

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: 7/9/2030

New

1ANN					
TBD KAREN CALHOUN RD. PITTSBORO, NC 27312					

FACILITY

Facility Type: Single Family Dwelling				
Number of Bedrooms: 4	Number of Occupants: 8	Other: N/A		
Design Flow: 480 GPD	Design Wastewater Strength: D	Domestic		
Type of Water Supply: Private We	211			

INITIAL SYSTEM

System Type: IIIb - Single Pump			Trench Product: Conventional Gravel		
LTAR: 0.3 GPD/ft ²	Effluent Star	ndard: DSE Sapi	olite System: No	Fill System: No	
Tank(s) Size with Ri	sers and Effluent Fi	Iter: ST 1,000 Gal	PT 1,000 G	al	
Nitrification Line:	Length: 533 ft.	Width: 3 ft.	Max Trench De	pth: 16 in. on downslope sidewall	
Artificial Drainage F	Required: No	lf yes, type	/details: N/A		

REPAIR SYSTEM

 System Type:
 IIIb - Single Pump
 Trench Product:
 Conventional Gravel

 LTAR:
 0.3 GPD/ft²
 Effluent Standard:
 DSE
 Saprolite System:
 No
 Fill System:
 No

 Max Trench Depth:
 15 in. on downslope sidewall
 If yes, type/details:
 N/A

Drainfield locations meet requirements of Rule .0508: Yes Drainfield locations meet requirements of Rule .0601: Yes

SPECIAL CONDITIONS: Accepted product can be used for a 25% reduction in line length. If contractor can demonstrate appropriate fall from tank to drain field, no pump or pump tank is required.

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 guarantees 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.

Issued by:

NC Registration #: <u>3217</u> Date: 7/9/2025

Michael Dunbar – Registered Environmental Health Specialist





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DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 72938 COUNTY: CHATHAM

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM										
OWNER: Rebecca Norton (Complete all fields in full) DATE EVALUATED: 7/2/25										
ADDRES	S: TBT	Keren	Calhoun	Rd		11/2 -			,	
ADDRESS: TBD Keren Celhown Rd PROPOSED FACILITY: SFD PROPOSED DESIGN FLOW (.0400): 480 PROPERTY SIZE: 7.1 LOCATION OF SITE: PROPERTY RECORDED:										
WATER SUPPLY: Public Single Family Well Shared Well Spring Other WATER SUPPLY SETBACK:							the second s			
	TION METHO		Boring) Pit		PE OF WASTE		Domesti			PWW
1	1			n an					0	F
			SOIL MOI	RPHOLOGY	OTHI	ER PROFIL	E FACTOR	S		
#	.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
		6-7	5L SBK	Fr						
, I	/	7-32	C SBK	For SEXP		5P C 32			5	
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	12.				-					L
	5%				-	32			0.3	
						1				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	
Available Space (.0508)	0610	6K	SITE CLASSIFICATION (.0509):
System Type(s)	1118	111B	EVALUATED BY: Mike Dunbar
Site LTAR	0.3	0.3	OTHER(S) PRESENT: Davo Klermann
Maximum Trench Depth	16"	15"	
Comments:			

NCDHHS/DPH/EHS/OSWP

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