

## Improvement Permit 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: 9/24/2030

New

Owner:

SHEILA BUTNER

353 ROBERT ALSTON JR. DRIVE

Applicant:

DAVE KLARMANN

911 Address: Parcel Number:

7082

Acres:

**Subdivision Name:** 

1.1 N/A

**Subdivision Lot:** 

N/A

**FACILITY** 

Facility Type: Single Family Home

Number of Bedrooms: 3

Number of Occupants: 6

Other: n/a

Design Flow: 360 GPD

Design Wastewater Strength: Domestic

Type of Water Supply: Private Well

**INITIAL SYSTEM** 

System Type: IIIb - Single Pump

Trench Product: Accepted, (25% reduction)

LTAR: 0.25 GPD/ft<sup>2</sup>

Effluent Standard: DSE

Saprolite System: No Fill System: No

Tank(s) Size with Risers and Effluent Filter: ST 1,000 Gal

Nitrification Line: Length: 360 ft.

Width: 3 ft.

Max Trench Depth: 17 in. on downslope sidewall

Artificial Drainage Required: No

If yes, type/details: n/a

## REPAIR SYSTEM

System Type: IIIb - Single Pump

Trench Product: Accepted, (25% reduction)

Fill System: No

LTAR: 0.25 GPD/ft<sup>2</sup>

Effluent Standard: DSE

Max Trench Depth: 17 in. on downslope sidewall

Artificial Drainage Required: No

If yes, type/details: n/a

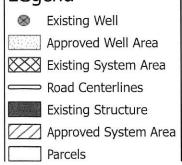
Saprolite System: No

**SPECIAL CONDITIONS:** 

This permit is valid for five years but is subject to revocation if the site plan, plat, or the intended use changes or if the site is altered, soil disturbed, or setbacks violated. The issuance of this permit in no way quarantees the issuance of other permits. The permit holder is responsible for verifying with appropriate governing bodies in meeting their requirements. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit. A department issued accompanying site plan must be attached to be valid. A Construction Authorization must be obtained from this office before installation and prior to applying for building permits.

NC Registration #: 3217\_\_\_\_ Date: 9/24/2025 Issued by: Michael Dunbar - Registered Environmental Health Specialist



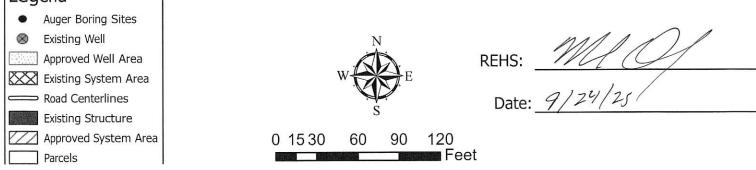




REHS: 9/24/25

0 15 30 60 90 120 Feet





DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION ON-SITE WATER PROTECTION BRANCH PROPERTY ID #: 7082
COUNTY: CHATHAM

 ${\tt SOIL/SITE\ EVALUATION} \ for\ {\tt ON-SITE\ WASTEWATER\ SYSTEM}$ 

	Chal.	Return		(Complete all fi	ields in full)		DATI	FEVALUA	ATED:9/	114/25
ADDRESS	<u>Shicla</u> S: 383	Robert F	Alstr de 1	7,						
PROPOSE	ED FACILITY:	SFD	PRO	POSED DESIGN F	LOW (.0400):	360		RTY SIZE		
WATER S	N OF SITE:	ıblic Sing	le Family Well	Shared Well	Spring Oth	er	WATER	SUPPLY	SETBACK:_	50'
	TION METHO	U	Boring Pit		PE OF WASTE		Domesti	d High		PWW
	American and the anticological and the control of t	Constitution by the Constitution of the Consti	SOIL MOI	RPHOLOGY	OTHE	R PROFILI	E FACTOR	S		Annual Control of the
#	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0502 SLOPE CORREC TION
	L	6-B 0-34	C SBK	For SEXP		5.p			5	A beneavour by the state of the
Carlotte Car	8%					5.p C 31/"			0,25	3"
2	L	0-6	C 88K	Fr FM SRXP		5.p e 32"			5	3"
	8%					32"			0.25	
	L	0-g B-34	Sil C- C SBX	Fr Styl		Sep			5	
3	6%	<i>D</i> 34	3072		-	344			0.25	2"
	L	0-6	SI Gr	R						
7	6%	6 - 32	& SB/L	en slap		Sap C 32"			0.25	34
	0%					32"			0.23	

INITIAL SYSTEM	REPAIR SYSTEM	2 A 18			
5.5 K	5.5 K 111 B 0-25	SITE CLASSIFICATION (.0509): Suttable EVALUATED BY: Mike Winder			
111 B					
0.25		OTHER(S) PRESENT: James Vavs			
17"	17"				
	5.5 K 111 B 0-25	5.5 K 5.5 K 111 B 111 B 0-25 25			

Comments: \_