

CHATHAM COUNTY PUBLIC HEALTH DEPARTMENT
 DIVISION of ENVIRONMENTAL HEALTH

SEWAGE DISPOSAL OPERATIONS PERMIT REPAIR

1834 Dewitt Smith Rd
 911 ADDRESS

Nancy Webster
 NAME / SUBDIVISION & LOT #

Date 7-20-11

Parcel Number _____

Residential: Non-Residential:

Max. Number of Bedrooms 3 Other: Max.GPD 360

Owner Nancy Webster

Conditions _____

This permit authorizes the owner to operate the sewage disposal system in accordance with the state and local rules. The department does recommend that septic tanks be pumped out every 3 to 5 years, and filters be cleaned every 2 to 3 years. In the event of a malfunction contact this office.

This certifies that the system has been installed in compliance with applicable NC General Statues and Rules for Sewage Treatment and Disposal and all conditions of the Improvements Permit and Construction Authorization.

SYSTEMS CLASSIFIED AS TYPE IV, V OR VI, REQUIRE SYSTEM MANAGEMENT BY A STATE-CERTIFIED OPERATOR. OPERATION PERMIT HOLDERS ARE RESPONSIBLE FOR NOTIFYING SUBSEQUENT OWNERS.

Type System: I II III IV V VI

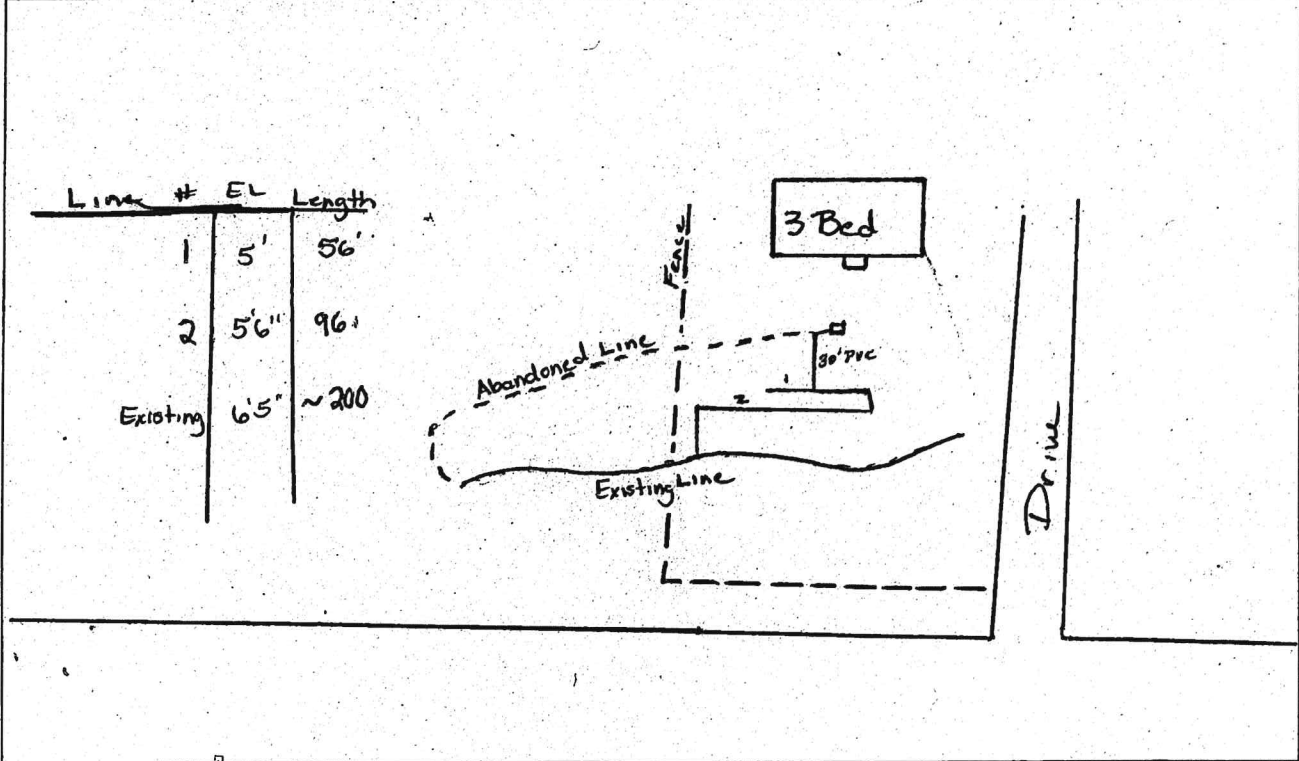
Jonathan D. [Signature]
 Environmental Health Specialist

Installer Jimmy Stone Certification # 2911

Annual On-Site Wastewater Monitoring Fee Required Yes No

Subsurface Operator Required Yes No

Operations Permit Expiration Date _____ or N/A



Name: Nancy Webster

CHECKLIST

INT/DATE

ST Existing

JM 7/26/11

PT _____

One Piece _____ Two Piece _____

Filter Sintek Yellow Brush

Riser _____

Drainfield 150' Infiltrator added to 200' Existing

Gravel TCHP IQ4W EZ1203H

LDP8 LDP10 LPP Other _____

Pump N/A

Pump Demo _____

Alarm/Floats _____

Circuits _____

Cover _____

Warranty _____

Monitoring Fee _____

Vertical line with arrow pointing down, indicating a sequence or continuation.



CHATHAM COUNTY PUBLIC HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
80 EAST STREET, P.O. BOX 130 • PITTSBORO, NC 27312-0130
Phone 919-542-8208 • Fax 919-542-8288
www.chathamnc.org/environmentalhealth

Sewage Disposal Construction Authorization

EXPIRATION DATE 7-17-16

New

Repair

Expansion

Owner Nancy Webster
Directions to the Property 902 right on Dewitt Smith left at 1834

- This permit is non-transferable.
- The installer must be certified by the NCOWCICB.
- 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 360.
- Plans, if required were approved by _____.
- 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, & VI, require the payment of annual onsite wastewater monitoring fees to the Chatham County Public Health Department.
- Certified Subsurface Waste Water Operators are required on all Type IV, V, & VI systems.**
- Payment of the first annual fee is required before the issuance of the Operation Permit.**
- Check existing tank for bottle well, if no bottle well-replace tank, add filter
- 150' x 3' x 18" Accepted reconnect to last 200' of existing line

The Operation Permit is required to be recorded at the Chatham County Register of Deeds 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 the permit.

Permit Issued by Thomas J. Boyce R.S. Date 7-18-11
Registered Environmental Health Specialist

*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 _____
Owner/Legal Representative

CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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

OFFICE USE ONLY

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

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

NEW REPAIR EXPANSION REVISED

An Improvement Permit is issued to Nancy Webster for
a 3.0 acre site located 1834 Dewitt Smith Rd

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

Facility: Residential () Non-Residential ()
No. Bedrooms 3 No. Residents/Employees 6 max
Type Wastewater: Residential () Commercial ()
Initial System Type: I () II () III () IV () V () VI ()

Description _____

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

Design Flow 360 EGPD Application Rate .3 GPD/ft²
Size Tank(s) w/Risers and Effluent Filter ST existing Gal PT _____ Gal
Nitrification Line (Length/Width/Max Depth) 150' x 3' x 18"

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

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

Special Conditions Check existing tank for baffle wall, if no baffle then replace
add filter, abandon 1st 200' of existing line, reconnect to last 200'

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.

Septic tank riser 6" above grade required over outlet access port as a visible marker for the septic tank. Solid PVC with elbows must be used to construct conveyance over dams or stepdowns.

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 Thermon J. Boyce R.S.
Environmental Health Specialist

N.C. Registration Number 1353

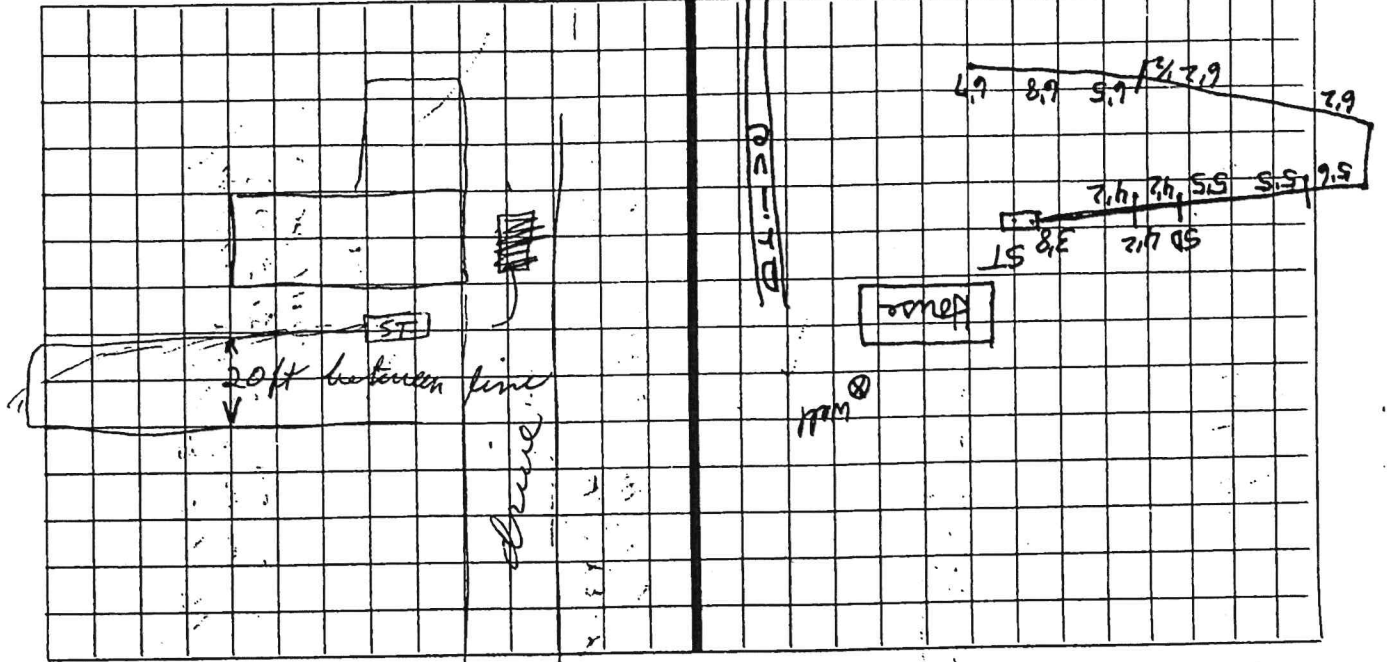
Date 7-18-11

Name Nancy Webster, Nancy 911 Address 1834 Dewitt Smith Rd

NOTE: Make sketch of installation showing lot size and shape, location of house, septic tanks, privies, water supplies, etc. Note special problems existing on lot. Write in measurements in order that installations may be located at later date. Note location of water supplies on adjacent lots.

(1)

(2)



The District Health Department

CASWELL - CHATHAM - LEE - PERSON COUNTIES

Water Supply and Sewage Disposal

IMPROVEMENTS PERMIT NO.

Date 3-27-79

Owner: Henry Robertson

Location: SR 2176 on right

from SR 1010

Contractor: _____ Price _____

Water Supply: Private Public _____

Map _____
Block _____
Lot _____
Robertson, Henry

Sewage Disposal Facilities: No. bedrooms 2 Dishwasher, Disposal _____

washing machine, other automatic appliances _____

Size of tank: 1000 gal Nitrication line: 400 X 3 ft

Shallow lines 24" deep

Other disposal facility: _____

Water supply and sewage disposal facilities location, installation and protection must meet state and local regulations.

Septic tank should be pumped out every 3 to 5 years and shall be maintained by owner in such a manner as not to create a public health hazard. Septic tank and nitrification line MUST BE INSPECTED AND APPROVED BY A MEMBER OF THE DISTRICT HEALTH DEPARTMENT STAFF BEFORE ANY PORTION OF THE INSTALLATION IS COVERED AND PUT INTO USE.

Date approved: _____

Well: _____

Sewage Disposal: _____

By: _____

Signed [Signature]
Sanitarian

Counter-signed
(Owner or his representative)

Certificate of Completion

Date Approved: 3-12-79 By: John P. Upton, Jr.

Sanitarian

(OVER)

Location of well and sewage disposal facilities sketched on back.