911 Address 1656 NC HWY 42

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|----------|----------------------------|
| S | as, |
| 4 | Tond/a> |
| | E/SI IRDIVISION |
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| CHAIHAIVI (P. O. Box 130 / 80 East St. | COUNTY ENVIRONM | MENTAL HEALTH 1000 S. 10th Avenu |
|--|---|---|
| Pittsboro, N.C. 27312-0130 542-8268 | WELL PERMIT | Siler City, N. C. 2734 |
| New Well | | THIS PERMIT EXPIRES FIV |
| Replacement Well | • | YEARS FROM DATE OF ISSUE |
| OWNER John L. Dolla | Plas ADDRESS ! | 1656 NC Hwy 42 |
| Directions to Site | , | • |
| 2//00/10/10 00/10 | | |
| WELL TO SERVE: Residence | e Mobile Home P | Park Souther Chicken house |
| Sketch of Well Site | | 4' 8" |
| House | t. | 4' 8" WELL CASING 2' WELL CASING 4' 8" 4' 8" |
| Shed Sou | * | CONCRETE WELL SLAB (top view) |
| 1 well | Strong and | contractor required to pour concrete slab around well casing, 4'8" x 4'8 BE COMPLETED BEFORE APPROVAL OF PRIVATE WATER SUPPL |
| | | IN 100' FROM ALL SEPTIC AREAS, 50' FROM ANG FOUNDATION & 10' FROM ANY PROPERTY LIN |
| WELL CONSTRUCTION Distance from nearest property line Distance from source of pollution Total depth of well Water Bearing Zones: Casing Depth: Static Water Level Casing Type: Steel | $\frac{100+}{100+}$ Ac | ate Drilled 1-12-08 Registration # 2D portractor Name Don Backwell Cle ddress |
| | res No | |
| Drive Shoe Yes No | Height of casing above ground | Jat inches |
| Problems in setting casing Yes | | |
| | | pace width 2"+In. |
| Grout Type: Neat Sand/Ce Water in Annular space Yes No. Bags of Portland Cement | No Method of Grout: | Pump Pressure Poured |
| Weight of 1 bagIbs. | Proper Slab Constructed ID | Plate Chlorination Pyes |
| | ING LOG | about acutifus that the about information in source to |
| Prom To FORMATION O 20 Class 30 Cod Brown | that | eby certify that the above information is correct an this well was constructed in accordance with th ham County Well Ordinance. |
| 62 510 Brown | | ent lessen la 1-14-08 |
| Permit Issued By Well Grout Inspected by | Ruther RS. Date. | Signature of Contractor 1-14-08 1-14-08 |
| ven chun mauecieu uv | Date_ | 2-3D-12 |

CHATHAM COUNTY ENVIRONMENTAL HEALTH

| 542-8208 | | WELL PERM | AIT | 1000 S. 10th Av Siler City, N. C. 2 742- |
|--|--|--|--|--|
| New Well | | | | THIS PERMIT EXPIRES I |
| Replacement Well | | | | YEARS FROM DATE OF ISS |
| OWNER John Dow | alas | ADDRES | s 1656 Ne | #W142 |
| | 10- | ADDITEC | | |
| Directions to Site | | | | |
| WELL TO SERVE: | Residence | Mobile He | ome Park | Other chicken houses |
| Sketch of Well Site | | | | 4'.8" |
| BE CONTRACTOR OF THE PARTY OF T | o#2 | + 2 | 4'8" | 2' WELL CASING 2' Yell CASING 4' 8" |
| | | | CONC | RETE WELL SLAB (top view) |
| | | Ov | | d to pour concrete slab around well casing, 4'8" x |
| | | | | BEFORE APPROVAL OF PRIVATE WATER SUP |
| | | M. BU | AINTAIN 100' FRO | M ALL SEPTIC AREAS, 50' FROM ATTON & 10' FROM ANY PROPERTY L |
| Distance from nearest property | on | 100+ | Address | |
| Distance from source of pollution Total depth of well Water Bearing Zones: Casing Depth: | ft | GPM 3/0 Ft. Ft. Galvanized | Phone Ft Diameter | Ft Ft. |
| Total depth of well Water Bearing Zones: Casing Depth: Static Water Level Casing Type: Steel | Depth 350 F Ft. From © to | Ft. Galvanized Steel | Phone Ft Diameter | FtFtFtFtFtFt |
| Total depth of well Water Bearing Zones: Casing Depth: Static Water Level Casing Type: Steel If steel, does owner appr | ft | GPM 3/P Ft. Ft. Galvanized Steel No | Phone Ft Diameter | Ft |
| Total depth of well Water Bearing Zones: Casing Depth: Static Water Level Casing Type: Steel | ove: Yes S No Hei | GPM 5/P Ft. Ft. Galvanized Steel No ght of casing above grou | Phone Phone Ft. Diameter | Ft Ft. |
| Total depth of well Water Bearing Zones: | ft Depth 350 F Ft. From to ove: Yes s No Heing Yes | GPM 5/P Ft. Ft. Galvanized Steel No ght of casing above grou Explain | Phone Phone Ft. Diameter | Thickness Ft Ft. |
| Total depth of well Water Bearing Zones: | ft. Depth 350 F Ft. From to ove: Yes s No Heing Yes Sand/Cement Yes ment Youlk De | FtFtFtFtFtFtFtFtFtFtFtFtFtFtFtFtFtFt | Phone Ft Diameter nd/ nular space width _ Grout: Pu 201 Ft. | Thickness Ft |
| Total depth of well Water Bearing Zones: | ft. Depth 350 F Ft. From to Ove: Yes Sand/Cement Yes Ment Yes Depth 350 F Ft. Ft. Ft. Ft. Ft. Ft. Ft. Ft | GPM 5/P Ft. Ft. Galvanized Steel No spht of casing above ground Steel Concrete And Method of Steel Steel To Steel No Method of Steel To Steel Steel To Steel Ft. Galvanized To Steel Steel To Steel Ft. Galvanized To Steel Steel To Steel Ft. Galvanized To Steel Ft. Galvanized To Steel Ft. Galvanized To Steel Ft. Galvanized To Steel To Steel | Phone Ft Diameter nd/ nular space width _ Grout: Pu 201 Ft. | Thickness Ft |
| Total depth of well Water Bearing Zones: | ft. Depth 350 F Ft. From to ove: Yes s No Heing Yes Sand/Cement Yes ment Youlk De | Ft. Galvanized Steel No Ight of casing above grou K Concrete No Method of epth From Slab Constructed OG | Phone Ft Diameter nd/ nular space width Grout: Pu 201 Ft. ID Plate I hereby certify ti | Thickness Ft |
| Total depth of well Water Bearing Zones: | ft. Depth 350 F Ft. From to ove: Yes s No Heing Yes Sand/Cement Yes ment Yes Description Description | Ft. Galvanized Steel No Ight of casing above grou K Concrete No Method of epth From Slab Constructed OG | Phone Ft Diameter nd / | Thickness Ft |
| Total depth of well Water Bearing Zones: | ft. Depth 350 F Ft. From to ove: Yes s No Heing Yes Sand/Cement Yes ment Yes Description Description | Ft. Galvanized Steel No Ight of casing above grou K Concrete No Method of epth From Slab Constructed OG | Phone Ft Diameter nd / | Thickness Ft |
| Total depth of well Water Bearing Zones: | ft. Depth 350 F Ft. From to ove: Yes s No Heing Yes Sand/Cement Yes ment Yes Description Description | Ft. Galvanized Steel No Ight of casing above grou K Concrete No Method of epth From Slab Constructed OG | nd Ft nular space width Grout: Pu 20t Ft ID Plate I hereby certify to that this well was Chatham County | inches 2-3 In. Pressure Poured Chlorination Yes at the above information is correct as constructed in accordance with well Ordinance. |
| Total depth of well Water Bearing Zones: | ft. Depth 350 F Ft. From to ove: Yes s No Heing Yes Sand/Cement Yes ment Yoult De DRILLING L FORMATION DESCRETA | Ft. Galvanized Steel No Ight of casing above grou Concrete No Method of epth From Colab Constructed Colab Constructed Colab Constructed Colab Constructed | Phone Ft Diameter nd / | Thickness Ft |
| Total depth of well Water Bearing Zones: | ft. Depth 350 F Ft. From 6 to ove: Yes s No Heing Yes Sand/Cement Yes ment Youlf De DRILLING L FORMATION DESCRIPTION | Ft. Galvanized Steel No Ight of casing above grou Concrete No Method of epth From Colab Constructed Colab Constructed Colab Constructed Colab Constructed | Phone Ft Diameter The proof of the pro | Thickness Ft |

911 Address___

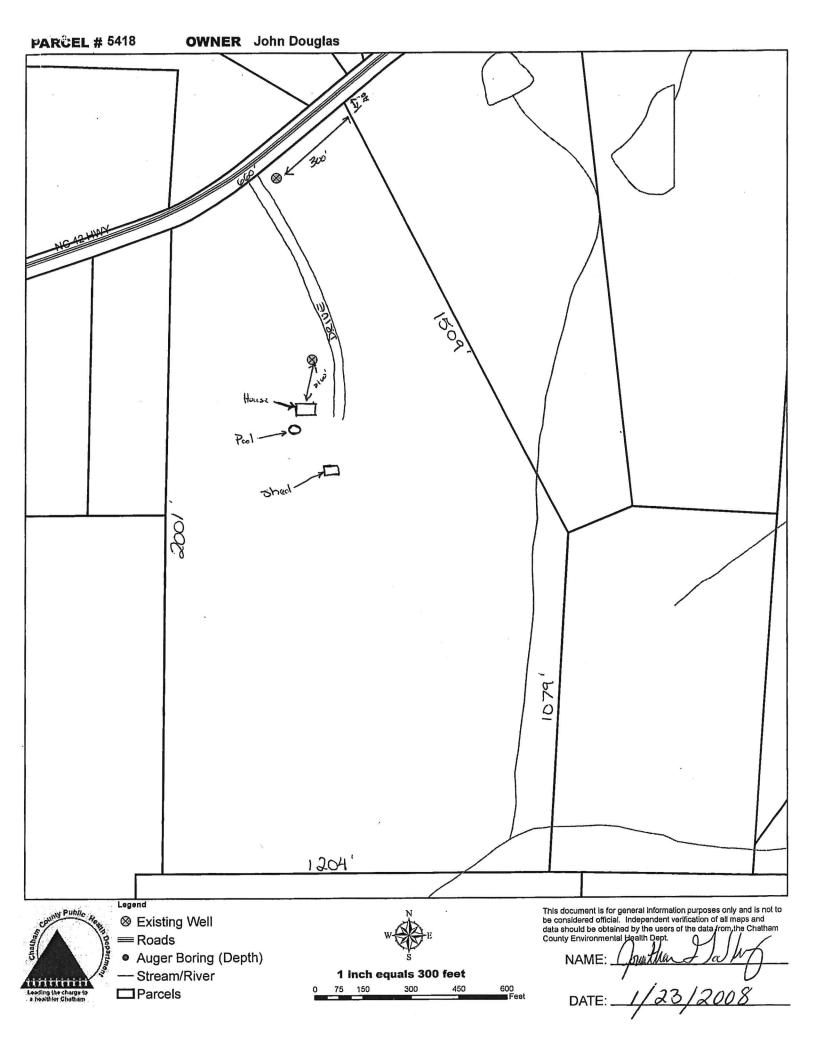
CHATHAM COUNTY ENVIRONMENTAL HEALTH

| 542-8208 | WELL PERMIT Siler City, N. C |
|--|--|
| New Well | THIS PERMIT EXPIRE |
| Replacement Well | YEARS FROM DATE OF I |
| OWNER John Douglas | ADDRESS 1454 NC HWY 42 |
| Directions to Site | |
| Silections to diffe | |
| WELL TO SERVE: Residence | ☐ Mobile Home Park ☐ Other chicken house |
| Sketch of Well Site | 4'8" |
| House // | #3 4'8" 2' WELL CASING 4'8" 2' 2' WELL CASING 4'8" |
| Drainfiel! | CONCRETE WELL SLAB (top view) Owner or contractor required to pour concrete slab around well casing, 4'8 4". MUST BE COMPLETED BEFORE APPROVAL OF PRIVATE WATERS |
| | MAINTAIN 100' FROM ALL SEPTIC AREAS, 50' FROM BUILDING FOUNDATION & 10' FROM ANY PROPERTY |
| WELL CONSTRUCTION Distance from nearest property line Distance from source of pollution Fotal depth of well | GPM 20 Phone |
| Casing Depth: From to | Ft. Diameter - 6/4 |
| Casing Depth: From to Static Water Level 3 0 | Ft. |
| Casing Depth: From to Static Water Level Casing Type: Steel If steel, does owner approve: Yes | Galvanized Thickness |
| Casing Depth: From to | Galvanized SteelThicknessThickness |
| Casing Depth: From to | Galvanized SteelThicknessThickness Thickness Thickness Inches No ght of casing above ground inches No Explain inches |
| Casing Depth: | Galvanized Steel Thickness ./84 No Sheel Thickness ./84 No Sheel Thickness ./84 Thickness ./84 Thickness ./84 Thickness ./84 In. |
| Casing Depth: | Galvanized SteelThicknessThicknessThickness |
| Casing Depth: From to | Galvanized SteelThicknessThicknessThicknessThicknessThickness |
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| Casing Depth: From to | Galvanized SteelThicknessThicknessThicknessThicknessThicknessThickness |
| Casing Depth: From | Galvanized Steel |
| Casing Depth: | Galvanized Steel |
| Casing Depth: | Galvanized Steel |

| 542-8208 | East St. 2-0130 | WELL P | ERMIT | 1000 S. 10th Avenue Siler City, N. C. 2734 742-4911 |
|--|--------------------|--|--|--|
| New Well | | | | THIS PERMIT EXPIRES FIVE |
| Replacement | | | | YEARS FROM DATE OF ISSUE |
| OWNER | ohn L Do | ouglas A | DDRESS_456 | 1656 HWY42 |
| Directions to Site | | | | |
| | | | , | |
| WELL TO SERV | E: Residen | ce Mo | bile Home Park | J'Other Chicken House |
| Sketch of Well Site | • | | | 4'8"-> |
| See | Site ? | Sketch | 4'8 | 2': WELL CASING: 4' 8" 2': WELL CASING: 4' 8" |
| | | <i>A</i> . | COI | NCRETE WELL SLAB (top view) |
| | | xt q | FOR THE STATE OF T | quired to pour concrete slab around well casing, 4'8" x 4'8" x TED BEFORE APPROVAL OF PRIVATE WATER SUPPLY |
| | | Α | | ROM ALL SEPTIC AREAS, 50' FROM ANY DATION & 10' FROM ANY PROPERTY LINE |
| WELL CONS Distance from neares | at property line | /0; | Date Drilled | <u>/-23-08</u> Registration # <u>2060</u> Name <u> </u> |
| Distance from source Total depth of well _ Water Bearing Zones Casing Depth: Static Water Level | of pollution | | Address Phone Ft Diame | Ft |
| Distance from source Total depth of well _ Water Bearing Zones Casing Depth: Static Water Level Casing Type: S If steel, does o | a of pollution | | Address Phone Ft Diame | Ft |
| Distance from source Total depth of well _ Water Bearing Zones Casing Depth: Static Water Level Casing Type: S | e of pollution | /00 | Address Phone Ft Diame | eter _ <i>6/4</i> Ft Ft. |
| Distance from source Total depth of well _ Water Bearing Zones Casing Depth: Static Water Level Casing Type: S If steel, does o Drive Shoe Problems in se Grout Type: Water in Annul No. Bags of Po | e of pollution | Yes No Explain Cement No Meth | Address Phone Ft Diamored e ground /2/ Annular space width od of Grout: to Ft. | Ft Ft Ft Ft Inches In Poured X |
| Distance from source Total depth of well _ Water Bearing Zones Casing Depth: Static Water Level Casing Type: S | ## of pollution | Yes No Height of casing aboves Who Metroper Slab Constructed I 100 330 Ft Galvaniz Steel Galvaniz Steel Concrete Mo Metroper Slab Constructed LING LOG | Address Phone Ft Diamored e ground /27 Annular space width od of Grout: to Ft ID Plate | Ft Ft. |
| Distance from source Total depth of well _ Water Bearing Zones Casing Depth: Static Water Level Casing Type: S If steel, does o Drive Shoe Problems in se Grout Type: Water in Annul No. Bags of Po Weight of 1 bay | e of pollution | GPM 25 LSO Ft. 20 @ 330 Ft to 63 Ft Galvaniz Steel 6 Yes No Height of casing aboves No Explain Cement Concrete No Metr Depth From 0 Proper Slab Constructed | Address Phone Ft Diamond Phone Ft Annular space width od of Grout: to Ft ID Plate I hereby certify | Ft. Ft. Ft. Ft. Thickness inches inches inches In. Pump Poured X Now that the above information is correct and |
| Distance from source Total depth of well _ Water Bearing Zones Casing Depth: Static Water Level_ Casing Type: S If steel, does o Drive Shoe Problems in se Grout Type: Water in Annul No. Bags of Po Weight of 1 bay DEPTH From To 20 | ## of pollution | Yes No Height of casing aboves Who Metroper Slab Constructed I 100 330 Ft Galvaniz Steel Galvaniz Steel Concrete Mo Metroper Slab Constructed LING LOG | Address Phone Ft Diamored e ground Ft Annular space width od of Grout: to Ft ID Plate I hereby certify that this well | Thickness inches inch |
| Distance from source Total depth of well _ Water Bearing Zones Casing Depth: Static Water Level_ Casing Type: S If steel, does o Drive Shoe Problems in se Grout Type: Water in Annul No. Bags of Po Weight of 1 bag DEPTH From To 20 | of pollution | Yes No Height of casing aboves Who Metroper Slab Constructed I 100 330 Ft Galvaniz Steel Galvaniz Steel Concrete Mo Metroper Slab Constructed LING LOG | Address Phone Ft Diamored e ground Ft Annular space width od of Grout: to Ft ID Plate I hereby certify that this well | Thickness inches inch |
| Distance from source Total depth of well _ Water Bearing Zones Casing Depth: Static Water Level_ Casing Type: S If steel, does o Drive Shoe Problems in se Grout Type: Water in Annul No. Bags of Po Weight of 1 bag DEPTH From To 20 | of pollution | Yes No Height of casing aboves Who Metroper Slab Constructed I 100 330 Ft Galvaniz Steel Galvaniz Steel Concrete Mo Metroper Slab Constructed LING LOG | Annular space width od of Grout: to Ft. I hereby certifithat this well Chatham Cou | Thickness inches inches In. Pump Pressure Poured X Chlorination Yes No yethat the above information is correct and was constructed in accordance with the |
| Distance from source Total depth of well _ Water Bearing Zones Casing Depth: Static Water Level_ Casing Type: S If steel, does of Drive Shoe Problems in see Grout Type: Water in Annul No. Bags of Pot Weight of 1 bag DEPTH From To 20 | of pollution | Yes No Height of casing aboves Who Metroper Slab Constructed I 100 330 Ft Galvaniz Steel Galvaniz Steel Concrete Mo Metroper Slab Constructed LING LOG | Address Phone Ft Diame ed Phone Ft Diame ed Phone | Thickness Ft Ft Ft Inches inches In. Pump Pressure Poured X Now that the above information is correct and was constructed in accordance with the inty Well Ordinance. |

911 Address_

AME/SUBDIVISION_



1656 NC HWY4Z

911 ADDRESS

Douglas, John
NAME / SUBDIVISION & LOT#

CHATHAM COUNTY HEALTH DEPARTMENT SEWAGE DISPOSAL OPERATIONS PERMIT

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| Typ | e Sy | /sten | n: 1[| · . | 11 2 | | II 🗀 | IV | ′□ | ٧ | | VI [| J. | | Insta | aller | _/ | R.S. | Map 4 | 5 | | - | |
| Тур | e Sy | /sten | n: [| | 11 2 | וו [| | I۷ | '□ % _ | ۷۱ | | VI [| | | Insta | aller | _/ | erry i | Naple | 5 | | | |
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| Тур | e Sy | /sten | n: [| | [2] | 2 1 | | 11/ | | N V | | VI [| | | Insta | aller | | 5 T | 24 | | | - | |
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| Тур | e Sy | /stem | | | | | | | | 30 | | VI | | | Insta | 1 2 3 | # 34 21 21 | 37 E 34 47 57 | 24 | | | 1 | |
| Тур | e Sy | /sten | | | | | | | - | W STA | | VI | | | Insta | 1 2 3 | # 34 21 21 | 37 E 34 47 57 | 24 | | | 1 | |
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| Туг | pe Sy | /sten | | | | | | | - | W STA | | | | | Insta | 1 2 3 | # 34 21 21 | 37 E 34 47 57 | 24 | | | 1 | |
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| Туг | pe Sy | /sten | | | | | | | - | W STA | | | | | | 1 2 3 | # 34 21 21 | 5T £ 3'1 4'1 5'2 60 | 24 | | | 1 | |

Cover ____

1656 De 42 Haly

Douglas, tolen

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

| | - |
|---------------|-------|
| Parcel Number | |

SEWAGE DISPOSAL CONSTRUCTION AUTHORIZATION

| EXPIRATION DATE |
|---|
| New E Repair Expansion |
| Owner John Pougles |
| Location 1656 NO 42 HWF |
| 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 3 or GPD 366. Plans, if required were approved by The installer must flag the system prior to installation to ensure proper grade. 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. |
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| Heur |
| |
| 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 |
| * I understand that the system type specified is different from the type specified on the application and accept the specifications of this permit. |
| Signature Date |

TO HWY42 750 ie sor owul House Logging Dick

William Ma Allishr Sed.

Thomas J. Egge 25.

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 C EXPANSION C |
|---|
| An Improvement Permit is issued to Est. of William Mc Allish. for |
| a 56 acre site located HWY 42 New Cocioth across from 1661 |
| in Chatham County. It is specifically issued for the following facility: |
| Facility: Residential (*C) Non-Residential () |
| No. Bedrooms 3 No. Residents/Employees 6 max |
| Type Wastewater: Residential (%) Commercial () |
| Initial System Type: I() II(κ) III() IV()V() VI() |
| Description |
| Type System: Shallow Conventional () LPP () |
| Other At Grade Accepted 25% Reduction |
| Design Flow |
| Size Tank(s) w/Risers and Effluent Filter STGal PTGal |
| Nitrification Line (Length/Width/Max Depth) 360 x 3 x 12 " |
| L' 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(ょ) VI() |
| Description Preticalment LPP or Drip Irrigation (No Preticalment) |
| Special Conditions |
| |
| A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid. |
| This permit is valid [] without expiration [] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed. The Improvement Permit shall not be affected by change in ownership. |
| THIS IS NOT AUTHORIZATION TO INSTALL. An authorization for Wastewater Construction must be obtained from this department before installation. |
| Issued by <u>Homas</u> () Bayer R.S. Environmental Health Specialist |
| N.C. Registration Number 1353 |
| Data 177 ~ 22-05 |

TO HWY42 750 House Logging

William Ma Allisher Est.

Thomas J. Bayee R.S.