

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: 08/25/2030

New

Owner: CARLENE SPILLER Applicant: DAVE KLARMANN

911 Address: TBD ALEX COCKMAN RD. PITTSBORO, NC 27312

Parcel Number: 62675
Acres: 15.25
Subdivision Name: N/A
Subdivision Lot: 3

FACILITY

Facility Type: Single Family Residence

Number of Bedrooms: 4 Number of Occupants: 480 Other: N/A

Design Flow: 480 GPD Design Wastewater Strength: Domestic

Type of Water Supply: Private Well

INITIAL SYSTEM

INTIAL STSTEW

System Type: IIa - Conventional, ≤750 linear feet Trench Product: Conventional Gravel LTAR: 0.3 GPD/ft² Effluent Standard: DSE Saprolite System: No Fill System: No

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

Nitrification Line: Length: 535 ft. Width: 3 ft. Max Trench Depth: 20 in. on downslope sidewall

Artificial Drainage Required: No If yes, type/details:

REPAIR SYSTEM

System Type: IIb - Accepted Gravity Trench Product: Accepted, (25% reduction)

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

Max Trench Depth: 20 in. on downslope sidewall

Artificial Drainage Required: No If yes, type/details:

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 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 #: _____ Date: 8/25/2025

James Carl Kivett – Registered Environmental Health Specialist



