(1)

This Parcel Has Multiple Septic Systems Use Addresses on Operation Permits to determine location of Each System on Parcel

CHATHAM COUNTY ENVIRONMENTAL HEALTH
FIELD/CONSULTATION REPORT

DATE	NOTES	EHS
8/8/16	well permit + water sample show 367 Wimberly as house # but looking at site plan + file information they should be with 365 Wimberly Rd	Wimberly bnk

CHATHAM COUNTY ENVIRONMENTAL HEALTH

80 EAST STREET • P.O. BOX 130 • PITTSBORO, NC 27312-0130
Phone 919-542-8208 • Fax 919-542-8288

WELL PERMIT

[X] New Well
[ ] Replacement Well

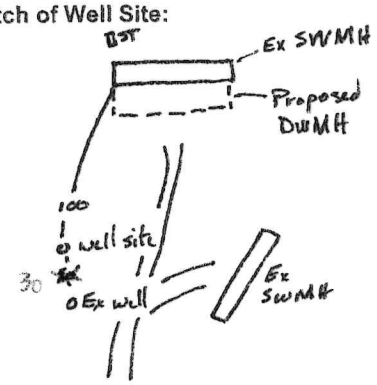
WELL SAMPLING REQUIRED WITHIN 30 DAYS OF CERTIFICATE OF COMPLETION.
THIS PERMIT EXPIRES FIVE YEARS FROM DATE OF ISSUE.

OWNER Daniel Burrell Jr. (owner) Sharonda Smith ADDRESS 367 Wimberly Rd

Directions to Site Pittsboro - Moncure Rd left on Old US 1 left on Wimberly (1st on left past old VFD) Phone #

WELL TO SERVE Residence [X] Irrigation [ ] Livestock [ ] Other [ ]

Sketch of Well Site:



Proposed DWMH must be at least 5' from septic

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

Galvanized steel casing required: YES [ ] NO [X]

As Built:

30 MIL

911 Address 367 Wimberly Rd

NAME/SUBDIVISION Smith, Sharonda

WELL CONSTRUCTION

Date Drilled 2-3-09 Certification# 2949

Distance from nearest property line ..... 10+ Contractor Name ACME Well

Distance from source of pollution ..... 100+ Address

Total depth of well 225 ft. ..... GPM 40+ Phone

Water Bearing Zones: ..... Depth 20 @ 90 Ft. 5 @ 170 Ft. 40+ @ 190 Ft. Ft.

Casing Depth: ..... From 0 to 43 Ft. Diameter 6¼

Static Water Level 30

Casing Type: PVC Galvanized Steel ✓ Thickness .188

Drive Shoe [X] Coupling [ ] Height of casing above ground 12+ Hose Bibb [ ] 12" Inch Clearance [ ]

Problems in setting casing: Yes [ ] No [ ] Explain

Grout Type: Neat [X] Sand/Cement [ ] Concrete [ ] Annular space width 2-3 In

Water in Annular space Yes [X] No [ ] Method of Grout: Pump [ ] Pressure [ ] Poured [X]

No. Bags of Portland Cement 10 Weight of 1 bag 94 lbs. Depth From 0 to 20+ Ft.

Well ID Plate [ ] Chlorination [ ] Pump ID Plate [ ] GW1 Form [ ]

DEPTH		DRILLER LOG
From	To	FORMATION DESCRIPTION
0	3	Soil
3	19	Overburden
19	25	loose rock
25	225	granite

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

Signature of Contractor 2/4/09 Date

Permit Issued by Thomas J Boyce R.S. Date 1-28-09

Well Grout Inspected by Thomas J. Boyce R.S. Date 2-4-09

Certificate of Completion Nancy Dunn, RS Date 2-17-09

Sampled by Nancy Dunn RS Date 2-17-09

CPS 5-08 rev

911 ADDRESS	NAME / SUBDIVISION & LOT #

CHATHAM COUNTY HEALTH DEPARTMENT
SEWAGE DISPOSAL OPERATIONS PERMIT

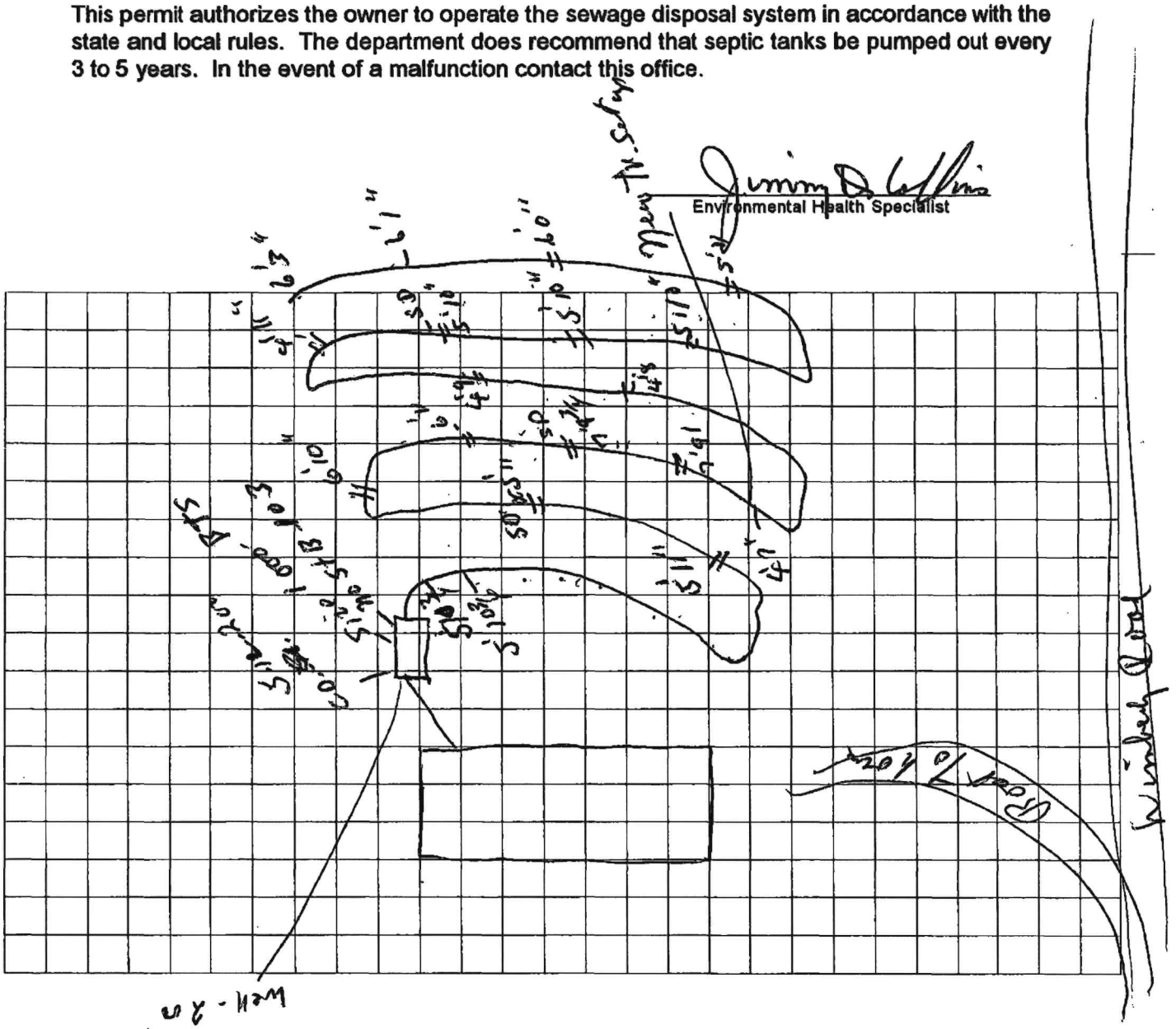
Date 7-19-2000 Improvements Permit No. C.H.02619

Owner SHURANDA SMITH Winberly Road

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. In the event of a malfunction contact this office.

Environmental Health Specialist



COMPLETION DATE:

911 ADDRESS:

NAME: Smith, Shuranda

CHATHAM COUNTY HEALTH DEPARTMENT
SEWAGE DISPOSAL CONSTRUCTION AUTHORIZATION

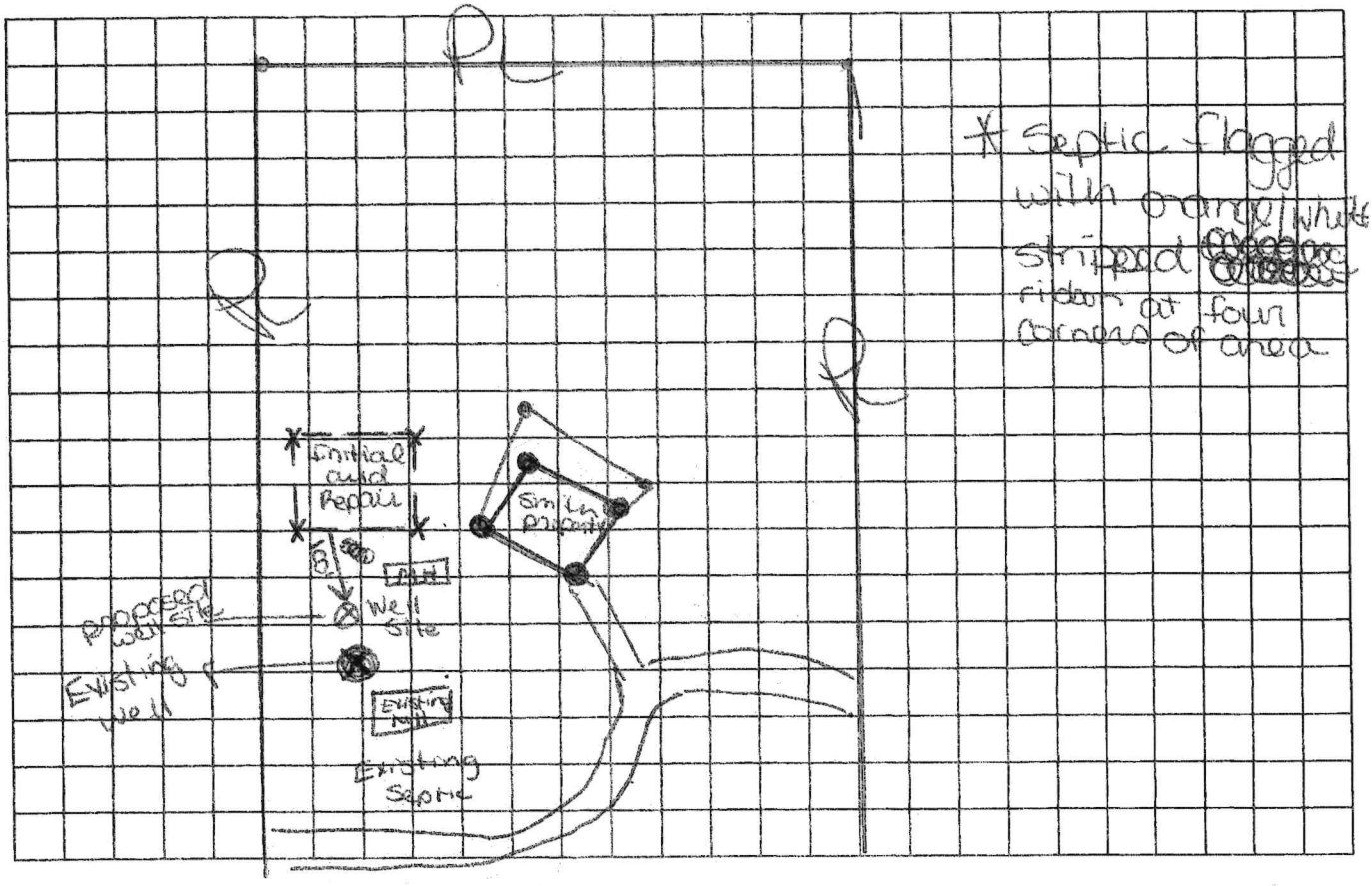
Date 12-10-99 Improvements Permit No. CH026019

Owner Shuranda Smith

Location 1515 S Pittsboro-Moncure Rd ⓓ on US 1 ⓑ Wimberly Rd.

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 _____



* Not to scale

Crystal L. Hodges EHSI
Environmental Health Specialist

1

Permit No. 02619

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 STATUES

An Improvement Permit is issued to Shuranda Smith

a 28.34 acre site located Wimberly Rd

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

Facility: Residence (✓) Business ( )

No. Bedrooms 3 max No. Residents/Employees 6 MAX.

Type Wastewater: Residential (✓) Commercial ( )

Type System: Shallow Conventional (✓) LPP ( )

Other _____

Design Flow 360 EGPD Application Rate .25 GPD/ft²

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

Nitrification Line (Length/Width/Max Depth) _____

480' X 3' X 18"

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

Type Repair SAME

Special Conditions Maintain all setbacks; Shoot grade to see if pump is needed; Do not install in wet 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 Crystal L. Hodges EHSI

Reg. No. I-1642 Date 12-2-99

Name Smith, Shuranda 911 Address

Jackson, Theresa

Lot

Block

Map

CHATHAM COUNTY HEALTH DEPARTMENT

Water Supply and Sewage Disposal

IMPROVEMENTS PERMIT

No. Jac-071096-2

Date 7-9-96

Owner: Theresa Jackson

Location: Moncure - Wembley Rd
Lot on Left on R at top of
hill - Brown MH.

Contractor: _____

Water Supply: Private _____ Public _____

No. Bedrooms _____ Other _____

Daily Flow Rate _____ Application Rate _____

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

Size of tank: _____ Nitrification line: _____
Bullin to use galvanized pipe
during Only

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.

CONCRETE SLAB TO BE POURED TO EXTEND 2' IN ALL DIRECTIONS & SHALL BE 4" THICK.

Signed Eleanor R. West RS
Sanitarian

Counter-signed _____
(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: _____ By: _____
Sanitarian

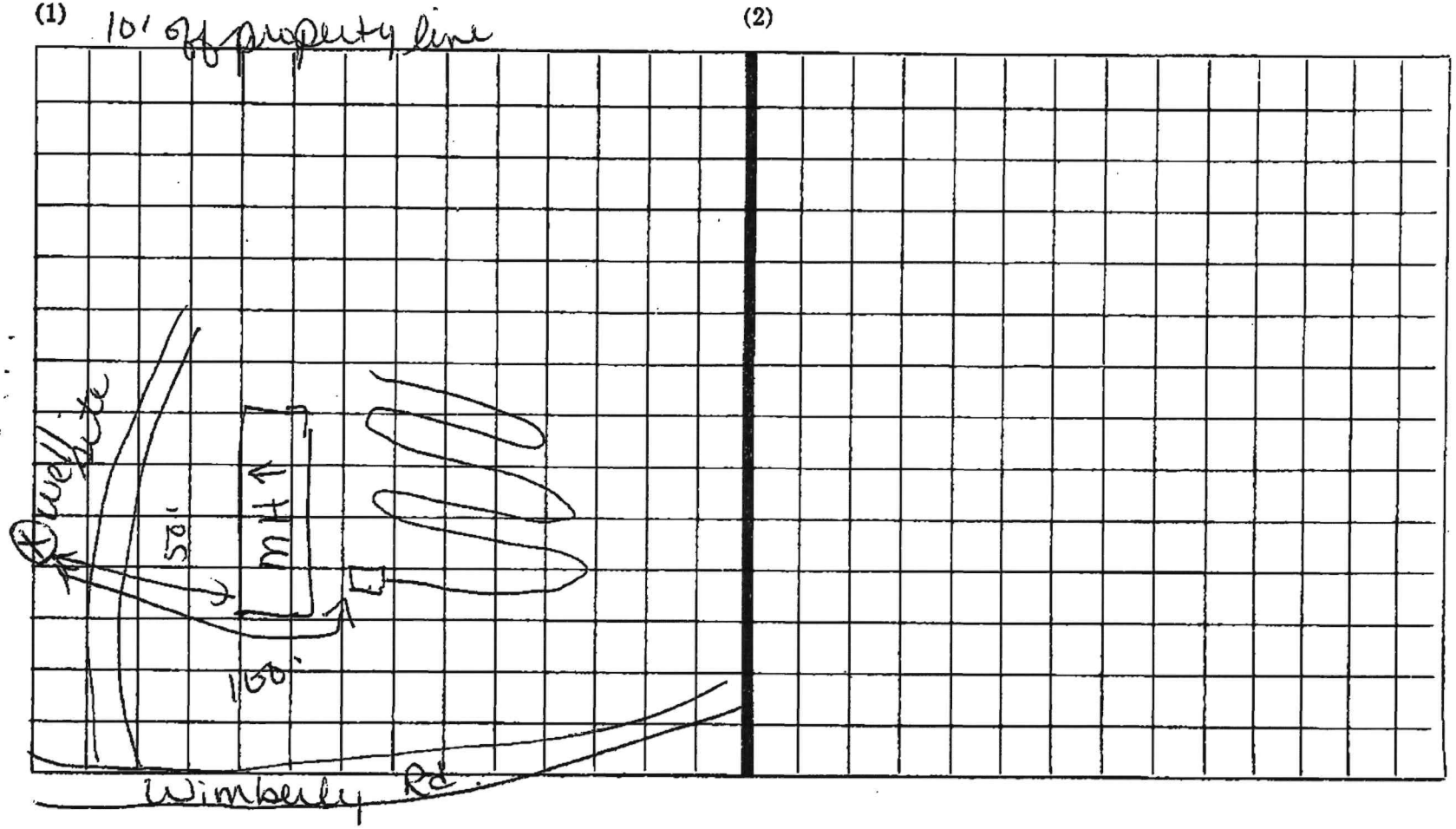
(OVER)

Location of well and sewage disposal facilities sketched on back.

B&E 10/89

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: 7-9-96 DATE DRILLED: 2-6-97 COUNTY: CHATHAM
OWNER: THEESSA JACKSON ROAD/STREET:
ADDRESS: MONCURE-WILDBERRY RD PERMIT VOID AFTER ONE YEAR
DRILLING CONTRACTOR: ROY GAINES
NAME ADDRESS

WELL CONSTRUCTION

Distance from Nearest Property Line 10+ Distance from Source of Pollution 100+
Total Depth: 200 Ft. Yield: 70 GPM Static Water Level: 46 Ft.
Water Bearing Zones: Depth: 70/190 Ft. ____ Ft. ____ Ft. ____ Ft.
Casing: Depth: From 0 to 113 Ft. Diameter: 6.25 Inches
TYPE: Steel ____ Galvanized Steel ✓
If Steel, does owner approve: Yes ____ No ____
Weight: 13lbs/ft Thickness: .188 Height Above Ground: 18 Inches
Drive Shoe: Yes: ____ No: ✓ coupling
Were Problems Encountered in Setting the Casing? Yes ___ No ✓
If "yes" give reason: ____
Grout: Type: Neat ____ Sand/Cement: ✓ Concrete ____
Annular Space Width — Inches
Water in Annular Space: Yes ✓ No ____
Method: Pumped ____ Pressure ____ Poured ✓
Depth: From 0 to 20+ Ft.
Materials Used: No. Bags Portland Cement 4 Weight of 1 bag 94 lbs.
If mixture (sand, gravel, cuttings) - Ratio: 2 to 1
ID Plates: Yes ✓ No ____ Chlorination: Yes ____ No ✓
4 x 4 slab Yes ____ No ✓

DRILLING LOG

Depth From	Depth to	Formation Description
0	17	sandy clay
17	113	soft rock
113	200	red & 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.

Signature of Contractor Date

FOR HEALTH DEPARTMENT USE ONLY

REASON FOR NO INSPECTION:

J.N. Wadsworth 2-7-97
Sanitarian's Signature Date

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

Jackson, Thomas C.

Lot

Block

Map

11549

CHATHAM COUNTY HEALTH DEPARTMENT

Water Supply and Sewage Disposal

IMPROVEMENTS PERMIT

No. K6010

Date May 30, 1995

Owner: Thomas C. Jackson

Location: Moncure - Mitchell Rd., lot is field on (2) & top of hill.

Contractor:

Water Supply: Private ☒ County Public

No. Bedrooms 3 Other

Daily Flow Rate 360 gpd Application Rate @ .25 for 11 ft² / day

Size of tank: 1200 gal Nitrification line: 480' x 3' on contour. Mtl. Trench depth 24"

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.

Signed Karen Davis RS
Sanitarian

Counter signed Theresa Jackson
(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: 8-13-95 By: Karen Davis RS
Sanitarian

(OVER)

Location of well and sewage disposal facilities sketched on back.

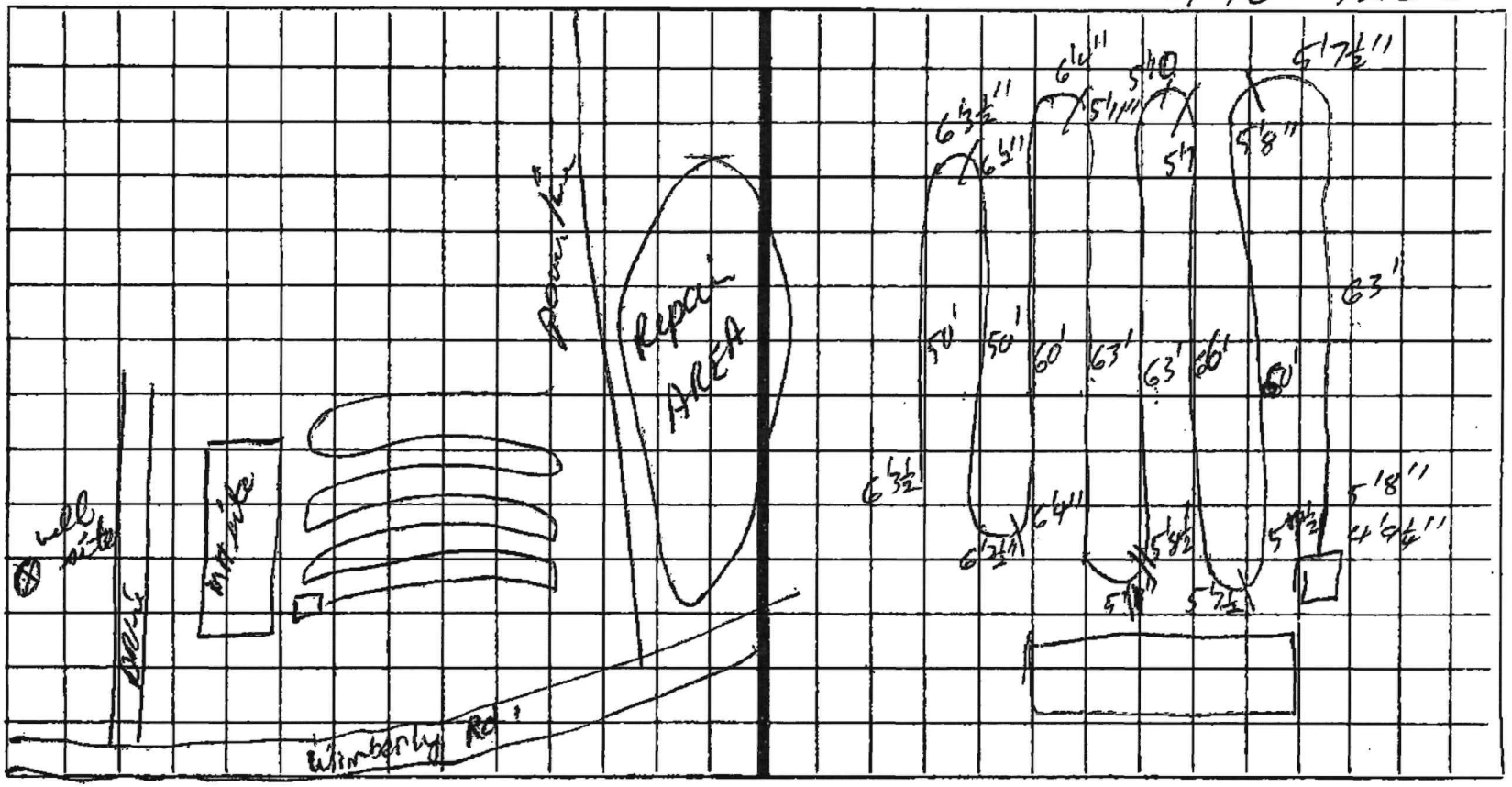
B&E 10/89

Marked Tank Line
8-7-95 RS

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.

3-7-95
CJ [redacted] STB
940 1200

(1) (2)



Jackson, Theresa

Lot

Block

Map

CHATHAM COUNTY HEALTH DEPARTMENT

Water Supply and Sewage Disposal

IMPROVEMENTS PERMIT

Reinspection

No. IW-02198-2

Date 2-19-98

Owner: Theresa Jackson

Location: SR1012 (L) on old US #1 (L) on Wimberly Rd to 365 on (L).

Contractor:

Water Supply: Private ✓ Public

No. Bedrooms 3 Other

Daily Flow Rate Application Rate

- Reinspection to replace MH with new MH. Maintain min 5' off any part of existing system.

Size of tank: Existing Nitrification line: Existing

- System appeared to be functioning at time of inspection

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.

- recommend that tank be pumped if it has not been done in last 5 years.

Signed Jeanne R. West R.S.
Sanitarian

Counter-signed
(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: 2-19-98 By: Jeanne R. West R.S.
Sanitarian

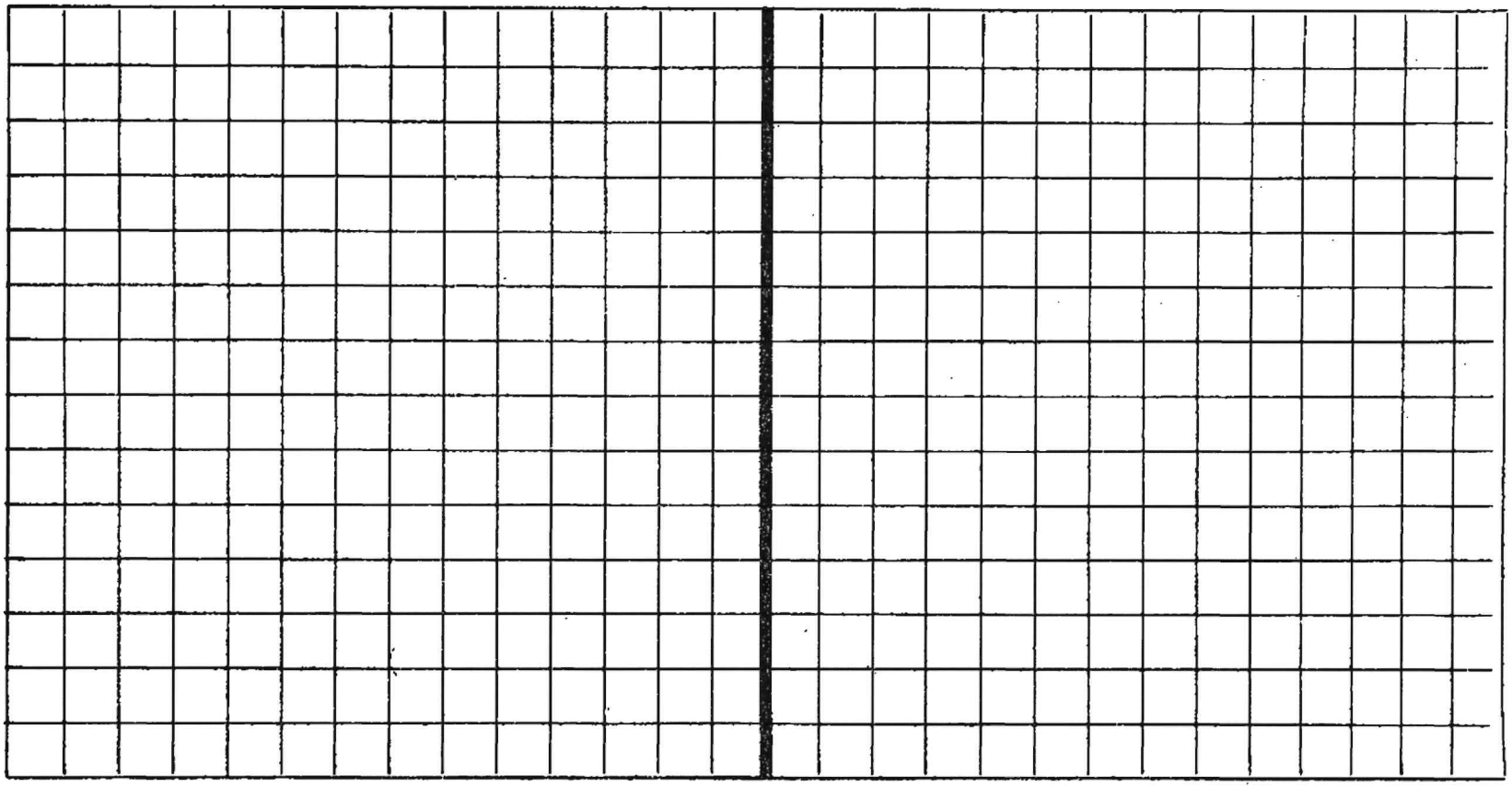
(OVER)

Location of well and sewage disposal facilities sketched on back.

B&E 10/89

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 ENVIRONMENTAL HEALTH

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

WELL PERMIT

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

☒ New Well
☐ Replacement Well

THIS PERMIT EXPIRES FIVE YEARS FROM DATE OF ISSUE.

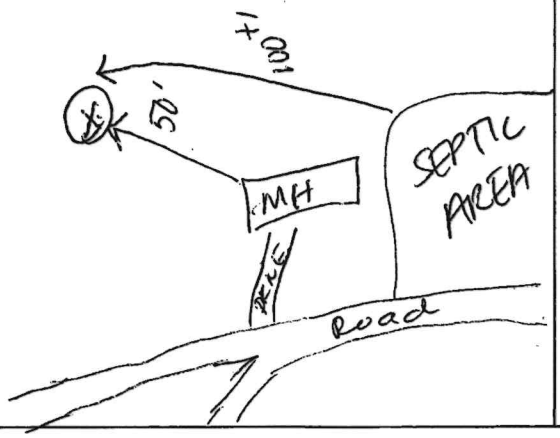
OWNER Dywanne Lee Crump ADDRESS 420 Wimberly Rd. Moncure NC

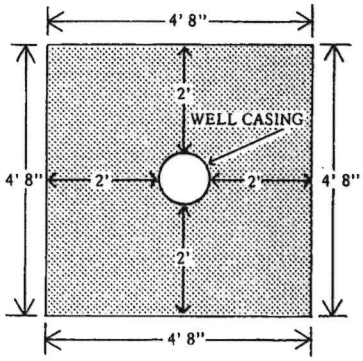
Directions to Site Pittsboro-Moncure Rd. (L) on old US 1 (R) on Wimberly Rd. to 420 approx. 4/10 of mile on (R).

911 Address 420 Wimberly Rd. Moncure, NC NAME/SUBDIVISION CRUMP, Dywanne Lee

WELL TO SERVE: ☒ Residence ☐ Mobile Home Park ☐ Other

Sketch of Well Site





CONCRETE WELL SLAB (top view)

Owner or contractor required to pour concrete slab around well casing, 4'8" x 4'8" x 4". 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

Date Drilled 8-18-00 Certification Registration # 2460
Distance from nearest property line ..... 10' Contractor Name Wm Maness
Distance from source of pollution ..... 100' Address
Total depth of well 300 ft. ..... GPM 5 Phone
Water Bearing Zones: ..... Depth 2 at 90 Ft. 2 at 110 Ft. 1 at 260 Ft. Ft. Ft. Ft.
Casing Depth: ..... From to 64 Ft. Diameter 6 1/4
Static Water Level 25
Casing Type: Steel Galvanized Steel ✓ Thickness .188

If steel, does owner approve: ☐ Yes ☐ No
Drive Shoe ☑ Yes ☐ No Height of casing above ground 14 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 ☑
(water pumped out 20')
No. Bags of Portland Cement 5 Depth From 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	3	Clay
3	60	Brown Slate
	300	Red Shale.

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

Ray Maness 8-22-00
Signature of Contractor *Date*

Permit Issued By [signature] Date 7-8-00
Well Grout Inspected by [signature] R.S. Date 8-22-00
Inspection Completed by [signature] Date 8-24-00

420 WIMBERLY RD	CRUMP, DYWANA
911 ADDRESS	NAME / SUBDIVISION & LOT #

CHATHAM COUNTY HEALTH DEPARTMENT
SEWAGE DISPOSAL OPERATIONS PERMIT

Date 8-24-00 Improvements Permit No. AS3206

Owner CRUMP

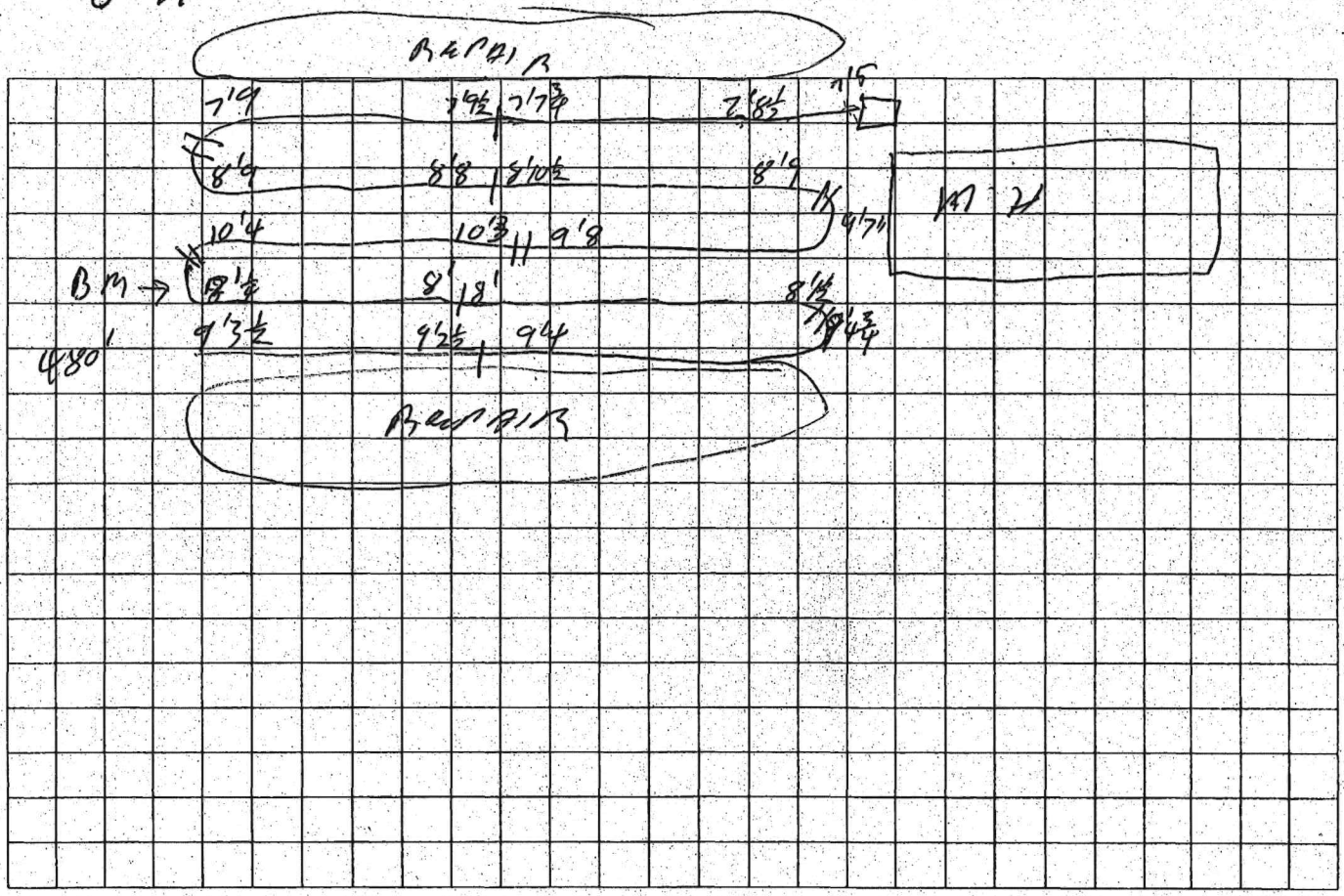
Conditions CLEAN FLOOR EVERY 2 YEARS

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.

BTS 1200
STB 108
6-11-00

CK LIMIT
TANK 7-20-00 all

Environmental Health Specialist



CHATHAM COUNTY HEALTH DEPARTMENT
SEWAGE DISPOSAL CONSTRUCTION AUTHORIZATION

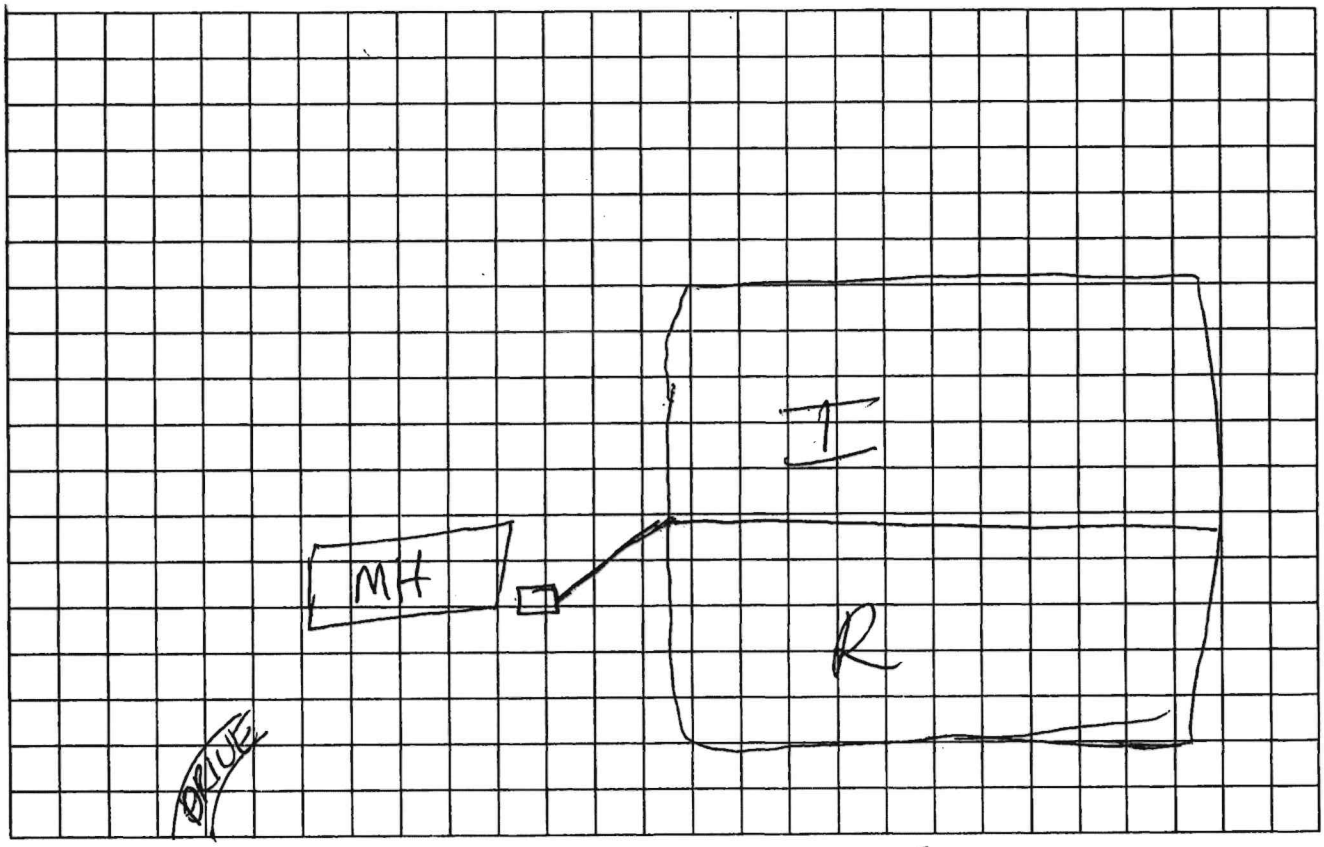
Date 7/7/00 Improvements Permit No. AS 3206

Owner Dywanne Lee Crump

Location Pittsboro Moncure Rd. (L) on Old US 1 (R) Wimberly Rd. 4/10 of a mile on 420 Wimberly Rd. Moncure, NC

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 _____



Environmental Health Specialist

COMPLETION DATE:

NAME: CRUMP, Dywanne Lee 911 ADDRESS: 420 Wimberly Rd. Moncure, NC.

Permit No. AS03206

CHATHAM COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

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

1000 S. 10th Avenue
Siler City, NC 27344
Phone (919) 742-4911
Fax (919) 542-1442

IMPROVEMENT PERMIT FOR WASTEWATER SYSTEMS

ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

An Improvement Permit is issued to DYWANNA CRUMP for a 28.34± acre site located 420 WIMBERLY RD MONCURE in Chatham County. It is specifically issued for the following facility:

Facility: Residence (X) Business ( )

No. Bedrooms 4 No. Residents/Employees 8 MAX

Type Wastewater: Residential (X) Commercial ( )

Type System: Shallow Conventional (X) LPP ( )

Other _____

Design Flow 480 EGPD Application Rate .25 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1200 Gal PT N/A Gal

Nitrification Line (Length/Width/Max Depth) TWO 320' X 3' X 18" CONNECTED BY BUCKET TYPE VALVE (480'X3'X18" FOR POLYSTYRENE)

(On contour in surveyed septic area; solid earth dams every 50' for shallow conventional systems using Schedule 40)

Type Repair PUMP TO SC

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.

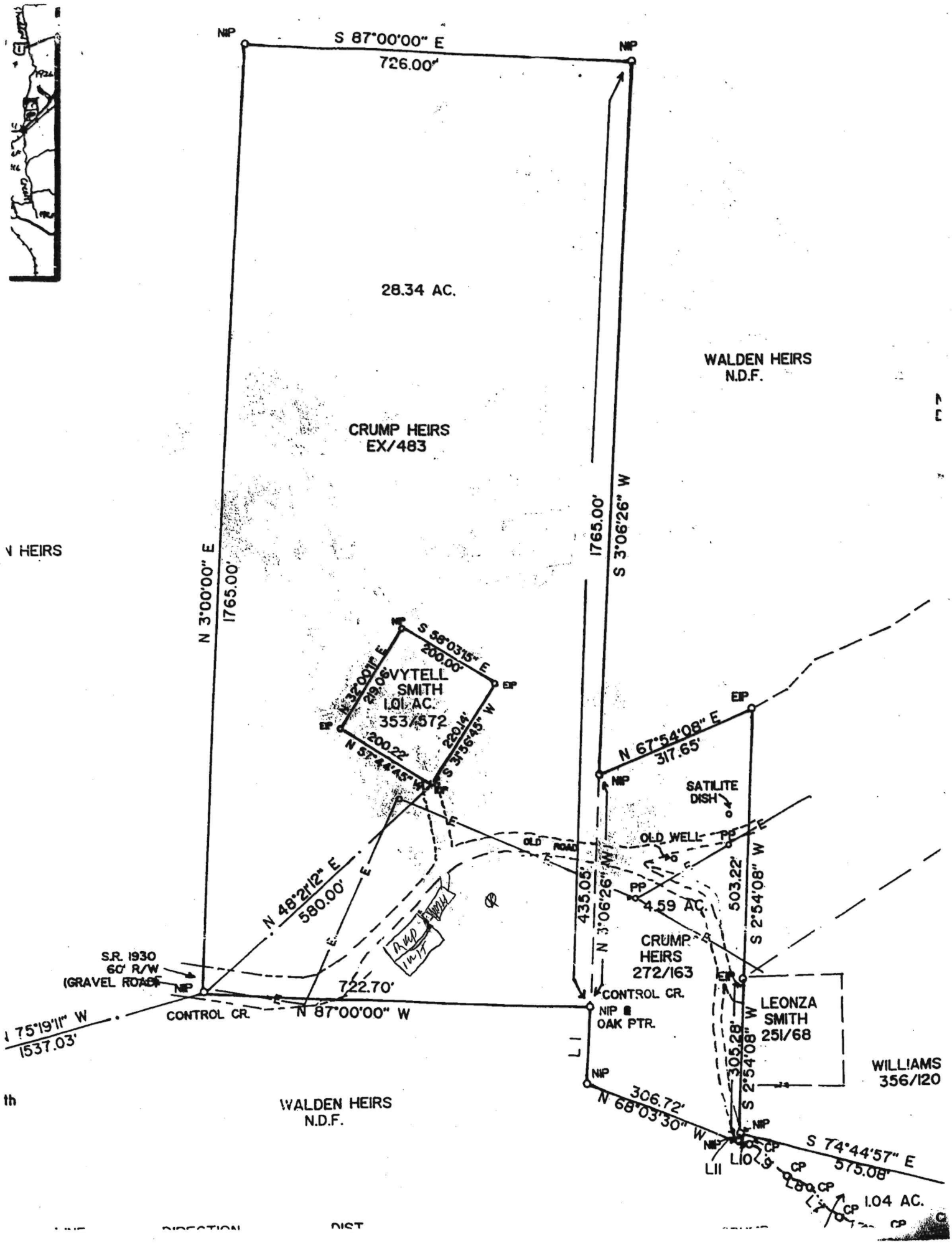
This permit is valid **[ ] without expiration** **[X] for five years** but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed.

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

Environmental Health Specialist _____

Reg. No. 1341 Date 7-8-00

Name CRUMP DYWANNA 911 Address 420 WIMBERLY RD


S 87°00'00" E
726.00'
NIP
28.34 AC.
WALDEN HEIRS
N.D.F.
CRUMP HEIRS
EX/483
N 3°00'00" E
1765.00'
S 3°06'26" W
1765.00'
S 58°03'15" E
200.00'
N 32°00'01" E
219.06'
VYTELL SMITH
1.01 AC.
353/572
N 57°44'45" W
200.22'
S 31°36'45" W
220.14'
EIP
N 67°54'08" E
317.65'
SATILITE DISH
OLD WELL
PP
OLD ROAD
N 48°21'12" E
580.00'
435.05'
N 3°06'26" W
4.59 AC.
503.22'
S 2°54'08" W
CRUMP HEIRS
272/163
S.R. 1930
60' R/W
(GRAVEL ROAD)
722.70'
CONTROL CR.
N 87°00'00" W
N 75°19'11" W
1537.03'
NIP @ OAK PTR.
LEONZA SMITH
251/68
305.28'
S 2°54'08" W
WILLIAMS
356/120
L1
306.72'
N 68°03'30" W
S 74°44'57" E
575.08'
L10
L11
CP
1.04 AC.
WALDEN HEIRS
N.D.F.
N HEIRS
th

CHATHAM COUNTY ENVIRONMENTAL HEALTH

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

WELL PERMIT

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

☒ New Well
☒ Replacement Well

THIS PERMIT EXPIRES FIVE YEARS FROM DATE OF ISSUE.

OWNER Miranda Crump ADDRESS 465 Wimberly Road

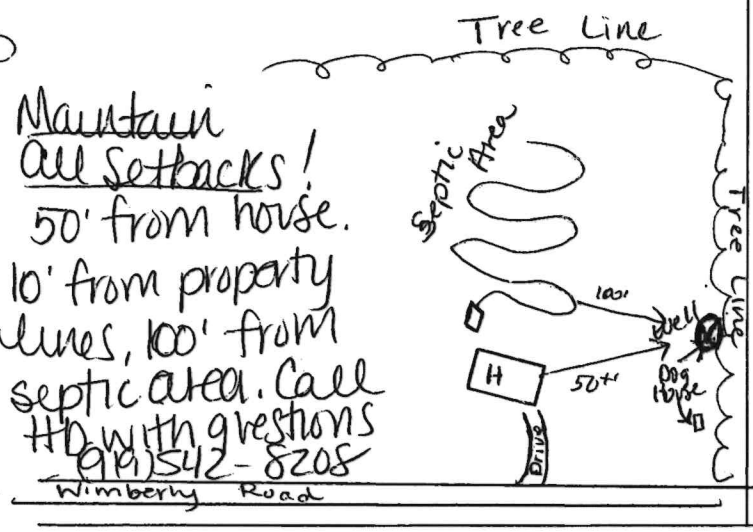
Directions to Site 15-501 S → (L) Moncure-Pittsboro Rd. → Stop Sign in Moncure take (L) → (L) on Wimberly to # 465.

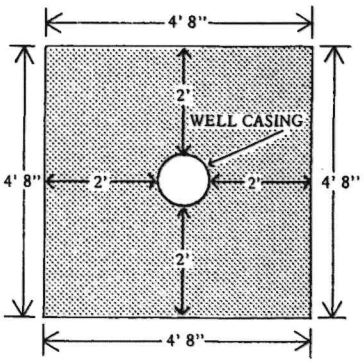
911 Address 465 Wimberly Rd. Moncure, NC 27559

NAME/SUBDIVISION Crump, Miranda

WELL TO SERVE: ☒ Residence ☐ Mobile Home Park ☐ Other _____

Sketch of Well Site





CONCRETE WELL SLAB (top view)

Owner or contractor required to pour concrete slab around well casing, 4'8" x 4'8" x 4". 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

Distance from nearest property line _____ Date Drilled _____ Registration # _____
Distance from source of pollution _____ Contractor Name _____
Total depth of well _____ ft. GPM _____ Address _____
Water Bearing Zones: Depth _____ Ft. _____ Ft. _____ Ft. _____ Ft. _____ Ft. _____ Ft. Phone _____
Casing Depth: From _____ to _____ Ft. Diameter _____
Static Water Level _____
Casing Type: Steel _____ Galvanized Steel _____ Thickness _____

If steel, does owner approve: ☐ Yes ☐ No
Drive Shoe ☐ Yes ☐ No Height of casing above ground _____ inches
Problems in setting casing ☐ Yes ☐ No Explain _____

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

DEPTH		DRILLING LOG
From	To	FORMATION DESCRIPTION

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

_____ _____
Signature of Contractor *Date*

Permit Issued By Lisa E. Morgan Date 4.24.01

Well Grout Inspected by _____ Date _____

Inspection Completed by _____ Date _____

mailed per copy 4.24.01

911 ADDRESS	NAME / SUBDIVISION & LOT #
	Crump, Miranda + Wade

CHATHAM COUNTY HEALTH DEPARTMENT
SEWAGE DISPOSAL OPERATIONS PERMIT

Date ? Improvements Permit No. _____

Owner Crump, Wade + Miranda

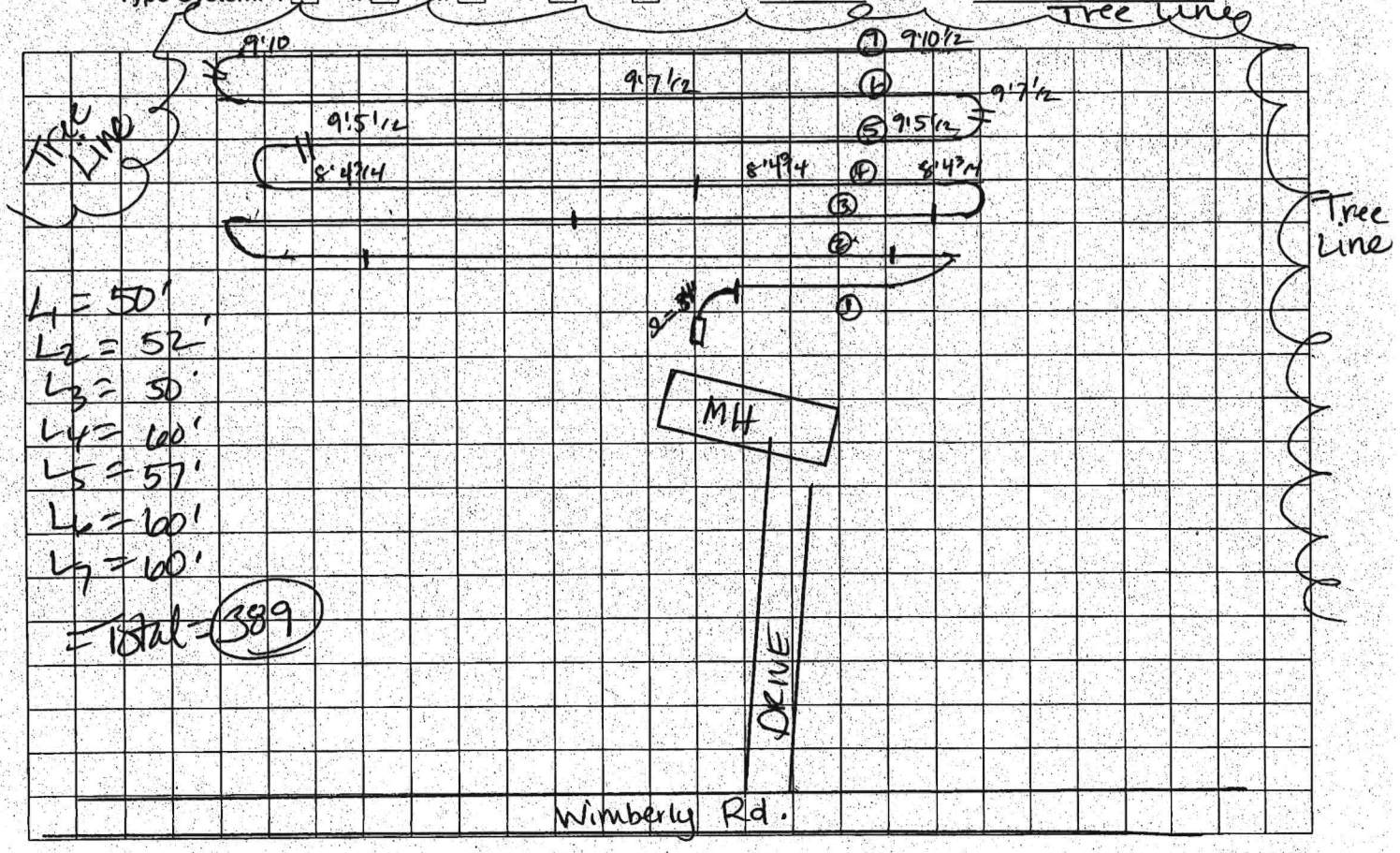
Conditions _____

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.

cover okay Lexi E. Morgan ? - no one signed or did green sheet?
Environmental Health Specialist

Type System: I ☐ II ☒ III ☐ IV ☐ V ☐ Other _____ Installer _____ ?



CHECKLIST	INT/DATE
ST BTS 1250 STB 195 1-16-	?
PT	
One piece _____ Two piece _____	
Filter	
Riser	
Drainfield ~~Theresa~~ Jeanne West	
Dist. Device	
Pump	
Pump Demo	
Alarm/Floats	
Circuits	
Cover	

NAME: CRUMP, WADE 911 ADDRESS: WIMBERLY RD. COMPLETION DATE: 10-13-97

CHATHAM COUNTY HEALTH DEPARTMENT
SEWAGE DISPOSAL CONSTRUCTION AUTHORIZATION

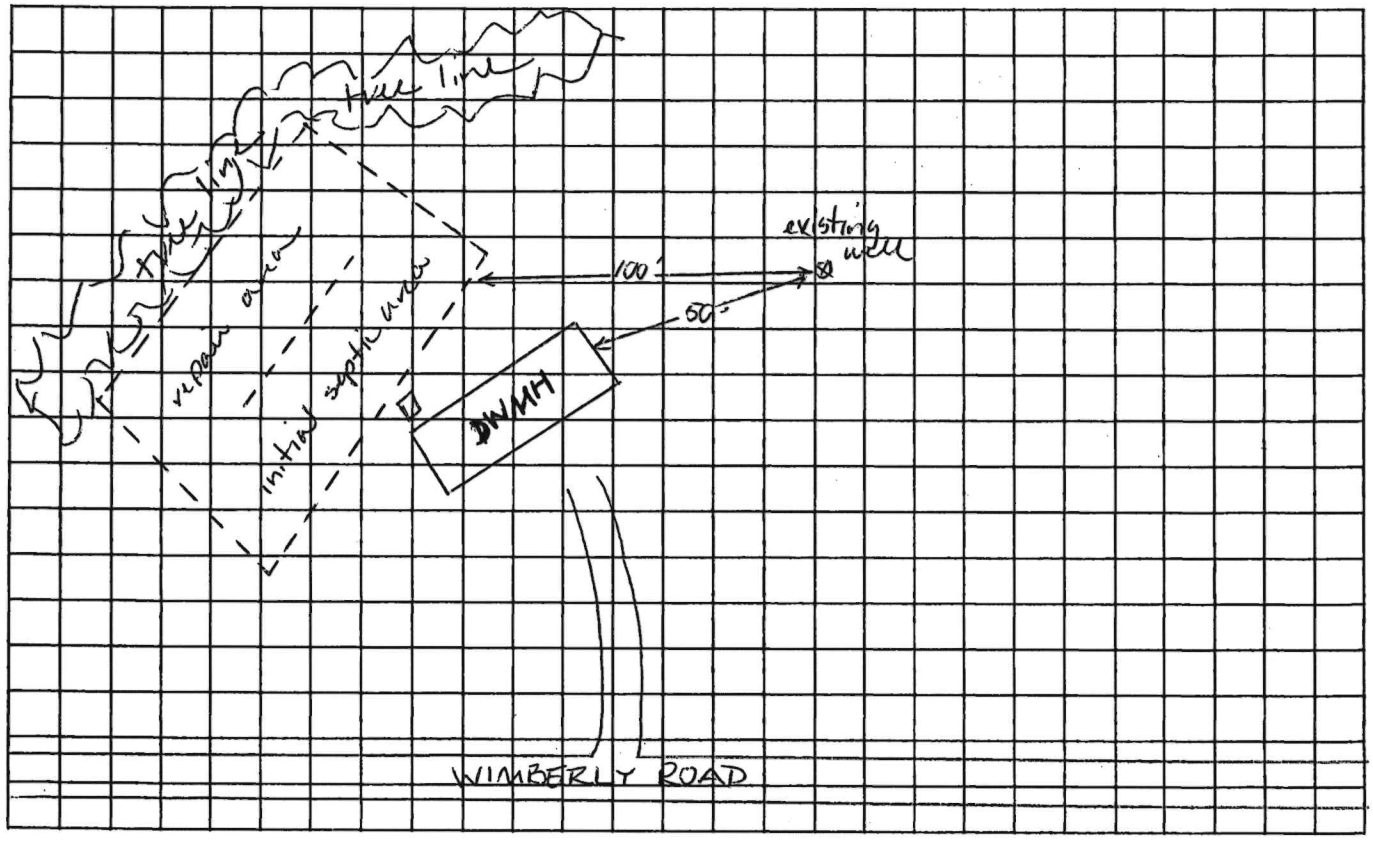
Date 10-13-97 Improvements Permit No. TWR0056

Owner WADE CRUMP

Location SR 1012 (L) OLD US 1 (L) WIMBERLY RD. PASS SOLOMON WOFLEY DR. BESIDE LOT 449 ON (L)

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 _____



Theresa W. Radcliffe, EHSI
Environmental Health Specialist

Permit No. TW01056

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 STATUES

An Improvement Permit is issued to WADE CRUMP for a 1 acre site located WIMBERLY RD. in Chatham County. It is specifically issued for the following facility:

Facility: Residence (✓) Business ( )

No. Bedrooms 3 MAX. No. Residents/Employees 6 MAX.

Type Wastewater: Residential (✓) Commercial ( )

Type System: Shallow Conventional (✓) LPP ( )

Other _____

Design Flow 360 EGPD Application Rate .25 GPD/ft²

Size Tank(s) w/Risers ST 1200 Gal Pt – Gal

Nitrification Line (Length/Width/Max Depth) 480' x 3' x 18"

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

Type Repair SHALLOW CONVENTIONAL

Special Conditions MAINTAIN ALL SETBACKS; RESERVE SPACE

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 Jimmy W. Radcliffe, EHSI

Reg. No. I-1548 Date 10-13-97

* EXISTING WELL ON PROPERTY TO BE USED FOR WATER SUPPLY.

Name CRUMP, WADE 911 Address WIMBERLY RD.