

CHATHAM COUNTY HEALTH DEPARTMENT

Water Supply and Sewage Disposal
IMPROVEMENTS PERMIT

Davis, Irene

Lot

Block

Map

No. VC-279

Date 9/20/93

Owner: Irresponsible

Location: Henry 64 W to
S.R. 11690 east Dennis
M.H. park + to (L)

Contractor: _____

Water Supply: Private _____ Public _____

No. Bedrooms _____ Other _____

Daily Flow Rate _____ Application Rate _____

Site approved behind
M.H. site at least
100' from any septic

Size of tank: _____ Nitrification line: system

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 HEALTH DEPARTMENT STAFF BEFORE ANY PORTION OF THE INSTALLATION IS COVERED AND PUT INTO USE.**

★ *see layout on back*

Signed Virginia Lyons
Sanitarian

Counter-signed Irene Davis
(Owner or his representative)

This permit is subject to revocation if site plans or the intended use change. This permit for sewage disposal is valid for 5 years.

Certificate of Completion

Date Approved: 9/27/93 By: Virginia Lyons C.S.
Sanitarian

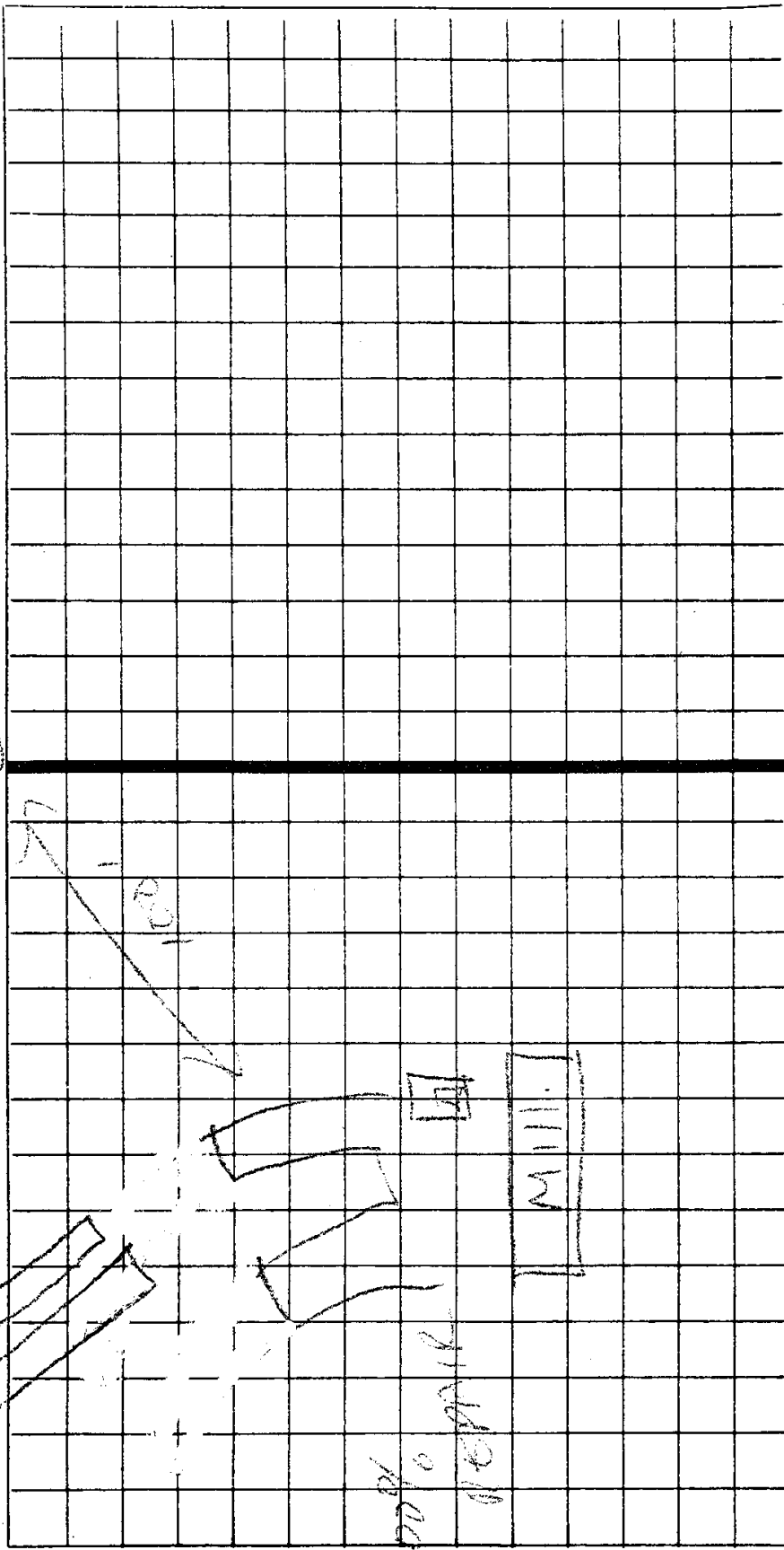
(OVER)

Location of well and sewage disposal facilities sketched on back.



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)

CHATHAM COUNTY HEALTH DEPARTMENT

WELL PERMIT

DATE ISSUED: _____ DATE DRILLED: 9/25/93 COUNTY: Chatham
 OWNER: Irene Davis ROAD/STREET: _____
 ADDRESS: _____ PERMIT VOID AFTER ONE YEAR
 DRILLING CONTRACTOR: Brown Brothers Well
NAME ADDRESS

WELL CONSTRUCTION

Distance from Nearest Property Line 10' Distance from Source of Pollution 100'
 Total Depth: 405 Ft. Yield: 20 GPM Static Water Level: 30 Ft.
 Water Bearing Zones: Depth: _____ Ft. 375 Ft. _____ Ft. _____ Ft.
 Casing: Depth: From 0 to 42 Ft. Diameter: 6 1/4 Inches
 TYPE: Steel _____ Galvanized Steel
 If Steel, does owner approve: Yes _____ No _____
 Weight: 13 1/8 Thickness: _____ Height Above Ground: 12 Inches
 Drive Shoe: Yes: No: _____
 Were Problems Encountered in Setting the Casing? Yes _____ No
 If "yes" give reason: _____
 Grout: Type: Neat Sand/Cement: _____ Concrete _____
 Annular Space Width 3 Inches
 Water in Annular Space: Yes _____ No
 Method: Pumped _____ Pressure _____ Poured
 Depth: From 0 to 20 Ft.
 Materials Used: No. Bags Portland Cement _____ Weight of 1 bag _____ lbs.
 If mixture (sand, gravel, cuttings) - Ratio: _____ to _____
 ID Plates: Yes No _____ Chlorination: Yes No _____
 4 x 4 slab Yes No _____

DRILLING LOG

Depth		Formation Description
From	to	
0	38	soil & broken rock
38	40.5	blue slate

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH REGULATIONS SET FORTH BY THE HEALTH DEPARTMENT.

Billy Joe Brown
 Signature of Contractor Date

FOR HEALTH DEPARTMENT USE ONLY

REASON FOR NO INSPECTION: _____

Sanitarian's Signature Date

Sketch well location on reverse side. Use established reference points.

Graham Moore Rd.
911 ADDRESS

Davis, Irene
NAME Track #1

**CHATHAM COUNTY HEALTH DEPARTMENT
SEWAGE DISPOSAL OPERATIONS PERMIT**

Date 12-19-97

Improvements Permit No. ACL-1036

Owner Irene Davis

Conditions Mucky walker installed 480' of line for a
3 Bedroom home

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. In the event of a malfunction contact this office.

Septic Tank
APLA 1000
STB- 774
10-7-97

Line & tank checked 12-19-97
ACE

Anne C. Lowry, R.S.
Environmental Health Specialist

CHATHAM COUNTY HEALTH DEPARTMENT SEWAGE DISPOSAL CONSTRUCTION AUTHORIZATION

Date 12-3-97

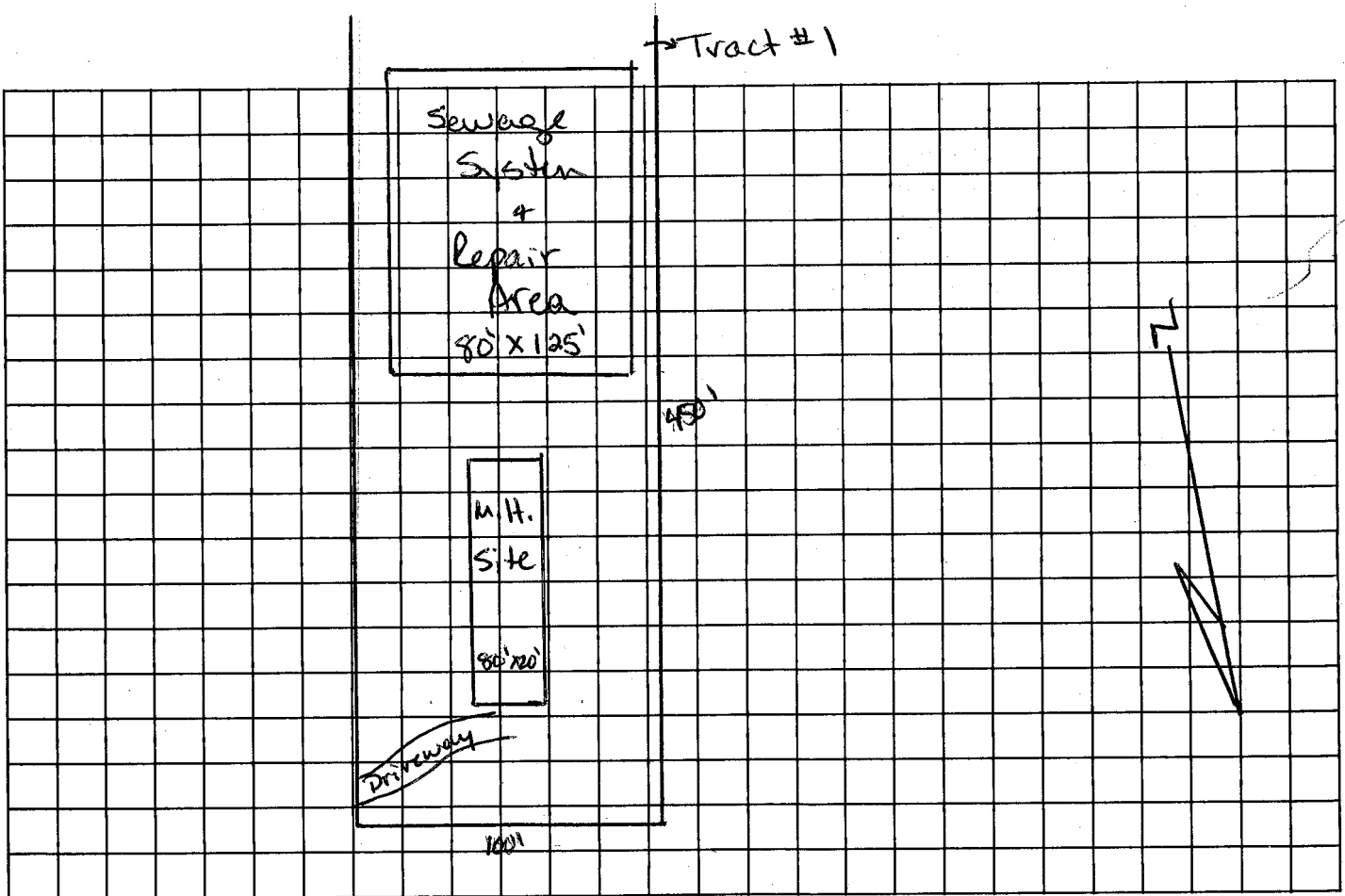
Improvements Permit No. ACL-1036

Owner Irene Davis

Location Hwy 64 West to → (L) on Graham Moore Rd → property on left 1/4 mile.

This permit authorizes the property owner to install the sewage disposal system per Improvement Permit within five years of the issue date. The installer must be registered in Chatham County. Before an Operations Permit can be issued, all required inspections and conditions of the permit must be completed and verified by this department.

Plans (if required) approved by _____



Anne C. Lewny R.S.
Environmental Health Specialist

* Existing well on adjoining property

NAME: Davis, Irene - Tract #1 911 ADDRESS: Graham Moore Rd COMPLETION DATE: 12-19-97

CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

80 E. Street
P. O. Box 130
Pittsboro, NC 27312

1000 S. 10th Avenue
Siler City, NC 27344

IMPROVEMENT PERMIT FOR WASTEWATER SYSTEMS ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

An Improvement Permit is issued to Irene Davis for a 1.032 acre site located on Graham Moore Rd. in Chatham County. It is specifically issued for the following facility:

Facility: Residence Business ()
No. Bedrooms 3 No. Residents/Employees Up to 6
Type Wastewater: Residential Commercial ()
Type System: Shallow Conventional LPP ()
Other _____

Design Flow 360 EGD Application Rate 25 GPD/ft²

Size Tank(s) w/Risers ST 1000 Gal Pt _____ Gal

Nitrification Line (Length/Width/Max Depth) 480' x 3' x 20"

(On contour in surveyed septic area; solid earth dams every 50' for shallow conventional systems)

Type Repair Shallow conventional

Special Conditions _____

A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.

This permit is valid [] without expiration [for five years] but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed.

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

Environmental Health Specialist Anne C. Lowry R.S.

Reg. No. 1554 Date 11-24-97

Name Davis, Irene Tract # 1 911 Address Graham Moore Rd.

BALANCE OF: IRENE
MANESS DAVIS TRAI
8732-00-93-5727
A4-3

BILLY L. & DON &
J. CLYMER SMITH

CONTROL
CORNER EIR

N 80° 01' 19" W
100.00 FT

12.8'

S 15° 28' 41"

30.0'

N 15° 28' 41"

EIR

30.14' NIR L15

11 100.00 FT
ROAD EASEMENT

30.0'

N 80° 01' 19" W

85.00 FT

M.H.
Site

TRACT #1
1.032 AC ±

TRACT #2
1.031 AC ±

Sewage
System
+
Repair
Area
135'
80'

S 12° 28' 41" W
450.00 FT

N 12° 28' 40" E
450.01 FT

S 12° 29' 08" W
450.00 FT

N 12° 28' 41" E
200.00 FT

N 80° 00' 55"
21.10 FT

TRACT #3
1.032 AC ±

N 12° 28' 41" E
250.00 FT

CONTROL
CORNER

S 80° 00' 55" E
100.00 FT

N 80° 00' 55" W
99.94 FT

S 80° 00' 55" E
106.16 FT

134.76 FT
S 12° 28' 41" W

balance: