



Construction Authorization for Wastewater Systems

CHATHAM COUNTY PUBLIC HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

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

PHONE 919-542-8208 / FAX 919-542-8288

www.chathamnc.org/environmentalhealth

Expiration Date: November 07, 2022

Permit Number: PREH201706153

Repair

Owner: WOLF GREGORY T | WOLF SUSANNE H

911 Address: 88 SUNNY RIDGE LN, PITTSBORO, NC 27312

Parcel Number: 2065 Subdivision Name: Subdivision Lot:

- This permit authorizes its permit holder to install the sewage disposal system for a period equal to the period of validity of the Improvement Permit. If the IP or CA is greater than 5 years old a preconstruction conference is required.
- The installer must be registered with 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:

- x Design capacity: Number of Bedrooms: 2 or 240 GPD.
- x System Type: II
- x Nitrification Line: Existing shallow conventional

Approximate contour in the the 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 IIIb, 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 the issuance of the Operation Permit.

Special Conditions: Pump, crush and fill existing septic tank. Install 1000 gallon septic tank with riser and filter.

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 Boyce R.S.
Thomas Boyce
Registered Environmental Health Specialist

Date: Nov 07, 2017

CHATHAM COUNTY PUBLIC HEALTH DEPARTMENT
DIVISION of ENVIRONMENTAL HEALTH

SEWAGE DISPOSAL OPERATIONS PERMIT REPAIR

88 Sunny Ridge Lane
911 ADDRESS

Gregory Wolf
NAME / SUBDIVISION & LOT #

Date: 11-7-17

Parcel Number: 2045

Residential: Non-Residential:

Max. Number of Bedrooms: 2 Other: _____ Max.GPD: 240

Specific System Installed: Tank replacement

Owner Gregory Wolf

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.

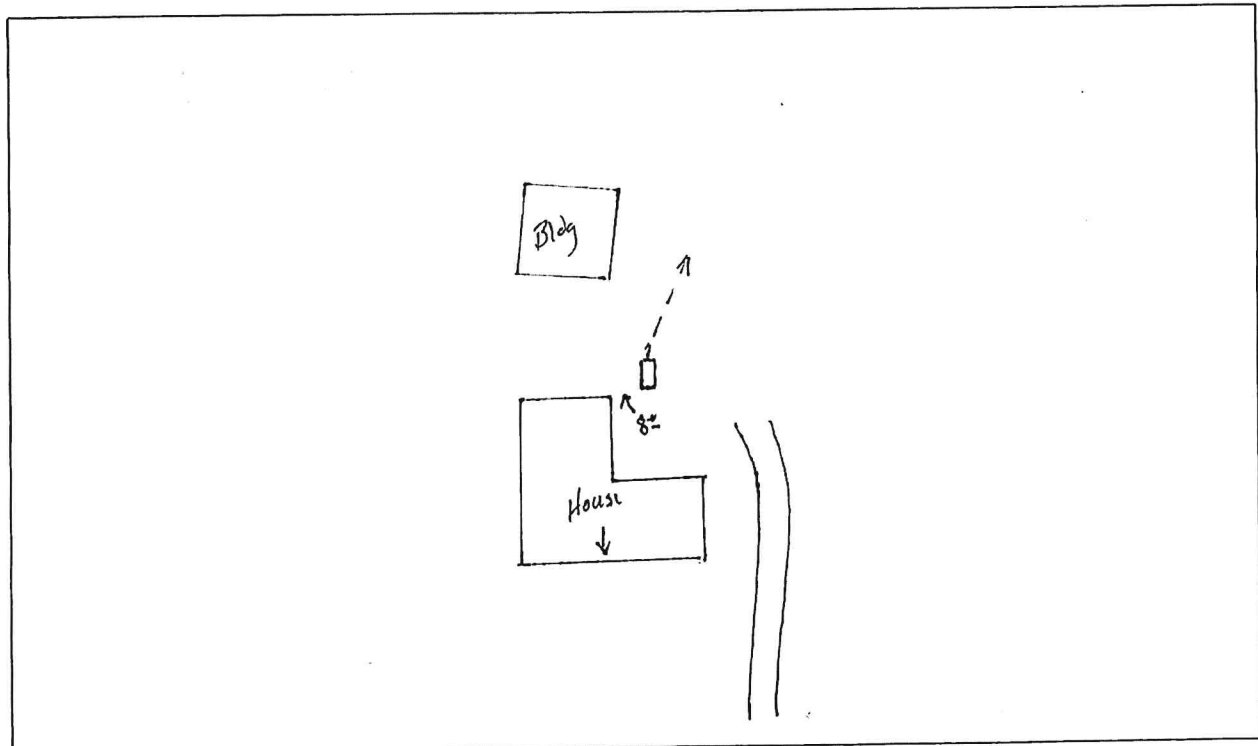
Type System: I II III III-B IV V VI

Thomas J. Beje R.S.
Environmental Health Specialist

Installer Ricky Beal Certification#: 1950

Annual On-Site Wastewater Monitoring Fee Required: Yes No

Subsurface Operator Required: Yes No Operation Permit Expiration Date _____ or N/A



NAME: Gregory Wolf

PARCEL # 2065

CHECKLIST

INT/DATE

ST HPPP 1000 STB 156 CCHD 705 S

NB 11-7-17

PT _____
One Piece _____ Two Piece _____

Filter Polylok PL-68

Riser ✓

Drainfield existing

Gravel TCHP IQ4W EZ1203H

LDP8 LDP10 LPP Other _____

Pump NA

Pump Demo NA

Distribution device NA

Alarm/Floats NA

Circuits NA

Cover ✓

Monitoring Fee NA

Water Supply _____

