sewers and water lines, and between sewers and storm drains.
3. Tankage, General: New tanks to be provided (septic tanks, recirculation tank, and pump tank) are installed in strict accordance with the approved plans and specifications including properly constructed state-approved tanks, as indicated, paying strict attention to specified invert elevations, watertightness provisions including specified pipe penetrations, additional waterproofing, and drainage provisions to divert surface water from the tanks and their access openings. Ensure that access openings are provided as shown and that openings are modified or provided as shown and determined to be fully accessible and functional from the ground surface without requiring entrance into any basins. Ensure that all tanks are determined to be fully watertight and infiltration-resistant per the watertightness test specified. Do not accept any tanks that have had holes cast into them below the working liquid level, whether patched or not.

Wash-down water supplies in tankage vicinity must be provided, including double check valves as back-siphonage protection devices, as indicated on the approved plans.

4. Septic tanks and recirculation tank shall include specified effluent filters installed at the outlet in accordance with manufacturer's specifications. Filters must be demonstrated to be readily accessible from above grade without requiring entrance into the tank.
5. Recirculation tank and pump tank must include all specified pumps and components, with all hardware of stainless steel or comparable corrosion resistance material. Ensure that all appurtenances, (e.g., floats and float support mechanisms, valves, etc.) are provided as shown and specified, including the use of corrosion-resistant stainless steel and PVC/Sch 40 and/or ductile iron pipe where indicated. Level control floats must be readily accessible from above grade and installed at specified activation elevations. Control panel is to be installed directly adjacent to the tank in NEMA 4X enclosure with wires conveyed from pumps and controls directly to the panel through conduit installed in the riser. Wire conduits must be watertight and gastight, yet still enable floats or pumps to be changed without requiring entrance into the tanks. The anti-siphon with check valve should be installed as shown on the plans.

Pump delivery rates must all be measured (for each pump) and determined to be comparable to design specifications. Controls must be adjusted after pump delivery rate is determined to give specified dosing cycles and volumes, per approved specifications/calculations.

6. Dosing system appurtenances must be manually checked and controls must be tested for proper automatic operation.

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The field dosing system must be demonstrated to effectively allow for specified design dose frequency and times to be delivered to the drainfields. Level control floats must also be set to activate at levels indicated on approved plans. The proposed high water alarm should also be tested and ensured to be properly functioning.

7. Advantex Pretreatment System is completed in strict accordance with design and specifications in the approved plans and specifications.

Recirculation tank shall contain the recirculating splitter valves and Biotube screened pump vaults with pumps and vaults demonstrated to be readily accessible from the tops of the risers. Pump and splitter-valve operating levels must be properly set per approved plans and manufacturer's specifications.

AdvanTex Systems will utilize the VeriComm® telemetry control panel in a NEMA 4X enclosure. Separate control and alarm circuits shall be provided, and the panel shall be connected to an active phone line. Henderson County shall have an internet-ready computer and have a password or have the equipment necessary to directly connect to the panel on-site. The operator of the system must be able to access the panel directly on site and shall be available within less than 24-hours to service the system in the event a direct connection is necessary.

8. Force main/supply lines are provided in strict accordance with approved plans and specifications, including pipe sizes, materials, separation distances/crossing details and installation depths. Ensure that the hydrostatic leakage tests for watertightness are executed in accordance with the approved specifications.

9. Subsurface drip drainfields are properly installed in strict accordance with approved plans, manufacturers specifications, and innovative wastewater system approval, including strict adherence to provisions to keep any debris out of the drip pipe network during system installation. Fields must include supply manifolds, manifold-to-lateral connections, and manifold cleanouts with pressure monitoring nipples and air release valves. **Site preparation steps, including clearing procedures, shall be completed under the direct supervision of the applicant's soils consultant and concurred with by the health department prior to the installation of any trenches.** Also ensure that:

- final drainfield layout is located as shown, and approved prior to trench installation by the engineer and health department maintaining required setback distances,
- system details are installed as shown including;
 - supply and return manifolds of specified sizes and locations
 - trench width, depth, drip tubing placement
 - drip tubing with specified emitter spacing, placement of tubing as detailed within common trench, and staggering of emitters on adjacent lines within the trench
 - cleanouts and shraider valves are provided on both ends of each supply and return manifold
 - manifold to lateral connectors (including hump at each connection)
 - air release valves and check valves at distal end of the return manifold in each field zone

Ensure that measures for establishing an adequate vegetative cover are implemented, i.e., that fields are covered, seeded and landscaped as necessary to facilitate the establishment of a suitable vegetative cover.

Supply lines and return lines are provided in strict accordance with approved plans and specifications, including pipe sizes, materials, freeze-protection provisions, installation depths, and specified leak-proof interconnections with drip laterals. Ensure that the hydrostatic pressure tests for watertightness are executed in accordance with specifications in approved plans.

10. Start-up provisions are completed including flushing of lines, testing of system performance and final landscaping provisions, which should adequately divert water away from the drainfields and tanks and begin to establish a suitable vegetative cover over the drainfields. Dosing system testing and adjustments must be completed including required

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measurements of irrigation and flushing rates and network pressures during irrigation and flushing at both ends of the supply and return manifolds in each drip zone.

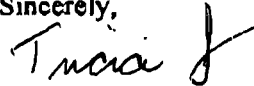
11. Repair area: The repair area identified for this project and access thereto must be maintained and kept available for future repair. No construction on or utilization of this area is permitted.
12. Operation and Maintenance (O&M): The operation permit must include, as conditions, the O&M procedures attached to the approved Specifications. It shall also include the necessary information regarding the proposed management entity and certified operator as well as any additional concerns deemed appropriate by the health department for the O&M of this system.

A certified subsurface system operator shall be contracted to operate the subsurface system. The operator shall inspect the system quarterly and report findings to the health department at least semi-annually. The health department shall review/inspect system operation at least annually. O&M procedures listed in the operation permit shall include that during each operator visit, flow at the facility must be monitored and recorded, and the pump elapsed time and cycle counter readings shall be recorded at all pump tanks. At least semiannually, the ORC must re-measure and set as needed the pressure head and the pump delivery rates to the drainfields, and adjust timer control settings, as needed.

Note that a registered professional engineer must certify that the system has been installed in accordance with the approved plans and specifications. This certification is based upon periodic observations of construction and a final inspection for design compliance by the certifying engineer or his representative. Record drawings by the engineer shall accompany this certification. The installation must be approved by the health department prior to the issuance of an operation permit.

Please feel free to contact our office if you have any questions pertaining to this letter and if we may be of assistance during your inspection of the installation of this system. I can be contacted at (919) 715-3272 or by email at trish.angoli@ncmail.net.

Sincerely,



Tricia Angoli
On-Site Wastewater Engineering

cc: Kevin Davidson, Agri-Waste Technology, Inc

CHATHAM COUNTY RECEIPT

Date 11-3-2008 95227

Received From New City Design Group, PLLC

Address _____

Amt. _____ Dollars \$ 450

For CAY-176 Lassiter Homestead

CHATHAM COUNTY

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

#13926

By SB