

Please Note:

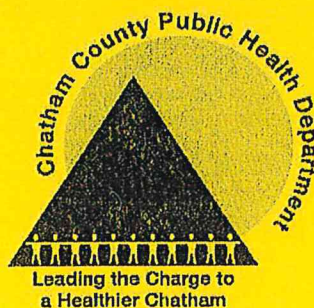
The Septic System on this property

is part of the

Chatham County On-Site Waste Water
Monitoring Program.

The system is monitored & inspected by the
Chatham County Public Health Department,
Division of Environmental Health.

There is a annual fee associated with the
program. Please contact the Chatham
County Environmental Health Office
for more information.



CHATHAM COUNTY ENVIRONMENTAL HEALTH

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

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

WELL PERMIT

THIS PERMIT EXPIRES FIVE YEARS FROM DATE OF ISSUE.

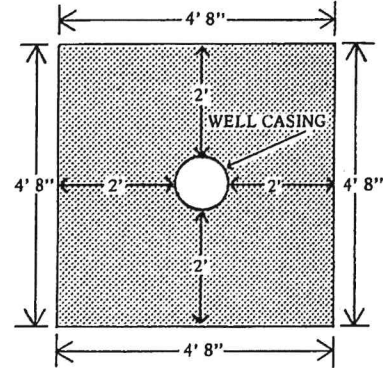
- New Well
 Replacement Well

OWNER Ricky Spear (3rd Dr. Tr.) ADDRESS _____

Directions to Site Highway 87N → on Castle Rock Farm Rd → on Henderson Turnpike → on Lallas Forest → on Arrowhead Loop → (R) on Arrowhead Loop → 3rd Dr on

WELL TO SERVE: Residence Mobile Home Park Other Right

Sketch of Well Site
Site plan attached



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 104'
 Distance from source of pollution 1004'
 Total depth of well 260 ft. GPM 10
 Water Bearing Zones: Depth 1 @ 50' Ft. 2 @ 65' Ft. 2 @ 110' Ft. 5 @ 250' Ft. _____ Ft.
 Casing Depth: From _____ to 43 Ft. Diameter 6 5/8"
 Static Water Level 25'
 Casing Type: Steel _____ Galvanized Steel Thickness 0.188"
 If steel, does owner approve: Yes No
 Drive Shoe Yes No Height of casing above ground 12" inches
 Problems in setting casing Yes No Explain _____

Grout Type: Neat Sand/Cement Concrete Annular space width 2" in.
 Water in Annular space Yes No → Pumped out prior to grouting Method of Grout: Pump Pressure Poured
 No. Bags of Portland Cement 5 Depth From 0 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 | 10 | Clay |
| 10 | 30 | Brownstone |
| 30 | 260 | Granite |
| | | |
| | | |

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

Michael Moner 9-5-03
Signature of Contractor Date

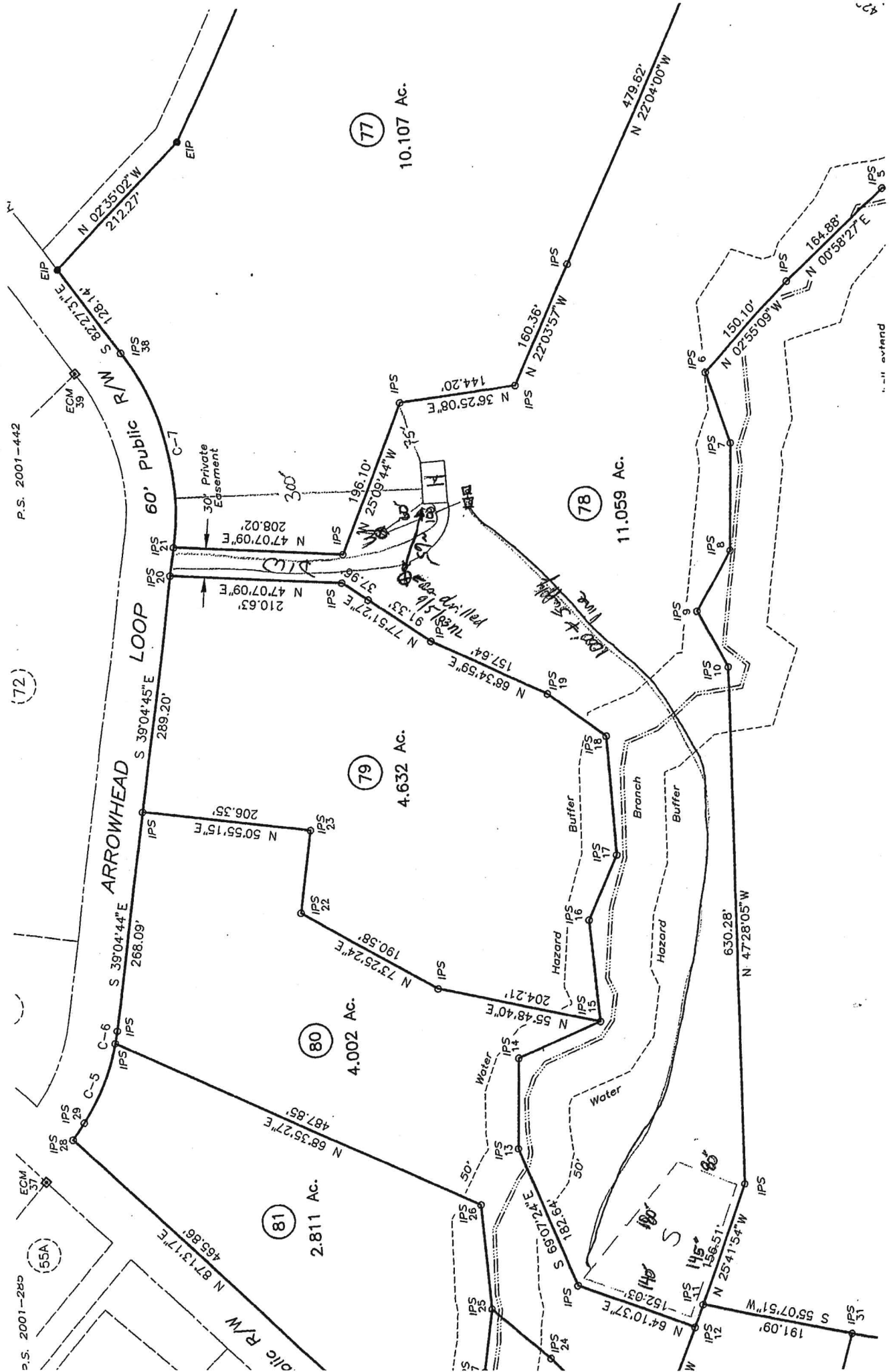
Permit Issued By Kim Wanner, R.S.
 Well Grout Inspected by Nancy Spear, R.S.
 Inspection Completed by William R.S.

Date 6/9/03
 Date September 5, 2003
 Date 9/10/03

911 Address 873 Arrowhead Loop
JAME/SUBDIVISION Bobcat Point Lot 78

BOBEAT POINT LOT 78
 I.P., CA & WELL SITE PLAN
 6/9/03 R. Wane

H = 50' X 30' HOUSE SITE
 W = WELL SITE
 S = SEWAGE DISPOSAL AREA,
 INITIAL & REPAIR



(72)

(77)

(79)

(80)

(81)

(55A)

42

CHATHAM COUNTY PUBLIC HEALTH DEPARTMENT
DIVISION of ENVIRONMENTAL HEALTH

SEWAGE DISPOSAL OPERATIONS PERMIT REPAIR

873 Arrowhead Loop
911 ADDRESS

Douglas Castleman Bobcat #78
NAME / SUBDIVISION & LOT #

Date 3/23/11

Parcel Number 80630

Residential: Non-Residential:

Max. Number of Bedrooms 3 Other: Max. GPD 360

Owner Douglas Castleman

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.

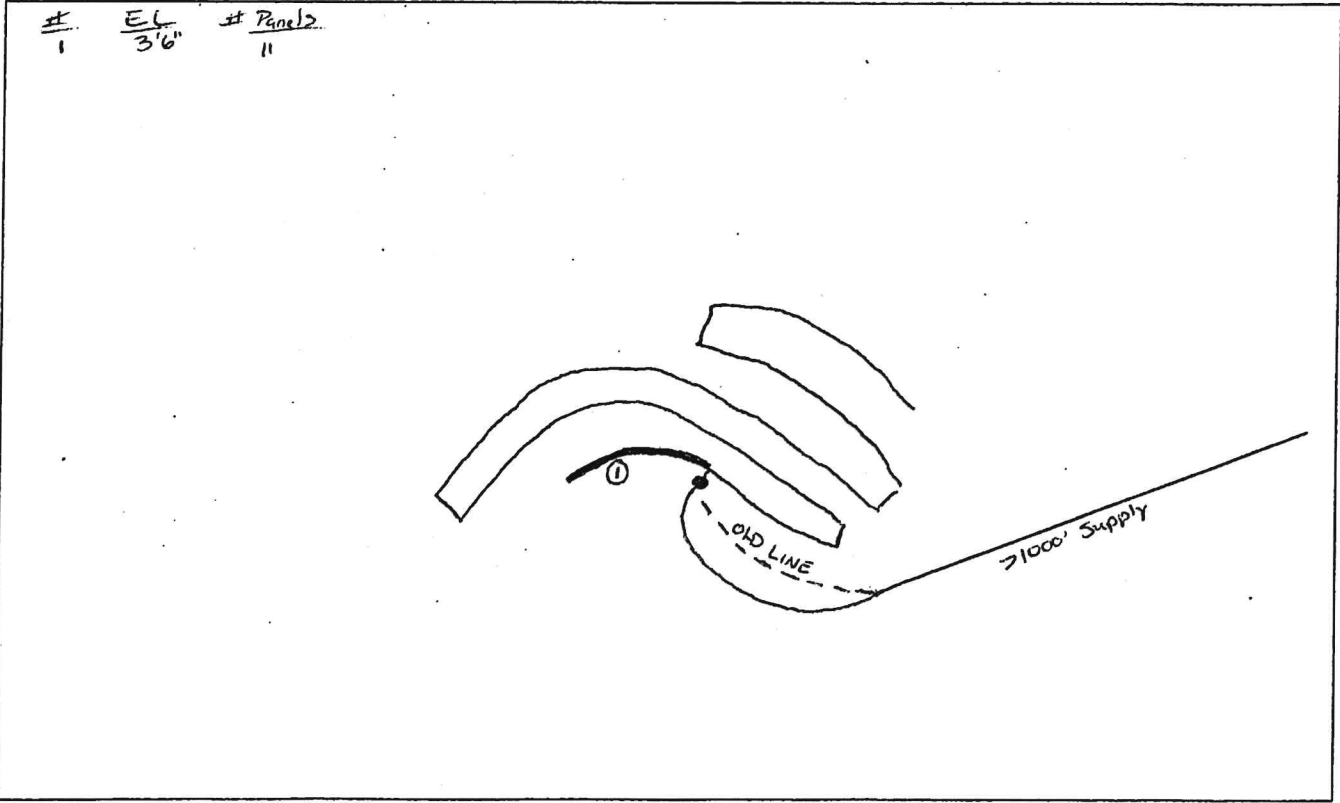
Type System: I II III IV V VI Jonathan D. King
Environmental Health Specialist

Installer Jimmy Stone Certification # 2911

Annual On-Site Wastewater Monitoring Fee Required Yes No

Subsurface Operator Required Yes No

Operations Permit Expiration Date _____ or N/A



CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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

OFFICE USE ONLY

TPN _____
Permit No. _____
Date _____
EHS _____
System Type _____

Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW REPAIR EXPANSION REVISED

An Improvement Permit is issued to Douglas Castleman for
a 11.059 acre site located 873 Arrowhead Loop
in Chatham County. It is specifically issued for the following facility:

Facility: Residential () Non-Residential ()
No. Bedrooms 3 No. Residents/Employees 360
Type Wastewater: Residential () Commercial ()
Initial System Type: I () II () IIIb () IV () V () VI ()
Description _____

Type System: Shallow Conventional () LPP ()
Other _____

Design Flow 360 EGD Application Rate .25 GPD/ft²
Size Tank(s) w/Risers and Effluent Filter ST 1000 ^{Existing} Gal PT 1000 ^{Existing} Gal
Nitrification Line (Length/Width/Max Depth) _____

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () IIIb () IV () V () VI ()
Description Add 60' L / 3' W / 18" D per site plan

Special Conditions - Remove small tree from Septic Area - move D-box to new location per site plan.
- additional soil cover will be required over entire system to achieve 6" cover at final grade.

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.
Septic tank riser 6" above grade required over outlet access port as a visible marker for the septic tank.
Solid PVC with elbows must be used to construct conveyance over dams or stepdowns.

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.
The Improvement Permit shall not be affected by change in ownership.

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

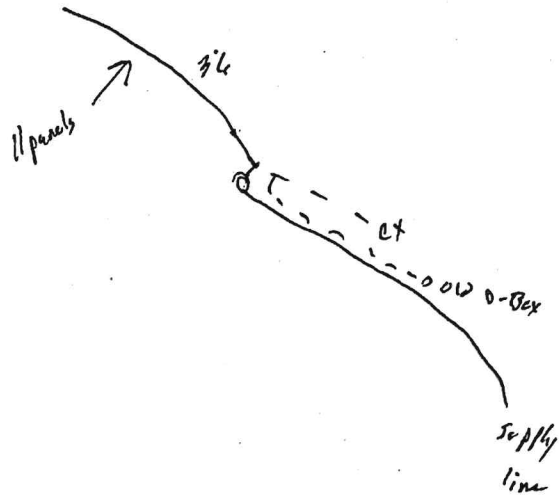
Issued by 
Environmental Health Specialist

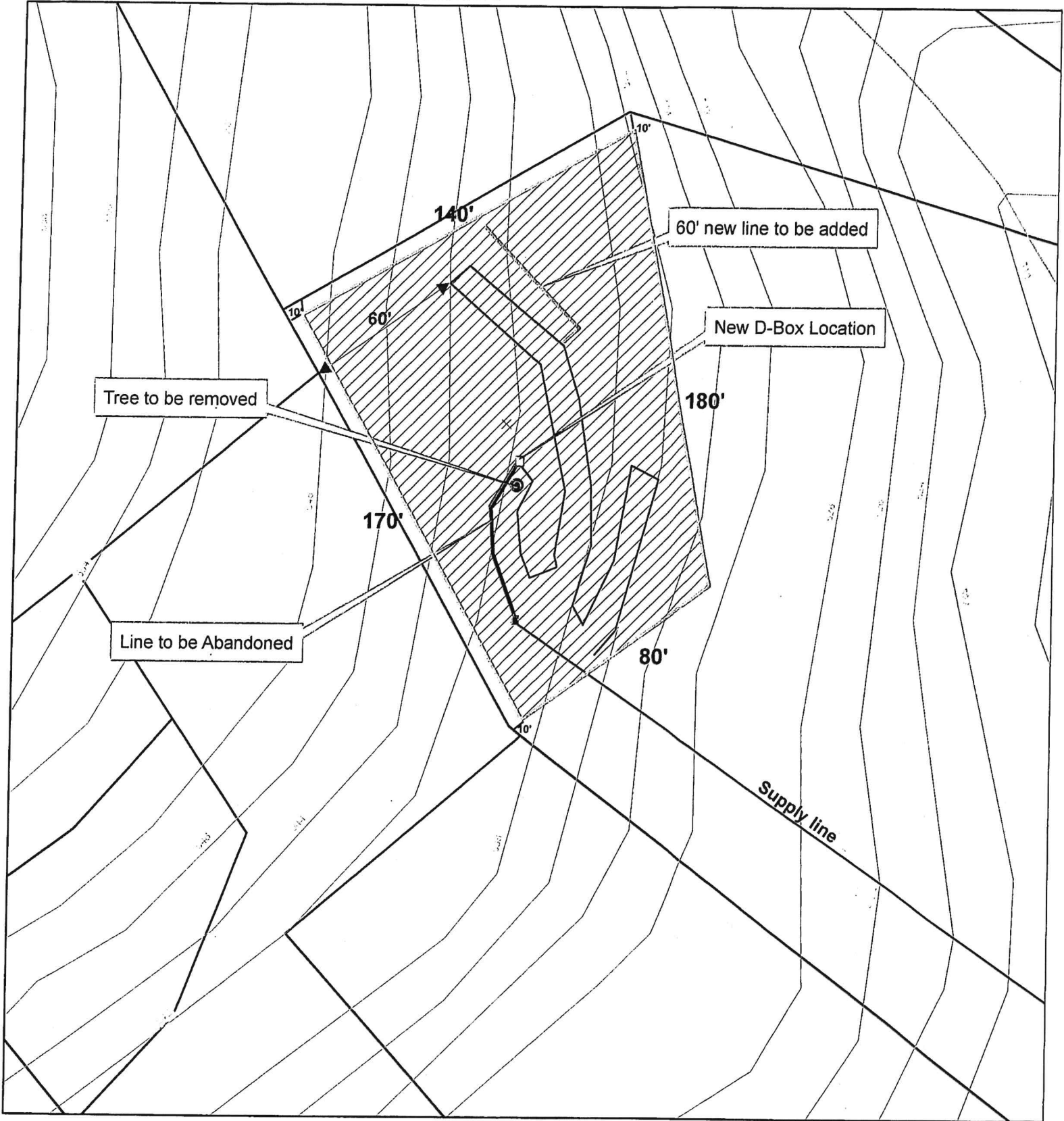
N.C. Registration Number 2203

Date 6-10-10

Name Castleman, Douglas
 Address 873 Arrowhead Loop
 911 Address Douglas Castleman, 873 Arrowhead Loop

Bobcat P4 78



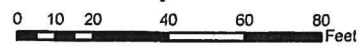


Legend

- Roads
- Contour_2ft
- Approved System Area
- Parcels



1 inch equals 50 feet



This document is for general information purposes only and is not to be considered official. Independent verification of all maps and data should be obtained by the users of the data from the Chatham County Environmental Health Dept.

NAME: _____

DATE: _____

CHECKLIST

INT/DATE

CCHD 173 S/L

ST HPPP-1000 STB-760 4-23

CCHD 142 S/L

PT SHOAF-1035 PT-308 11-13

One piece Two piece

Filter Zachel

Riser Concrete

Drainfield 480' x 3'

Dist. Device D box

Pump Zoeller BN152-A .4 HP

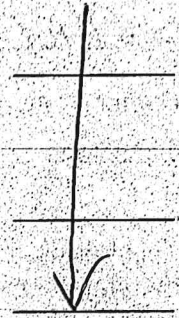
Pump Demo

Alarm/Floats

Circuits

Cover

KW 8/4/03



KW 8/13/03

"

KW 8/4/03

KW 8/10/03



CHATHAM COUNTY HEALTH DEPARTMENT
SEWAGE DISPOSAL CONSTRUCTION AUTHORIZATION
(Required for Building Permit)

Date 4/9/03

Improvements Permit No. KW-60903A

Owner Licky Spoon Builders Inc. New Repair Expansion

Location Hwy 87 N → L on Castle Rock Farm Rd → L on Henderson
Tangard Rd. → L on Poplar Forest → L on Arrowhead Loop →

This permit authorizes the owner to install the sewage disposal system within five years of the issue date on the Improvement Permit. 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 _____

The installer must flag the system prior to installation to ensure proper grade.

Site plan attached to IP

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal conditions of this permit.

System Type III(b) I & R

Ki Waverly S.
Environmental Health Specialist

****If applicable**

I understand the system type specified is different from the type specified on the application.
I accept the specifications of this permit.

Owner/Legal Representative Signature _____ Date: _____

Name Bobcat Point Lot 7B 911 Address 873 Arrowhead Loop

CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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

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

OFFICE USE ONLY

TPN _____
Permit No. LW-609034
Date 6/9/03
EHS Kim Warren
System Type III(b) I&R

Improvement Permit for Wastewater Systems ARTICLE II-CHAPTER 130A OF THE NC GENERAL STATUTES

NEW REPAIR EXPANSION

An Improvement Permit is issued to Ricky Spoon Bldgs, Inc. for
a 11.059 acre site located on Arrowhead Loop Lot 78
in Chatham County. It is specifically issued for the following facility:

Facility: Residential Non-Residential ()

No. Bedrooms 3 No. Residents/Employees up to 6

Type Wastewater: Residential Commercial ()

Initial System Type: I () II () III IV () V () VI ()

Description pumped

Type System: Shallow Conventional LPP ()

Other _____

Design Flow 360 EGD Application Rate 25 GPD/ft²

Size Tank(s) w/Risers and Effluent Filter ST 1000 Gal PT 1000 Gal

Nitrification Line (Length/Width/Max Depth) 480' x 3' x 20"

(On contour in approved septic area; sch. 40 PVC required over step-downs)

Repair System Type: I () II () III IV () V () VI ()

Description pumped shallow conl.

Special Conditions Cross creek using ductile iron per Rule 1950(h)

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. The Improvement Permit shall not be affected by change in ownership.

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

Issued by Kim Warren R.S.
Environmental Health Specialist

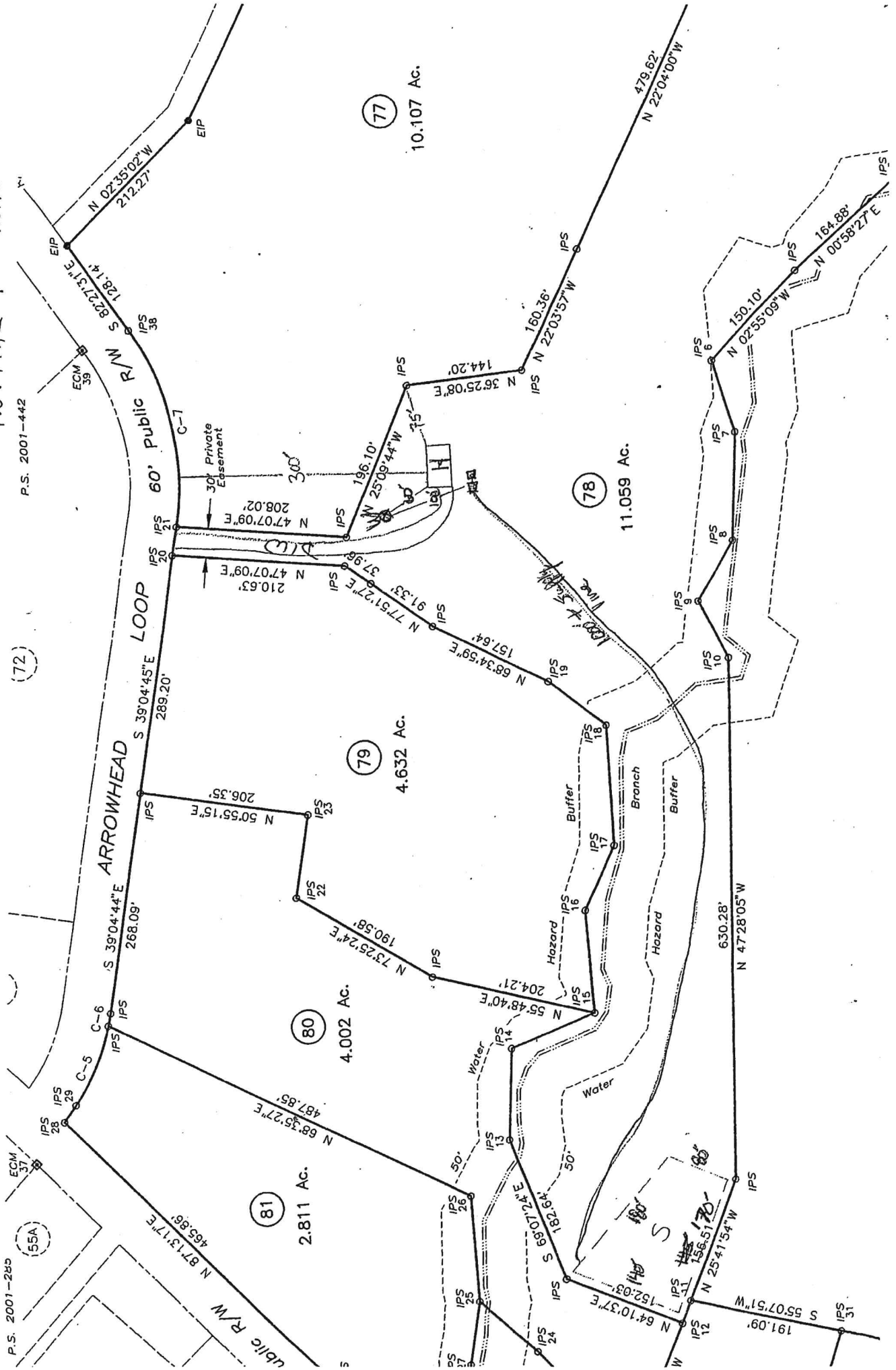
N.C. Registration Number 1237

Date 6/9/03

Name Bobs at Joint Lot 78 911 Address 873 Arrowhead Loop

BOBCAT POINT LOT 78
 IP, CA & WELL SITE PLAN
 6/19/03 Z. DANE

H = 50' x 30' HOUSE SITE
 W = WELL SITE
 S = SEWAGE DISPOSAL AREA,
 INITIAL & REPAIR



P.S. 2001-285

(55A)

P.S. 2001-442

(72)

(77)

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(80)

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(78)