

CHATHAM COUNTY ENVIRONMENTAL HEALTH

P. O. Box 130 / 80 East St.
 Pittsboro, N.C. 27312-0130
 542-8208

1000 S. 10th Avenue
 Siler City, N. C. 27344
 742-4911

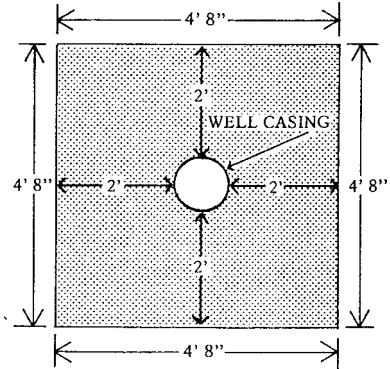
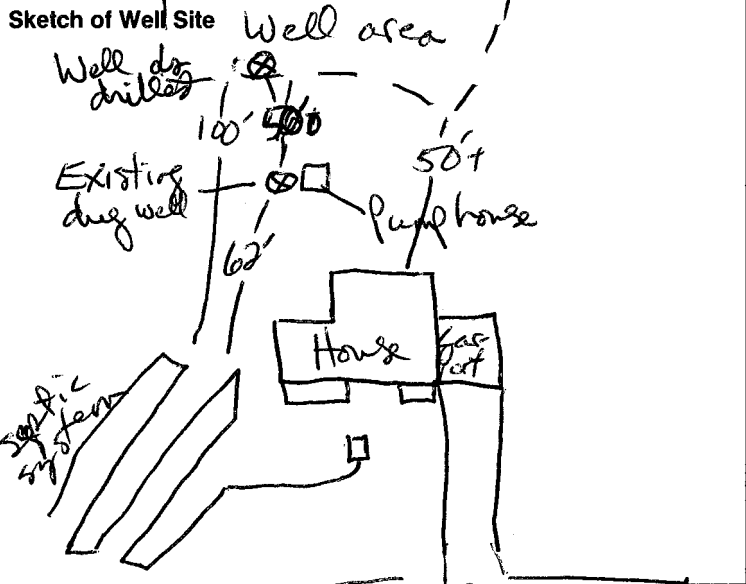
WELL PERMIT

THIS PERMIT EXPIRES FIVE YEARS FROM DATE OF ISSUE.

- New Well
 Replacement Well

OWNER Curtis & Mary Arrington ADDRESS _____
 Directions to Site From 421 W, exit right on Piney Grove Ch. Rd. At end, left on Staley-Snow Camp Rd, Right on Albright Rd, Right on Ben Smith Rd. First house on left

WELL TO SERVE: Residence Mobile Home Park Other _____



CONCRETE WELL SLAB (top view)

Owner or contractor required to pour concrete slab around well casing, 4'8" x 4'8". MUST BE COMPLETED BEFORE APPROVAL OF PRIVATE WATER SUPPLY.

MAINTAIN 100' FROM ALL SEPTIC AREAS, 50' FROM ANY BUILDING FOUNDATION & 10' FROM ANY PROPERTY LINE.

WELL CONSTRUCTION

Ben Smith Rd

Date Drilled 9/13/07 Registration # 2777
 Contractor Name Pike & Hill
 Address Staley, NC
 Phone _____
 Distance from nearest property line 50'
 Distance from source of pollution 100'
 Total depth of well 423 ft. GPM 2
 Water Bearing Zones: Depth 20 Ft. Ft. Ft. Ft. Ft.
 Casing Depth: From 0 to 63 Ft. Diameter 6"
 Static Water Level _____ Galvanized Steel Thickness 188
 Casing Type: Steel _____

If steel, does owner approve: Yes No

Drive Shoe Yes No Height of casing above ground 12 inches

Problems in setting casing Yes No Explain _____

Grout Type: Neat Sand/Cement Concrete Annular space width 3 in.
 Water in Annular space Yes No Method of Grout: Pump Pressure Poured
 No. Bags of Portland Cement 3 Depth From 0 to 20 Ft.
 Weight of 1 bag 94 lbs. Proper Slab Constructed _____ ID Plate _____ Chlorination Yes No

DEPTH		DRILLING LOG
From	To	FORMATION DESCRIPTION
0	52	Dirt
52	423	Granite

I hereby certify that the above information is correct and that this well was constructed in accordance with the Chatham County Well Ordinance.

Don Pike 9-13-07
 Signature of Contractor Date

Permit Issued By Kim Wanner P.S. Date 9/6/07

Well Grout Inspected by Kim Wanner P.S. Date 9/13/07

Inspection Completed by Slab Not Required Date 7/23/04

911 Address 100 Ben Smith Rd.
 NAME/SUBDIVISION Arrington, Curtis & Mary

1100 Ben Smith Rd.
911 ADDRESS

Arrington, Curtis & Mary
NAME / SUBDIVISION & LOT #

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

Date 4/19/04

Improvements Permit No. KW-40804R

Owner Curtis & Mary Arrington

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.

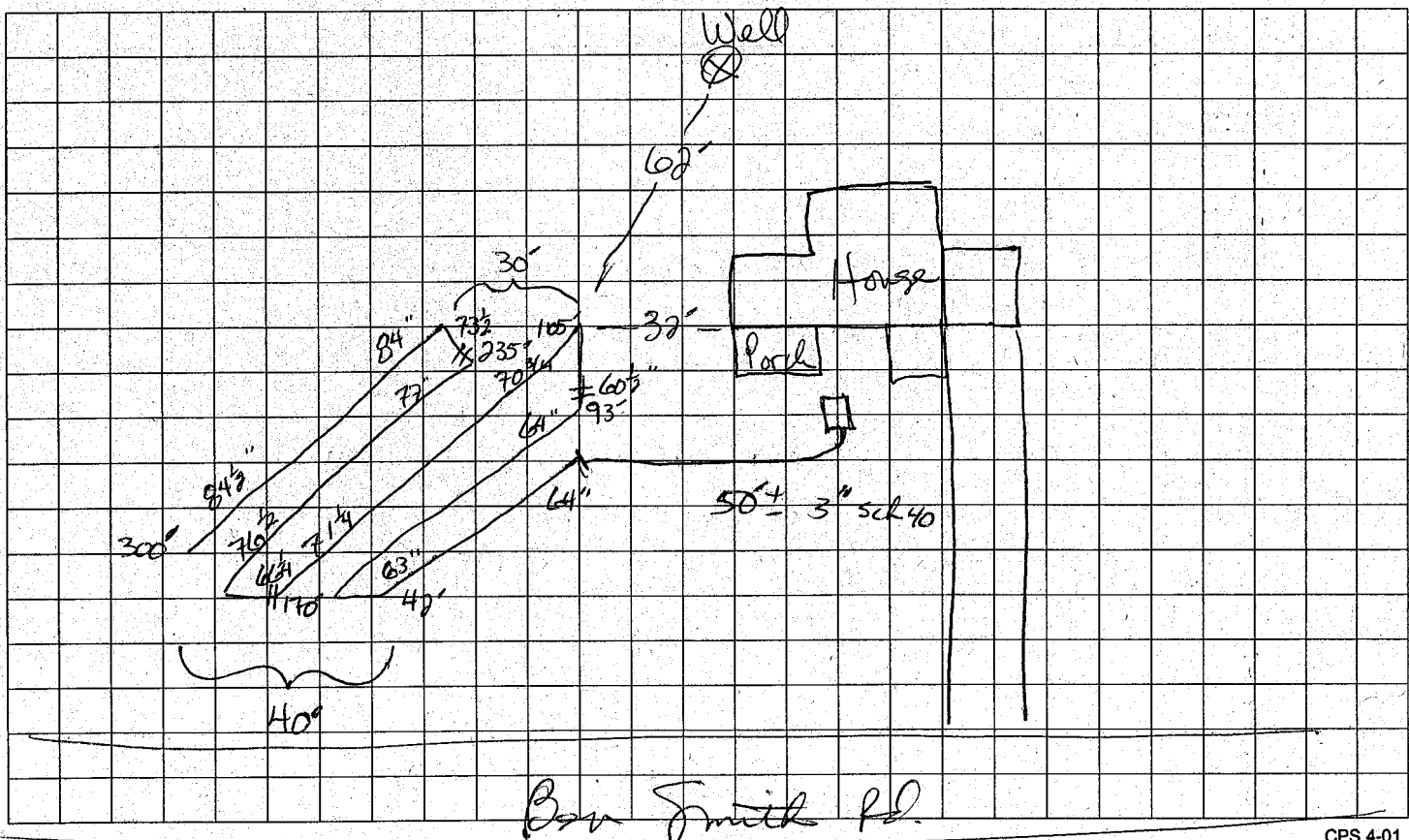
This certifies that the system has been installed in compliance with applicable NC General Statutes and Rules for Sewage Treatment and Disposal and all conditions of the Improvements Permit and Construction Authorization.

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.

Kim Wansley
Environmental Health Specialist

Type System: I II III IV V VI

Installer George Sharf



CHECKLIST

INT/DATE

ST Existing - large lids, no baffle

PT _____

One piece _____ Two piece _____

Filter Replaced fec w/ 3" PVC -
No filter due to large lid

Riser _____

Drainfield 300' x 3'

EW 4/19/04

Dist. Device _____

Pump _____

Pump Demo _____

Alarm/Floats _____

Circuits _____

Cover _____

Washing machine has been plumbed
into plumbing under house.

CHATHAM COUNTY PUBLIC HEALTH DEPARTMENT

80 EAST STREET, P.O. BOX 130 • PITTSBORO, NC 27312-0130

Phone 919-542-8208 • Fax 919-542-8288

SEWAGE DISPOSAL CONSTRUCTION AUTHORIZATION

(Required for Building Permit)

Date 4/8/04

Improvements Permit No. KW-40804R

New Repair Expansion

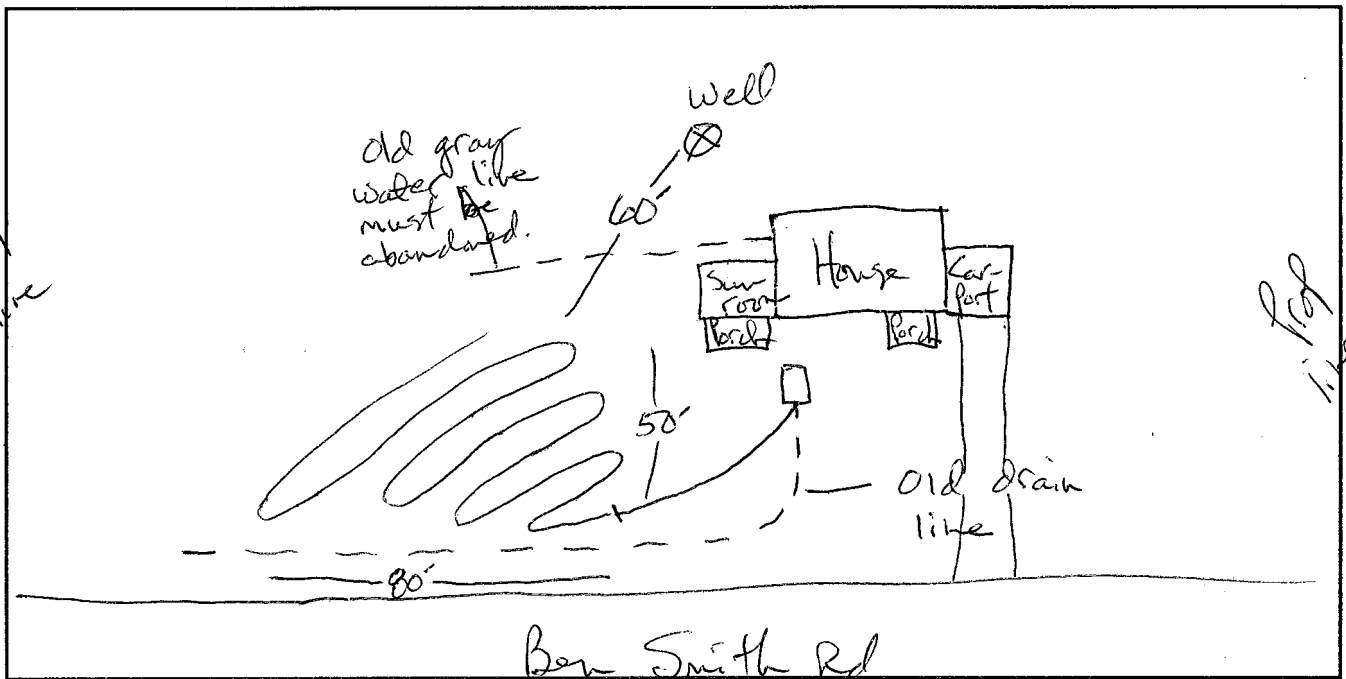
Owner Curtis & Mary Arrington

Location From Hwy 87 N, left on SR1346 through Silk Hope & Crutchfield's X-Rds towards Liberty, Left on Ben Smith Rd. 1/2 mile on right.

This permit authorizes the owner to install the sewage disposal system within five years of the issue date on the Improvement Permit. **THE CONSTRUCTION AUTHORIZATION IS NON-TRANSFERABLE.** 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 _____

The installer must flag the system prior to installation to ensure proper grade.



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 of this permit.

System Type IT (a)

No. Bedrooms/
GPD 2/240

Kim Wanner R.S.
Environmental Health Specialist

**If applicable

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

Owner/Legal Representative Signature _____ Date: _____

Name Arrington, Curtis & Mary 911 Address 1100 Ben Smith Rd

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

1000 S. 10th Avenue
Siler City, NC 27344
Phone (919) 742-4911 Fax (919) 742-1442

OFFICE USE ONLY
 TPN _____
 Permit No. KW-40804R
 Date 4/8/04
 EHS Kim Warren
 System Type II (a)

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

NEW REPAIR EXPANSION

An Improvement Permit is issued to Curtis L. & Mary C. Arrington for
 a 2 ± acre site located at 1100 Ben Smith Rd
 in Chatham County. It is specifically issued for the following facility:

Facility: Residential Non-Residential ()
 No. Bedrooms 2 No. Residents/Employees up to 4
 Type Wastewater: Residential Commercial ()
 Initial System Type: I () II III () IV () V () VI ()

Description _____
 Type System: Shallow Conventional LPP ()
 Other _____

Design Flow 240 GPD Application Rate _____ GPD/ft²
 Size Tank(s) w/Risers and Effluent Filter ST existing Gal PT _____ Gal
 Nitrification Line (Length/Width/Max Depth) 300' x 3' x 18"

Maintain at least 60' from well.
 (On contour in approved septic area; sch. 40 PVC required over step-downs) Tank last pumped 3/4/04
 Repair System Type: I () II () III () IV () V () VI ()

Description * Check tank fee & replace if necessary.

Special Conditions replace existing drainfield with new drainfield in field to left of house. Run ~60' sch 40 from tank to field.

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.

Site plan on CA. Issued by Kim Warren, E.S.
 Environmental Health Specialist

All wastewater must enter septic tank. N.C. Registration Number 1237
 Date 4/8/04

Name Arrington, Curtis & Mary 911 Address 1100 Ben Smith Rd.

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ENVIRONMENTAL HEALTH DIVISION

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SEWAGE DISPOSAL RE-INSPECTIONS PERMIT

A Re-inspection Permit is issued to Curtis L. & Mary Arrington

Original Permit Issued to: Curtis & Mary Arrington (no permit found) 1955

Location 1100 Ben Smith Rd.
From end of SR 1362, left on SR 1300. Right on Albright Rd.
Right on SR 1303 Ben Smith Rd. 1st house on left.

Water Supply: Private Public

No. Bedrooms 2 Other _____

Reason for Re-inspection Building sun room onto left side of house.

* If foundation must be treated for termites, use baiting system due to proximity of well to the house.

SYSTEM APPEARED TO BE FUNCTIONING PROPERLY AT TIME OF INSPECTION.

Tank was pumped 11/11/99. Addition will not impact system.

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.

DATE APPROVED: 3/22/00 BY: Kim Wanner, P.S.
Environmental Health Specialist

RE-INSPECTION PERMIT VALID FOR 6 MONTHS FROM DATE OF ISSUANCE.

911 ADDRESS 1100 Ben Smith Rd. Siler City, NC 27344
NAME/SUBDIVISION Arrington, Curtis & Mary