



Private Well Information and Use Recommendations For Inorganic Chemical Contaminants

County:

Name:

Sample ID #:

Reviewer:

TEST RESULTS AND USE RECOMMENDATIONS

1. Your well water meets federal drinking water standards *for inorganic chemicals*. Your water can be used for drinking, cooking, washing, cleaning, bathing, and showering based on the *inorganic chemical results only*. You may have other water sampling results that are not taken into account in this report.
2. The following substance(s) exceeded federal drinking water standards or the North Carolina 2L calculated health levels. The North Carolina Division of Public Health recommends that your well water not be used for drinking and cooking, unless you install a water treatment system to remove the circled substance(s). However, it may be used for washing, cleaning, bathing and showering based on the *inorganic chemical results only*.

Arsenic	Barium	Cadmium	Chromium	Copper	Fluoride	Lead	Iron	
Manganese	Mercury	Nitrate/Nitrite	Selenium	Silver	Magnesium	Zinc	pH	

3. a. Sodium levels exceed the U.S. Environmental Protection Agency's (USEPA) Health Advisory level for sodium of 20 mg/l. The North Carolina Division of Public Health recommends that only individuals on no or low sodium restricted diets not use this water for drinking or cooking. It may be used for washing, cleaning, bathing, and showering based on the *inorganic chemical results only*.
- b. Levels over 30 mg/l may pose aesthetic problems such as bad taste, odor, staining of porcelain, etc.
4. Re-sampling is recommended in _____ months.
5. Re-sample for lead and /or copper. Take a first draw, 5 minute, and 15 minute sample inside the house (preferably the kitchen) and if possible a first draw, 5 minute and a 15 minute sample at the well head to determine the source of the lead and/or copper.
6. The following substance(s) exceeded federal drinking water standards. Your water can be used for drinking, cooking, washing, cleaning, bathing, and showering based on the *inorganic chemical results only*, but aesthetic problems such as bad taste, odor, staining of porcelain, etc. may occur. You may want to install a household water treatment system to address aesthetic problems.

Barium	Cadmium	Chromium	Fluoride	Iron	Magnesium
Manganese	Selenium	Silver	pH	Zinc	

For more information regarding your well water results, please call the North Carolina Division of Public Health at 919-707-5900.

RECEIVED APR 23 2018



North Carolina State Laboratory of Public Health
 Environmental Sciences
 Inorganic Chemistry
 Certificate of Analysis

P.O. Box 28047
 4312 District Drive
 Raleigh, NC 27611-8047
<http://slph.ncpublichealth.com>
 Phone: 919-733-7308
 Fax: 919-715-8611

Report To:

ORANGE CO ENVIRONMENTAL HEALTH
 131 W MARGARET LANE
 SUITE 100
 HILLSBOROUGH, NC 27278
 EIN: 566000327EH

Name of System:

JEAN CHITWOOD

 1003 TALLYHO TRL
 CHAPEL HILL, NC

Courier # 17-50-13

StarLiMS ID: **ES041018-0038001**

Date Collected: 04/09/18

Time Collected: 2:30 PM

Date Received: 04/10/18

Collected By: B Hawksworth

Sample Type: Raw
 Sample Source: Well

Sampling Point: Outside hose bib
 Temp. at Receipt: 2.0

Well Permit #:
 GPS #:

Sample Description:
 Comment:

New Well I +T_S Fe (Profile)

Analyte	Result	Allowable Limit	Unit	Qualifier(s)
Arsenic	< 0.005	0.010	mg/L	
Barium	< 0.1	2.00	mg/L	
Cadmium	< 0.001	0.005	mg/L	
Calcium	21		mg/L	
Chloride	6.00	250	mg/L	
Chromium	< 0.01	0.10	mg/L	
Copper	< 0.05	1.3	mg/L	
Fluoride	< 0.20	4.00	mg/L	
Insoluble Iron	2.00		mg/L	
Iron	2.60	0.30	mg/L	
Lead	< 0.005	0.015	mg/L	
Magnesium	3		mg/L	
Manganese	0.037 ✓	0.05	mg/L	
Mercury	< 0.0005	0.002	mg/L	
Nitrate	< 1.00	10.00	mg/L	
Nitrite	< 0.1	1.00	mg/L	
pH	7.5		N/A	
Selenium	< 0.005	0.05	mg/L	
Silver	< 0.05	0.10	mg/L	
Sodium	5.40		mg/L	
Soluble Iron	0.65		mg/L	
Sulfate	9.40	250	mg/L	
Total Alkalinity	63		mg/L	
Total Hardness	64		mg/L	
Zinc	0.27	5.00	mg/L	

If you have any questions

Report Date: 04/16/2018
 about these results, you may call

Orange County Environmental Health

919-245-2360

Reported By: Debbie Moncol

These results are not intended for
 use in property transactions, loan
 approvals, offers to purchase,
 nor real estate contracts

North Carolina Division of Public Health
Occupational and Environmental Epidemiology Branch, Epidemiology Section
BIOLOGICAL ANALYSIS REPORT

Private well water information and recommendations

County: **ORANGE** Name: Jean Chitwood Sample ID Number: ES 041018-0064001
Location: 1003 Tallyho Trl Reviewer: VH

Initial Sample Confirmation Sample

BIOLOGICAL ANALYSIS RESULTS AND RECOMMENDATIONS FOR USES OF YOUR PRIVATE WELL WATER (These recommendations are based on biological analysis only.)

No coliform bacteria were found in your well water. Your water can be used for all purposes including drinking, cooking, washing dishes, bathing and showering.

Total coliform bacteria were detected in the sample which indicates that harmful bacteria from human or animal waste could enter the well. Do not use the water for drinking or cooking unless it has been boiled for 3 minutes. You may use your water for all other purposes including washing dishes, bathing or showering.

Your well water needs to be re-tested to verify that the result is accurate.

Fecal coliform bacteria were detected in the sample. Do not use the water for drinking, cooking, washing dishes, bathing or showering.

If the re-test shows contamination by bacteria contact your local health department for assistance. There may be a problem with the construction of the well, the groundwater source, or operation of the well. The well needs to be inspected by the local health department or a local well contractor to determine the problem with the well and to give guidance on how to correct the problem.

Your well water was tested for biological contaminants (total coliform and fecal coliform bacteria). The results were evaluated using the federal drinking water standards.

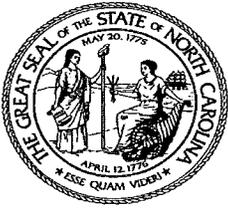
Drinking water may contain substances that can occur naturally in water or can be introduced into water from man-made sources. Total coliform bacteria are found in soil and fecal coliform bacteria are found in animal and human waste. Total coliform or fecal coliform bacteria in well water indicate that the well may have structural problems or that the well was not properly disinfected.

If you have been drinking the well water and are pregnant, nursing, have a child in the household under 5 years of age, or immunocompromised (such as an individual with AIDS, cancer, hepatitis, dialysis or surgical procedures) inform your physician of these results at your next visit.

If the contamination continues, you should investigate the possibility of drilling a new well or installing a point-of-entry disinfection unit which can use chlorine, ultraviolet light, or ozone.

For further information please contact your county health department or the Occupational and Environmental Epidemiology Branch at **919-707-5900**.

RECEIVED APR 23 2018



North Carolina State Laboratory Public Health
Environmental Sciences
Microbiology
Certificate of Analysis

P.O. Box 28047
4312 District Drive
Raleigh, NC 27611-8047
http://slph.ncpublichealth.com
Phone: 919-733-7308
Fax: 919-715-8611

Report To:
ORANGE CO ENVIRONMENTAL HEALTH
131 W MARGARET LANE
SUITE 100
HILLSBOROUGH, NC 27278
EIN:566000327EH

Name of System:
JEAN CHITWOOD
1003 TALLYHO TRL
CHAPEL HILL, NC

COURIER #: 17-50-13

StarLiMS Sample ID: ES041018-0064001



Collected: 04/09/2018 14:30
Received: 04/10/2018 08:31

B Hawksworth
Susan Beasley

ES Microbiology ID:
GPS Number:

Sample Source: Well
Sampling Point: Outside hose bib

Well Permit Number:

Sample Description:
Comment:

Environmental Microbiology - Colilert Profile

Method: SM 9223B

Test Name: Colilert

Table with 3 columns: Analyte, Test Result, Date. Rows include Total Coliform, Colilert and E. coli, Colilert, both showing 'Absent' results.

Report Date: 04/12/2018
If you have any questions

Reported By: Susan Beasley

Handwritten signature of Susan Beasley

about these results, you may call

Orange County Environmental Health

919-245-2360

These results are not intended for
use in property transactions, loan
approvals, offers to purchase,

nor real estate contracts

Explanations of Coliform Analysis:

If coliform bacteria are Absent, the water is considered safe for drinking purpose. If coliform bacteria are Present, the water is considered unsafe for drinking purpose. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

Orange County Health Department

Environmental Health Division
P.O. Box 8181, 131 W. Margaret Lane
Hillsborough, NC 27278
Phone 919-245-2360 Fax 919-644-3006
www.co.orange.nc.us



RECEIPT

RECEIPT NUMBER: R18-001331

TMBL: 7

To:

APD #: WS18-00094

TYPE: Water Sample Application

SITE ADDRESS: 1003 TALLYHO TRL CAPL

PARCEL: 9870237742

TRANSACTION DATE: 04/04/2018	TOTAL PAYMENT:	110.00
	TOTAL PAID FROM CURRENCY:	110.00

TRANSACTION LIST:

Type	Method	Description	Amount
Payment	Credit C	VISA 1704	110.00
Total :			110.00

ACCOUNT ITEM LIST:

FEE DESCRIPTION	ACCOUNT CODE	CALCULATED FEES
COMPLETE WATER SAMPLE	10413003-423	110.00
Total :		110.00
Balance Due:		\$0.00

RECEIPT ISSUED BY: JMELTON

INITIALS: JM

ENTERED DATE: 04/04/2018

TIME: 04:28 PM

Please retain this receipt for your records.

State Laboratory of Public Health
 Division of Health Services, N.C. Dept. of Human Resources
 P.O. Box 28047 - 306 N. Wilmington St., Raleigh, N.C. 27611 - 8047

DRINKING WATER DESCRIPTION BLANK - FILLED IN BY SENDER
 COLIFORM ANALYSIS - PRIVATE SUPPLY

Name of Owner or Tenant MARJORIE WIESENINK
1003 AILEY RD County Orange

Type of Sampling Point outside dist

Collected By ELG DATE 10-23-89 TIME 9:56 AM PM

Source: Well Spring Other

Signed By: [Signature] Indicate: M.D. or Sanitarian

Address Orange Co. Health Comm. 02-91-16

City Hillsborough NC Zip 27279

1294 ALL INFORMATION REQUESTED MUST BE GIVEN.

BACTERIOLOGIC ANALYSIS

Media	Positive Tubes				
LTB	1	2	3	4	5
BGB	1	2	3	4	5
COLIFORM BACTERIA					
Not Found	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MPN					

738188

LAB. NO.
 DATE/TIME RECEIVED

OCT 24 9 34 AM '89

REPORTED
 OCT 26 1989

with sent 7.23D. 41

Do not write on this side of form.

DIRECTIONS FOR COLLECTING SAMPLE

Fill in the left side of the form completely. All information requested must be given. This bottle contains sodium thiosulfate, a dechlorinating agent. Do not rinse the bottle. It was clean and sterile when shipped. If a white crystalline material is visible inside the bottle, it is the sodium thiosulfate and is a normal condition. Any mottled or cloudy appearance of the glass is the result of repeated washing and sterilization.

Before taking a sample, let the water run from tap for at least five (5) minutes. "Flaming" the tap is no longer a required step in the sampling procedure. When taking the sample, let nothing but the water itself come in contact with the mouth of the bottle or in the inside of the cap. Do not fill the bottle completely; leave ½ inch air-space at the top of the bottle. This air-space allows the sample to be shaken properly at the lab.

Samples should be taken from distribution or house taps in most cases. This gives a better indication of the overall quality of the water system than does a well tap sample. In the event that samples from points other than the normal distribution system are required, they should be so designated on the form. Use the space on the form marked "Type of Sampling Point" for this information.

Forward all samples immediately after collection. The samples must be examined as promptly as possible. Try to co-ordinate the time a sample is taken as closely as possible with the time mail is picked up from your post office or state courier box. DO NOT take a sample one day and mail it the next. Water samples for bacteriological analysis must be processed by this laboratory within 30 hours after collection.

The sender is required to pay the transportation charges.

The analysis takes several days for completion, and the report will be mailed back as soon as possible. Please do not call the laboratory to request "early" results, unless absolutely necessary.

EXPLANATIONS

If coliform bacteria are Present, the water is considered unsafe for drinking purposes. If coliform bacteria are Not Found, the water is considered safe for drinking purposes. It must be remembered, however, that a water analysis refers only to the sample as received and should not be regarded as a complete report on the water supply. The M.P.N. value is the "Most Probable Number" (a valid statistical estimate) of coliform bacteria per 100 milliliters (about 3½ fl. oz.) of sample.

NOTE

No sample should be sent from an open well or unprotected spring or from any supply where there is visible evidence of possible contamination. Water from such sources is unsafe, regardless of laboratory findings.

Orange County Health Department

Environmental Health Division
P.O. Box 8181, 306-C Revere Road
Hillsborough, NC 27278



Phone: 245-2360 Fax: 644-3006

PIN # 9870237742

TMBL 7.23D..41

APPLICATION DATE 04.25.2002

APPLICATION# H39906X

EXISTING WELL / SEPTIC SYSTEM AUTHORIZATION

APPLICANT: A B A T CONSTRUCTION
ADDRESS: 121 S ESTES
CHAPEL HILL NC 27514
PHONE #: 942-6464

PROPERTY OWNER: CHITWOOD MICHAEL A / & JEAN S
ADDRESS: 1003 TALLYHO TRL
CHAPEL HILL NC 27516-9604
PHONE #

PROPERTY DESCRIPTION: #61 SEC 4 PH A FOX MEADOW LOT SIZE: A0.97

PROPERTY ADDRESS/DIRECTIONS LOCATION 8102 REYN RD / LOT 61 FOX MEADOW - 1003 TALLYHO TRAIL

TYPE OF FACILITY SEP SUBDIVISION Fox Meadow LOT#: 61
MOBILE HOME PARK SPACE#:

FLOOR PLAN REVIEW (JRS) ORIGINAL PERMIT LOCATED? Y N WASTEFLOW 360 GPD

AUTHORIZATION FOR: (DESCRIPTION OF PROPOSAL) Porch and Deck

AUTHORIZATION CONDITIONS:

- On the date of the inspection, the system(s) appeared to be functioning properly
The proposed change does not affect the well setback requirements, septic system setbacks, or design waste flow
The proposed change requires the owner to apply for and obtain An Improvement Permit, A Construction Authorization, or A Well Permit

(reason)

- The system was malfunctioning and must be repaired in accordance with the Repair Construction Authorization
The following conditions shall be met prior to the issuance of the CERTIFICATE OF OCCUPANCY:

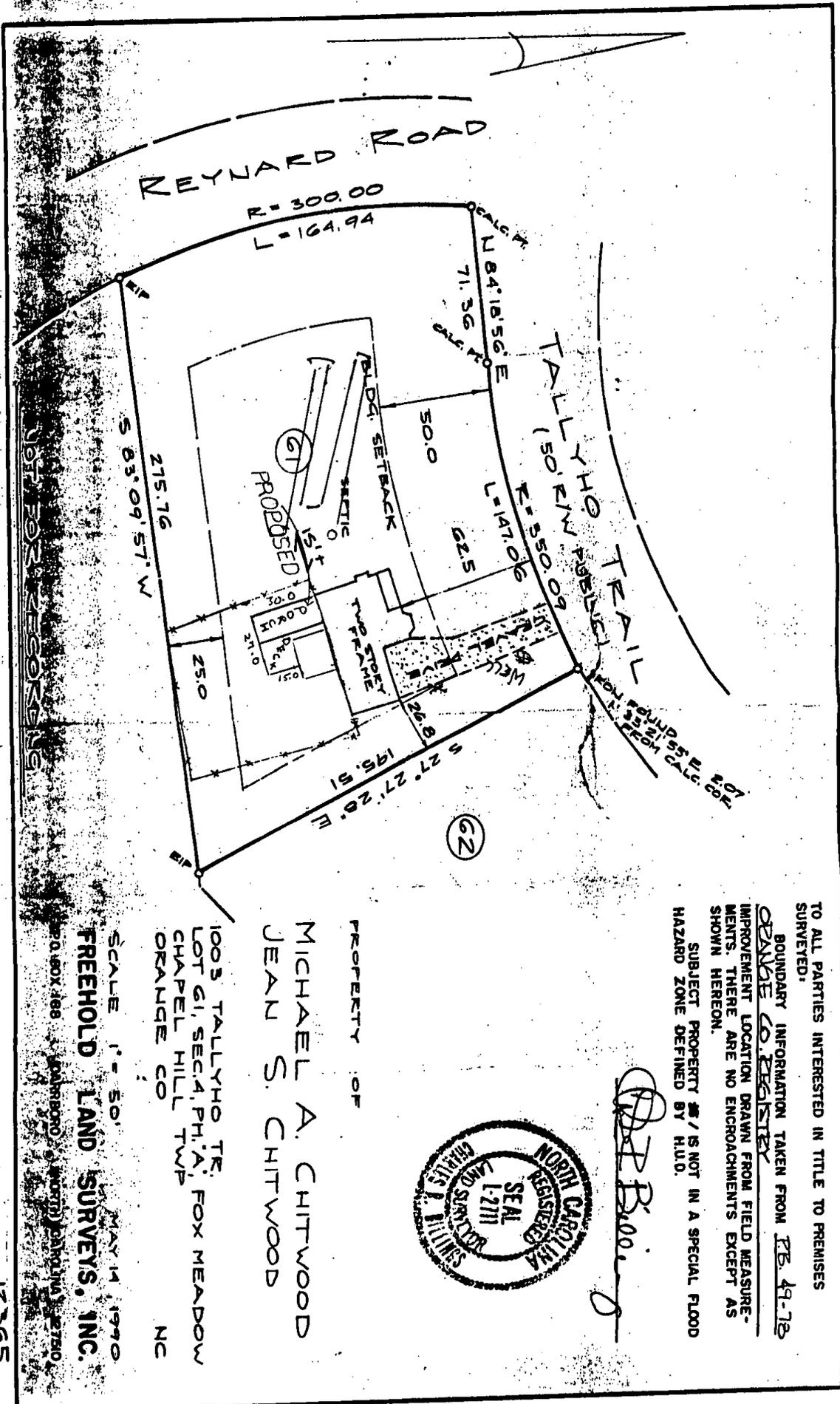
KEEP ANY CONSTRUCTION EQUIPMENT & TRAFFIC OFF SEPTIC AREA AND DRAINFIELD

- Authorization denied (reason)
No field visit or EH approval is required. Change does not meet need for authorization pursuant to NCGS 130A-336
Additional Comments

- REFER TO THE SITE PLAN / FLOOR PLAN SHOWING THE SYSTEM AND FACILITY LOCATIONS AND OTHER SPECIFICATIONS OF THE AUTHORIZATION
THIS AUTHORIZATION SHALL BECOME INVALID AND MAY BE REVOKED IF:
- The information submitted on the application is incorrect, falsified, or changes, or
- The proposal is altered.
THIS AUTHORIZATION IS VALID FOR A PERIOD OF 6 MONTHS AFTER THE DATE OF ISSUANCE.
THIS AUTHORIZATION IS CONDUCTED IN ACCORDANCE WITH:
- Orange County Rules for Wastewater Treatment and Disposal Systems as adopted by the Orange County Board of Health,
- Orange County Groundwater Regulations,
- Orange County Wastewater System Specifications, and
- Orange County Environmental Health Division Policy

Will Pick up Mail

ISSUED: 4-26-02 DATE ENVIRONMENTAL HEALTH SPECIALIST James R. Brown EXPIRES: 10-26-02



KEYNARD ROAD

R = 300.00
L = 164.94

TALLYHO TRAIL
(50' R/W) FOREVER

S 85° 09' 57" W
215.76

N 84° 18' 56" E
71.36
CALC. FROM

R = 350.09
L = 147.06

BUILD SETBACK
50.0

PROPOSED

WELL
STORAGE

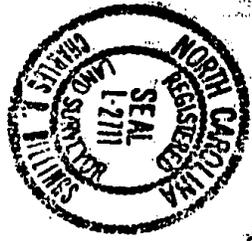
S 27° 27' 20" E
195.51

(G2)

NOT FOR RECORDING

TO ALL PARTIES INTERESTED IN TITLE TO PREMISES SURVEYED:
BOUNDARY INFORMATION TAKEN FROM FB 49-72
ORANGE CO. REGISTER
IMPROVEMENT LOCATION DRAWN FROM FIELD MEASUREMENTS. THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN HEREON.
SUBJECT PROPERTY IS NOT IN A SPECIAL FLOOD HAZARD ZONE DEFINED BY HUD.

Handwritten signature



PROPERTY OF
MICHAEL A. CHITWOOD
JEAN S. CHITWOOD
1005 TALLYHO TR.
LOT G1, SEC. 4, PH. A, FOX MEADOW
CHAPEL HILL TWP
ORANGE CO
NC

SCALE 1" = 50'
MAY 14 1970
FRESHOLD LAND SURVEYS, INC.
P.O. BOX 468
ASHEBORO, NORTH CAROLINA 27810

12565

Typical setbacks required by state and local rules unless otherwise specified in writing:

(1)	Any private water supply source, including any well or spring	100 feet;
(2)	Any public water supply source	100 feet;
(3)	Streams classified as WS-I	100 feet;
(4)	Any other stream, canal, marsh, or other surface waters	50 feet;
(5)	Any Class I or Class II reservoir	100 feet, from normal pool elevation;
(6)	Any permanent storm water retention pond	50 feet, from flood pool elevation;
(7)	Any other lake or pond	50 feet, from normal pool elevation;
(8)	Any building foundation or building footing	15 feet;
(9)	Any basement	15 feet;
(10)	Any property line	10 feet;
(11)	Top of slope of embankments or cuts of 2 feet or more vertical height	15 feet;
(12)	Any water line	10 feet;
(13)	Drainage Systems:	
	(A)Interceptor drains, foundation drains, and storm water diversions	
	(i) upslope from system	10 feet,
	(ii) sideslope from system	15 feet, and
	(iii) downslope from system	25 feet;
	(B)Groundwater lowering ditches and devices	25 feet;
(14)	Any swimming pool	25 feet;
(15)	Any other nitrification field (except repair area)	20 feet;
(16)	Drip Line(Outermost edge of a structure)	5 feet

Any changes to the proposed plans must be approved by the OCHD



Please do not allow any traffic, construction, excavation, utilities, material storage, or any other disturbance to take place on the septic area or repair area. These activities may void your authorization.



Septic systems must be installed/repared by a Registered Septic System Contractor in Orange County

Wells must be repaired/abandoned by a Well Driller who is certified by the State of NC and registered in Orange County



A list of registered contractors is available upon request.



The Owner is responsible for marking all property lines and corners. The Contractor is responsible for ensuring that the well or septic system setbacks are not encroached upon.

Orange County Health Department

Environmental Health Division
P.O. Box 8181, 306-C Revere Road
Hillsborough, NC 27278



Phone: 245-2360 Fax: 644-3006

PIN # 9870237742

TMBL 7.23D..41

APPLICATION DATE 04.25.2002

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CHAPEL HILL NC 27514

ADDRESS 1003 TALLYHO TRL
CHAPEL HILL NC 27516-9604

PHONE # 942-6464

PHONE #

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LOT SIZE: A0.97

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MOBILE HOME PARK SPACE#:

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An Improvement Permit
A Construction Authorization
A Well Permit

(reason)

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KEEP ANY CONSTRUCTION EQUIPMENT & TRAFFIC OFF SEPTIC AREA AND DRAINFIELD

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Orange County Groundwater Regulations,
Orange County Wastewater System Specifications, and
Orange County Environmental Health Division Policy

Will Pick up Mail

ISSUED: 4-26-02 DATE

James R. Brown ENVIRONMENTAL HEALTH SPECIALIST

EXPIRES: 10-26-02

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(8)	Any building foundation or building footing	15 feet;
(9)	Any basement	15 feet;
(10)	Any property line	10 feet;
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	(A) Interceptor drains, foundation drains, and storm water diversions	
	(i) upslope from system	10 feet,
	(ii) sideslope from system	15 feet, and
	(iii) downslope from system	25 feet;
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(15)	Any other nitrification field (except repair area)	20 feet;
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Any changes to the proposed plans must be approved by the OCHD

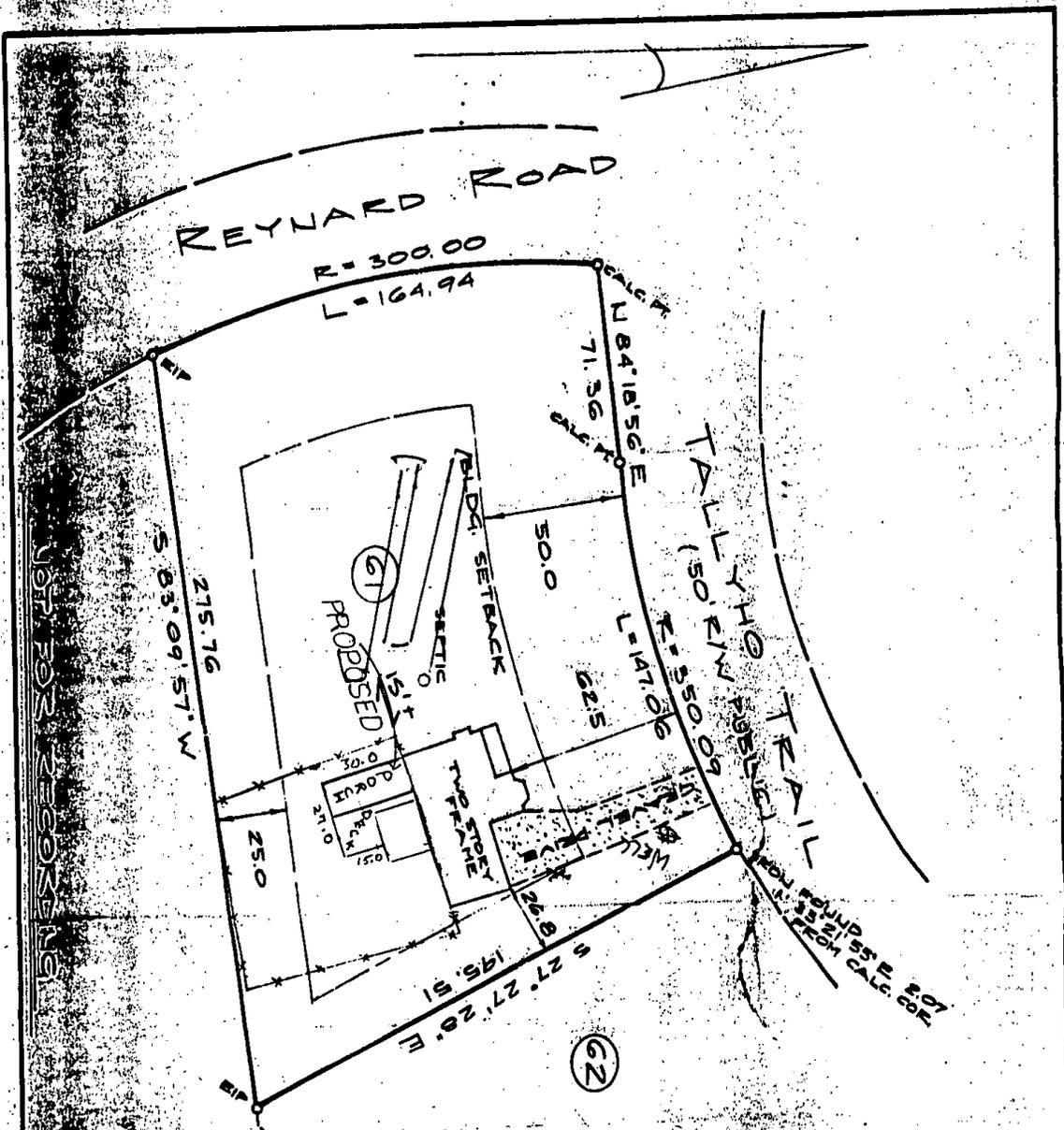
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◆
A list of registered contractors is available upon request.

◆
The Owner is responsible for marking all property lines and corners. The Contractor is responsible for ensuring that the well or septic system setbacks are not encroached upon.



TO ALL PARTIES INTERESTED IN TITLE TO PREMISES SURVEYED:

BOUNDARY INFORMATION TAKEN FROM FB 49-73
ORANGE CO. REGISTRY
 IMPROVEMENT LOCATION DRAWN FROM FIELD MEASUREMENTS, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN HEREON.

SUBJECT PROPERTY IS NOT IN A SPECIAL FLOOD HAZARD ZONE DEFINED BY H.U.D.

[Signature]
 B. B. B. Co.



PROPERTY OF
 MICHAEL A. CHITWOOD
 JEAN S. CHITWOOD

1003 TALLYHO TR.
 LOT G1, SEC. 4, PH. 1A, FOX MEADOW
 CHAPEL HILL TWP
 ORANGE CO
 NC

SCALE 1" = 50'
 FREEHOLD LAND SURVEYS, INC.
 20 BOX 468
 FARMINGTON, NORTH CAROLINA 27830

12565

APPLICANT'S NAME ABAT Const. TMBL 7.23D.41

**Orange County Health Department
Environmental Health Division**



APPLICATION FOR PERMITS

**Improvement Permits
Construction Authorizations
Existing Well/Septic System Inspections
Well Permits**

This application is used to apply for any or all of the above permits or authorizations. The form must be filled out completely and accompanied with payment before services can be initiated

Completion of this form does not imply or guarantee any permit will be issued or an authorization granted. Please be sure all the information is correct as the information you provide will guide the staff in the evaluation and permitting of your property. Any permit may be suspended or revoked if the information is falsified, incorrect or if the site is altered after the permit/authorization is issued.

Orange County Health Department, Environmental Health Division
P.O. Box 8181, 306-C Revere Road
Hillsborough, NC 27278

PHONE: 919-245-2360 FAX: 919-644-3006

www.co.orange.nc.us/envhlth/index.htm

APPLICATION #: _____

PIN #: 9870-23-7742

DATE RECEIVED: 4/25/02

OCPD CONFIRMED: _____

REVIEWED BY: JK

ASSIGNED TO: Jim (w. WT mp)

NOTES: _____

GENERAL INFORMATION

APPLICANT: ABATCONST. MIKE WAGNER PROPERTY OWNER: MIKE CHITWOOD
 ADDRESS 121 ST. 850ES ADDRESS 1003 TAILY HO
CHAPEL HILL, NC 27514 CHAPEL HILL, NC 27516
 PHONE NUMBER 942-6464 PHONE NUMBER _____
 LOT SIZE _____ SUBDIVISION / LOT# FOX MEADOWS DATE LOT RECORDED _____
 PARCEL ADDRESS: _____ DIRECTIONS / LOCATION: _____
OFF ROGERS RD & HOMESTEAD

Is this application for a : NEW SYSTEM REPAIR EXPANSION RENEWAL SUBDIVISION/RECOMB

For a: SINGLE FAMILY DWELLING Size _____ Number of Bedrooms _____ Number of occupants _____
 APARTMENT/EFFICIENCY/GUEST HOUSE
 BUSINESS/OTHER _____

Please describe the business, number of employees, square footage, etc. Use attachments if necessary.

TYPE OF WATER SUPPLY

- PUBLIC
- PRIVATE WELL
- COMMUNITY WELL
- OTHER

PLEASE CHECK IF APPLICABLE:

- BASEMENT WITH PLUMBING
- WASTEWATER OTHER THAN SEWAGE GENERATED
- PROPERTY CONTAINS DESIGNATED WETLANDS
- SITE IS SUBJECT TO APPROVAL BY OTHER AGENCY

REQUESTED SYSTEM TYPE:

- CONVENTIONAL
- OTHER (SPECIFY) _____

Check All Sections That Apply

	WELL PERMIT SECTION	#
<input type="checkbox"/>	WELL PERMIT - NEW	\$ 230
<input type="checkbox"/>	WELL PERMIT - RENEWAL / ALTERATIONS / REVISIT	\$ 100

CHECKLIST THE FOLLOWING ARE REQUIRED BEFORE PROCESSING THIS APPLICATION FOR A WELL PERMIT:

- A SITE PLAN OR PLAT MUST BE PROVIDED SHOWING: THE LOCATION ANY STRUCTURES, PROPOSED ADDITIONS, EXCAVATIONS OR OTHER IMPROVEMENTS; AND PROPERTY LINES.
- THE EXISTING AND PROPOSED PROPERTY LINES AND CORNERS MUST BE CLEARLY MARKED.

	EXISTING WELL / WASTEWATER INSPECTION SYSTEM SECTION	#
<input checked="" type="checkbox"/>	EXISTING SEPTIC SYSTEM INSPECTION	\$ 100
DESCRIPTION OF PROPOSED CHANGES / REASON FOR INSPECTION: <u>RELOCATING SCREEN</u> <u>PORCH AND DECK</u>		
ORIGINAL OWNER _____ SYSTEM IS: <input checked="" type="checkbox"/> IN USE or <input type="checkbox"/> VACANT since _____ (date)		

CHECKLIST THE FOLLOWING ARE REQUIRED BEFORE PROCESSING THIS APPLICATION FOR AN INSPECTION:

- A SITE PLAN OR PLAT MUST BE PROVIDED SHOWING: THE LOCATION OF ANY STRUCTURES, PROPOSED ADDITIONS, EXCAVATIONS OR OTHER IMPROVEMENTS; AND PROPERTY LINES.
- FOR ADDITIONS, A COPY OF THE FLOOR PLAN MUST BE SUBMITTED FOR REVIEW.
- EXISTING PROPERTY LINES, CORNERS, AND LOCATION OF PROPOSED STRUCTURES MUST BE CLEARLY MARKED ON THE SITE.

	MOBILE HOME PARK RECONNECTION SECTION	#
<input type="checkbox"/>	MOBILE HOME SPACE RECONNECTION INSPECTION-PER SPACE	\$ 50

CHECKLIST THE FOLLOWING ARE REQUIRED BEFORE PROCESSING THIS APPLICATION FOR AN INSPECTION:

- A SITE PLAN OR PLAT MUST BE PROVIDED SHOWING: THE DIMENSIONS AND LOCATION OF THE PROPOSED MOBILE HOME.
- THE CORNERS OF THE PROPOSED HOME MUST BE CLEARLY STAKED ON THE SITE.
- A COPY OF THE FLOOR PLAN MUST BE SUBMITTED FOR REVIEW.

SITE EVALUATION / IMPROVEMENT PERMIT SECTION

#

- IMPROVEMENT PERMIT FOR AN INDIVIDUAL LOT (Up to 600 GPD) \$ 310 PER SITE
- IMPROVEMENT PERMIT FOR A SUBDIVISION / RECOMBINATION OF PROPERTY (Up to 600 GPD):
NUMBER OF SITES IN SUBDIVISION / RECOMBINATION: _____ \$ 310 PER SITE

EACH SITE EVALUATION CONSISTS OF UP TO 2 ACRES. FLOWS OVER 600 GPD REQUIRE ADDITIONAL FEES.

CHECKLIST THE FOLLOWING ARE REQUIRED BEFORE PROCESSING THIS APPLICATION FOR AN IMPROVEMENT PERMIT:

- A SITE PLAN OR PLAT SHOWING THE EXISTING AND PROPOSED PROPERTY LINES WITH DIMENSIONS AND THE LOCATION OF ALL PROPOSED STRUCTURES, ADDITIONS, OR IMPROVEMENTS WITH LABELED SETBACKS.
- EXISTING AND ANY PROPOSED PROPERTY LINES / CORNERS MUST BE CLEARLY MARKED ON SITE.
- THE APPLICANT IS RESPONSIBLE FOR MAKING THE SITE ACCESSIBLE FOR THE EVALUATION.
- FOR NON SINGLE-FAMILY DWELLING APPLICATIONS, ADDITIONAL INFORMATION TO DETERMINE WASTE FLOW AND CHARACTERISTICS WILL BE REQUIRED.

CONSTRUCTION AUTHORIZATION SECTION

#

- AUTHORIZATION TO CONSTRUCT FOR NEW CONSTRUCTION \$ 160 (Up to 600 GPD)
- SITE REVISIT TO REISSUE OR MODIFY A VALID CONSTRUCTION AUTHORIZATION \$ 100 (Up to 600 GPD)

CHECKLIST THE FOLLOWING ARE REQUIRED BEFORE PROCESSING THIS APPLICATION FOR A CONSTRUCTION AUTHORIZATION:

- A FLOOR PLAN OF THE STRUCTURE MUST BE SUBMITTED.
- A SITE PLAN OR PLAT MUST BE PROVIDED SHOWING: THE LOCATION OF THE PROPOSED STRUCTURES, DRIVEWAYS, ADDITIONS, EXCAVATIONS OR OTHER IMPROVEMENTS; PROPERTY LINES; DIMENSIONS; AND SETBACKS TO REFERENCE POINTS.
- THE EXISTING AND ANY PROPOSED PROPERTY LINES / CORNERS MUST BE CLEARLY MARKED ON SITE.
- THE LOCATION OF PROPOSED STRUCTURES AND IMPROVEMENTS MUST BE STAKED ON SITE.

THE CONSTRUCTION AUTHORIZATION MUST BE ISSUED PRIOR TO ANY CONSTRUCTION. SUBSEQUENT CHANGES TO THE SITE PLAN, FLOOR PLAN, OR APPLICATION WILL REQUIRE A NEW APPLICATION AND ADDITIONAL FEES. FLOWS OVER 600 GPD REQUIRE ADDITIONAL FEES.

SIGNATURE SECTION

TOTAL AMOUNT DUE \$ _____ RECEIPT # _____

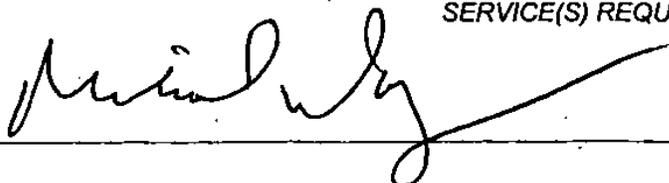
ADDITIONAL FEES MAY BE REQUIRED IF THE RESULTING FLOW IS >600 GPD, FOR NON-DOMESTIC WASTEWATER SYSTEMS, OR IF ADDITIONAL PERMITS ARE NECESSARY

THIS APPLICATION MUST BE SIGNED BY THE CURRENT OWNER OF THE PROPERTY OR THE OWNER'S LEGAL REPRESENTATIVE (eg. SPOUSE, POWER OF ATTORNEY, EXECUTOR, OR PERSON WHO HAS ENTERED INTO A CONTRACT OR LEASE WITH THE PROPERTY OWNER)

ONLY ORIGINAL SIGNATURES CAN BE ACCEPTED.

I AM THE PROPERTY OWNER OR THE PROPERTY OWNER'S LEGAL REPRESENTATIVE

I HAVE READ THIS APPLICATION AND AUTHORIZE THE OCHD TO ENTER THE PROPERTY AND PERFORM THE SERVICE(S) REQUESTED.

OWNER: 

DATE: 4-25-02

GENERAL INFORMATION

- PERMITS / AUTHORIZATIONS ARE SUBJECT TO REVOCATION IF THE SITE PLAN, PLAT, OR INTENDED USE CHANGES OR IF THE SITE IS ALTERED. SUBSEQUENT CHANGES TO THE SITE PLAN OR INFORMATION ON THE APPLICATION WILL REQUIRE A NEW APPLICATION AND ADDITIONAL FEES
- NO REFUNDS WILL BE GIVEN FOR SERVICES THAT ARE ALREADY RENDERED OR INITIATED.
- PAYMENT AS INDICATED IN THE INDIVIDUAL SECTIONS MUST ACCOMPANY THE APPLICATION IN ORDER TO PROCESS THE APPLICATION AND SCHEDULE A FIELD VISIT BY STAFF
- A WELL PERMIT OR A CONSTRUCTION AUTHORIZATION MUST BE ISSUED PRIOR TO ANY CONSTRUCTION OR REPAIR OF A WELL OR A WASTEWATER SYSTEM.
- A FINAL INSPECTION OF THE WELL AND WASTEWATER SYSTEM MUST BE COMPLETED AND APPROVED BY THE OCHD STAFF PRIOR TO PLACING EITHER INTO USE OR OCCUPYING A NEW HOME.
- YOU MUST CONTRACT WITH A WELL CONTRACTOR WHO IS REGISTERED IN ORANGE COUNTY AND HOLDS A VALID CERTIFICATION FROM THE STATE OF N.C. (A LIST IS AVAILABLE)
- YOU MUST CONTRACT WITH A SEPTIC CONTRACTOR WHO IS REGISTERED TO INSTALL OR REPAIR SYSTEMS IN ORANGE COUNTY. (A LIST IS AVAILABLE)
- EVERY APPLICATION FOR A CONSTRUCTION AUTHORIZATION MUST BE ACCOMPANIED BY EITHER A VALID IMPROVEMENT PERMIT OR BY AN APPLICATION FOR AN IMPROVEMENT PERMIT.
- ANY CHANGES THAT ARE PROPOSED FOR AN EXISTING PERMIT REQUIRES A NEW APPLICATION.
- FOR AN IMPROVEMENT PERMIT, IF A HOUSE SITE OR PROPOSED SEPTIC SITE IS NOT DESIGNATED ON THE SITE PLAN, ONE WILL BE ASSIGNED BY THE OCHD STAFF.

EXPIRATION OF PERMITS / AUTHORIZATIONS	
WELL PERMITS	5 YEARS
EXISTING WELL/SYSTEM AUTHORIZATIONS	6 MONTHS
IMPROVEMENT PERMITS	5 YEARS (WHEN A SITE PLAN IS SUBMITTED) NO EXPIRATION (WHEN PLAT* IS SUBMITTED)
CONSTRUCTION AUTHORIZATIONS	5 YEARS MAXIMUM OR WHEN ACCOMPANYING IMPROVEMENT PERMIT EXPIRES WHICHEVER COMES FIRST.

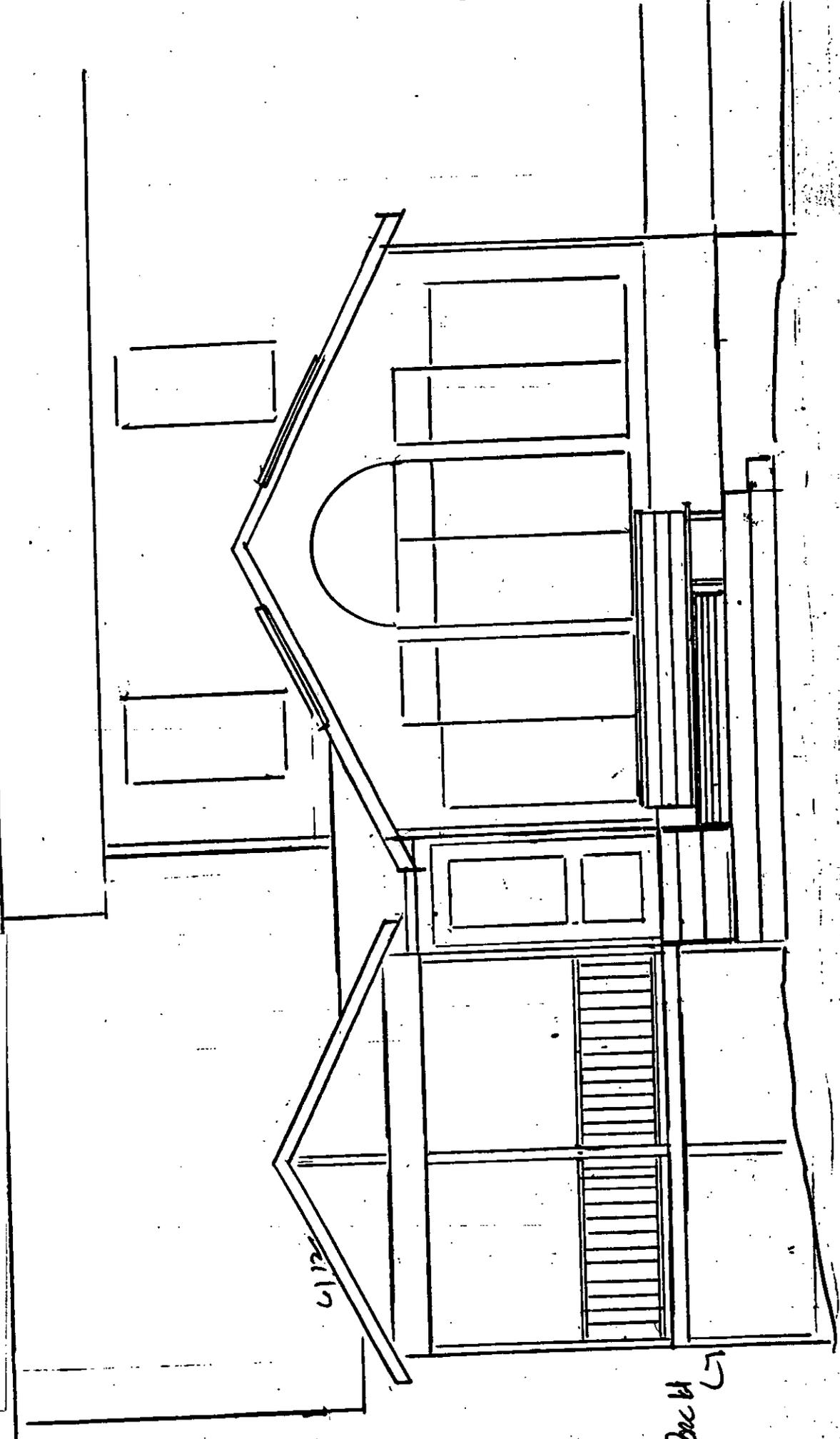
*Plat = prepared by a Registered Land Surveyor to a scale of 1" = 60' showing the facility, appurtenances, site for the septic system, water supplies, and surface water. Or an approved and recorded subdivision plat accompanied by a site plan drawn to scale.

NOTES:

A. B. A. T. CONSTRUCTION, INC.
Design - Build - Remodel

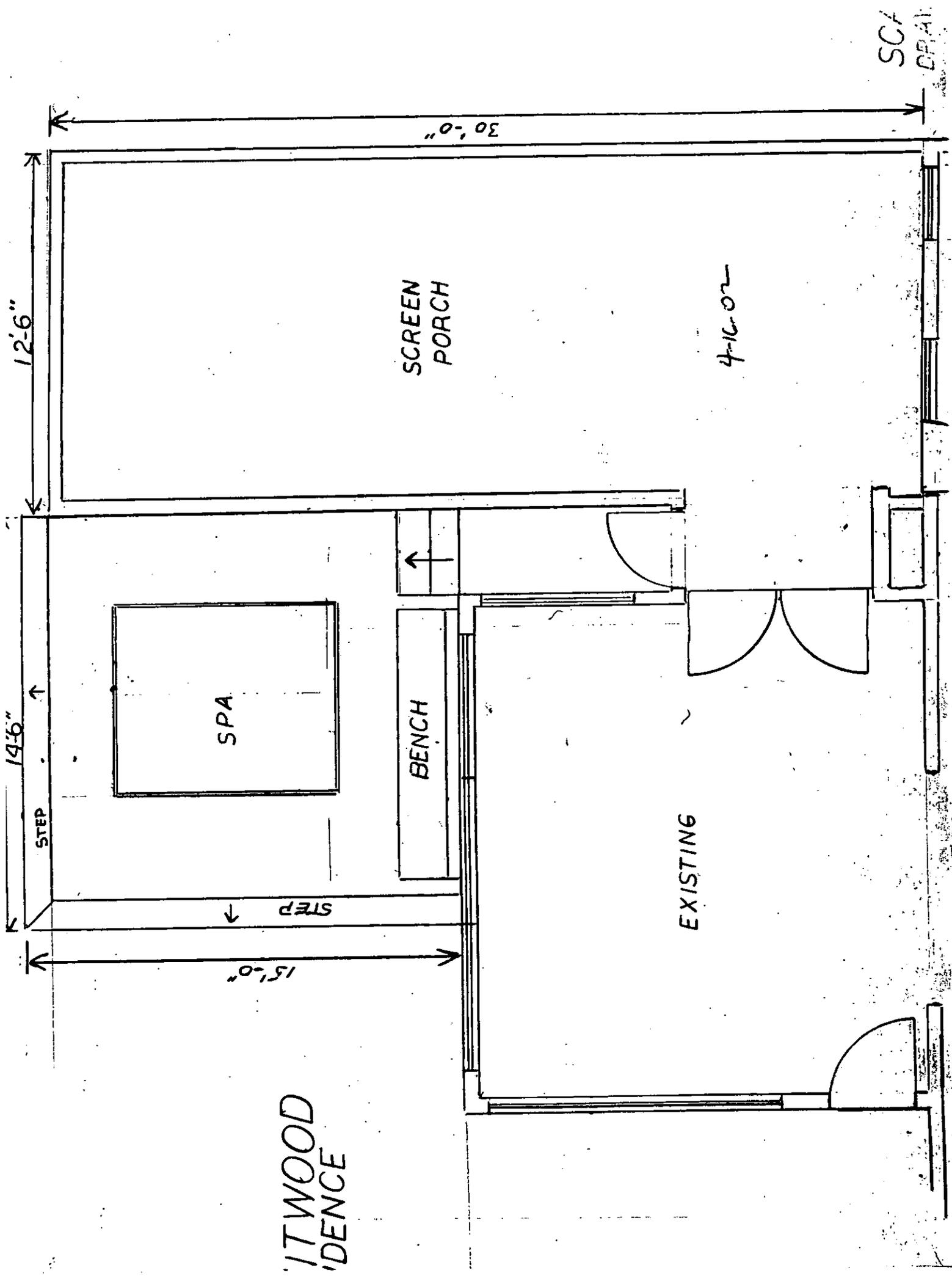
121 St. Estes Dr.
Suite 104C Chapel Hill
N.C. 27514

MIKE WAGNER
942-6464 Phone/Fax



6112

Doc 61 57



IT WOOD
DENCE

SCA
DRAIN

30'-0"

12'-6"

4'-16.07

SPA

BENCH

EXISTING

STEP

STEP

15'-0"

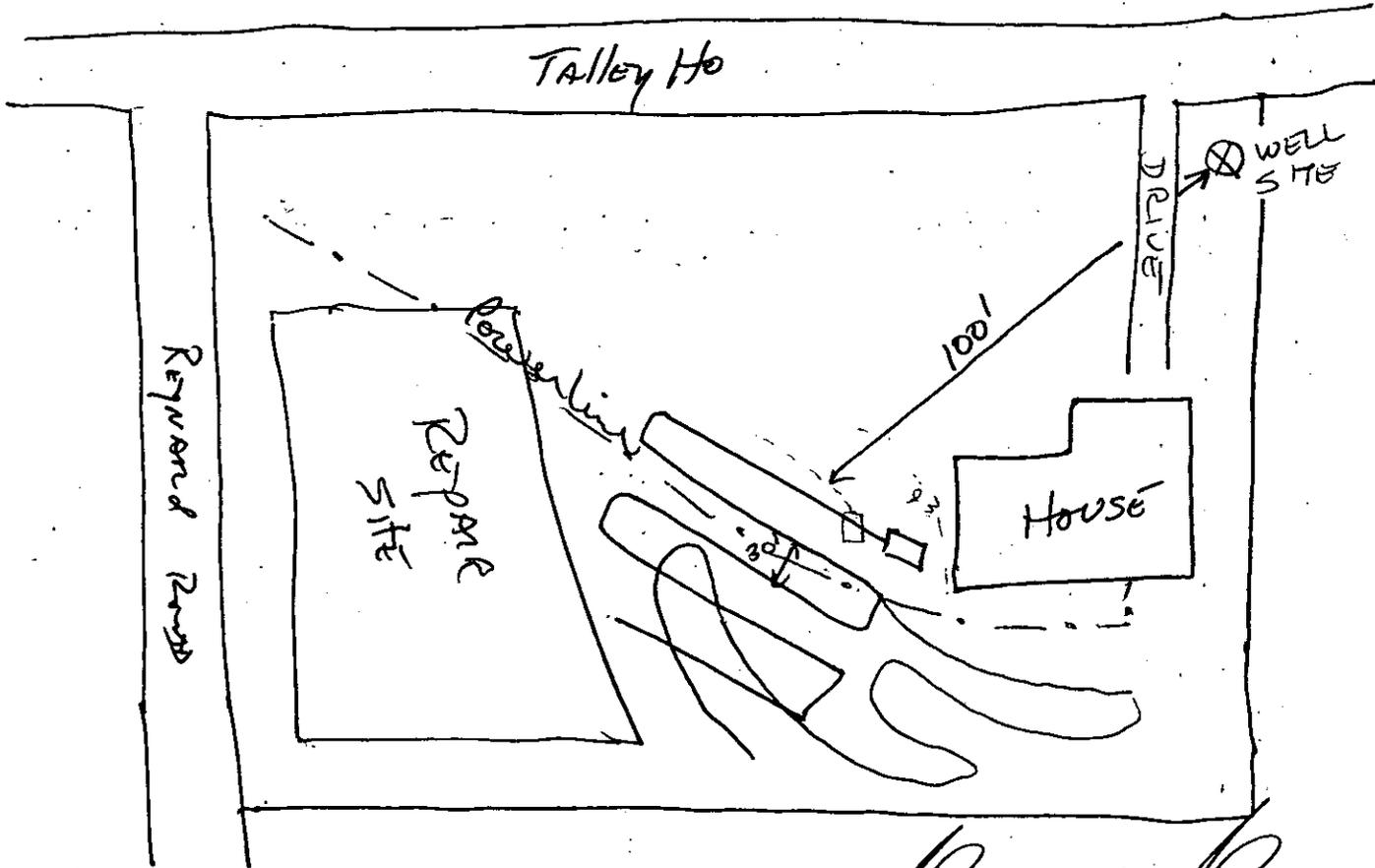
14'-6"

ORANGE COUNTY HEALTH DEPARTMENT

REFERENCE NUMBER HB994I IMPROVEMENTS PERMIT	DATE 04.28.88	PIN 9870-23-7742	MAP REFERENCE 7.23D..41
REQUESTEE: SANDERS TOM ROUTE 2 BOX 150-1A ROUGEMONT NC 27572 732-7540	OWNER: K M GROUP INC 10901 REED HARTMAN HWY BLUE ASH OH 45242		
SPECIFICATIONS: TO BUILD 3 BR SFD			
LOCATION / DIRECTIONS: #61 SEC 4 FOX MEADOW			
FEE: 50	RECEIPT: 028962	SIGNATURE OF OWNER OR AUTHORIZED AGENT: <i>Tom Sanders</i>	
CONFIRMED BY PLANNER:	PLANNER: <i>Jane Barrett</i>	DATE: 4/28	CLERK:

#BEDRMS 3 DISPOSAL No OTHER --- TYPE. SYS Court
 SZ. TANK 1000 SZ. CHAMB --- NITRIFI 400'x3' OPER. REQ No

REMARKS: Shallow system - Max. trench depth 24", Maintain 100' from well site
CHARLES GLOSSON, CONTRATOR



DATE. ISSUED 4-29-88
 DATE. APPROVED 9-14-88

SANITARIAN *Henry J. Sumis*
 SANITARIAN *Ken Alder*

PERMIT INFORMATION

I. General Information - Contact Information

When contacting the Health Department concerning this document, be sure to know the reference number. This number must be used in all inquiries and inspection requests.

No substantial changes or deviations from the information on the front of this document are allowed unless prior approval is obtained from the Health Department.

The Environmental Health Staff is located at 306-C Revere Road, Hillsborough, N.C. The staff is available in this office or by telephone, Mon. - Fri., 8:00 AM - 9:00 AM and 4:30 PM - 5:00 PM. Messages can be left for the staff at the following numbers:

Hillsborough	732-8181, ext. 315
Mebane	227-2031, ext. 315
Durham	688-7331, ext. 315
Chapel Hill	968-4501, ext. 315

The issuance of the Improvements Permit in no way guarantees the issuance of other permits (e.g. Building Permits).

Septic tank contractors and well contractors are responsible for notifying the Health Department for final inspections.

II. Sewage Disposal Information

Water supply and sewage disposal facilities, location, installation and protection must meet state and/or local regulations.

The area approved for the installation of the sewage disposal system must be left in an undisturbed state. Disturbance of this area may void permit.

Septic tank and nitrification line must be inspected and approved by a representative of the Orange County Health Department staff before any portion of the installation is covered and/or put into use.

This permit is only valid for structure listed for 3 years following date of issuance.

Septic tank should be pumped out every 3 to 5 years and shall be maintained in such a manner as not to create a public health hazard.

Nitrification line shall be installed with an undisturbed earth dam each 50 feet.

Each septic tank shall be installed with an access riser on the inlet end that extends to grade level.

A Certificate of Completion or issuance of a operations permit shall indicate the septic system has been constructed to the standards set forth in the regulations, but shall in no way be taken as a guarantee that the system will function satisfactorily for any given period of time.

III. Water Supply Information

Well location, installation, and protection must meet state and local regulations and must be inspected and approved by a representative of the Orange County Health Department before any portion of the installation is put into use.

The Well Permit is valid for one year following date of issuance.

The siting of the well by the Health Department staff is to provide protection from known possible sources of contamination. No volume of water is guaranteed at any site designated by the Health Department.

The well owner should pour a 4 1/2' x 4 1/2' cement slab surrounding the well casing after the well contractor has completed the grouting of the well. The well casing should be in the center of the slab.

IV. Minimum Distances*

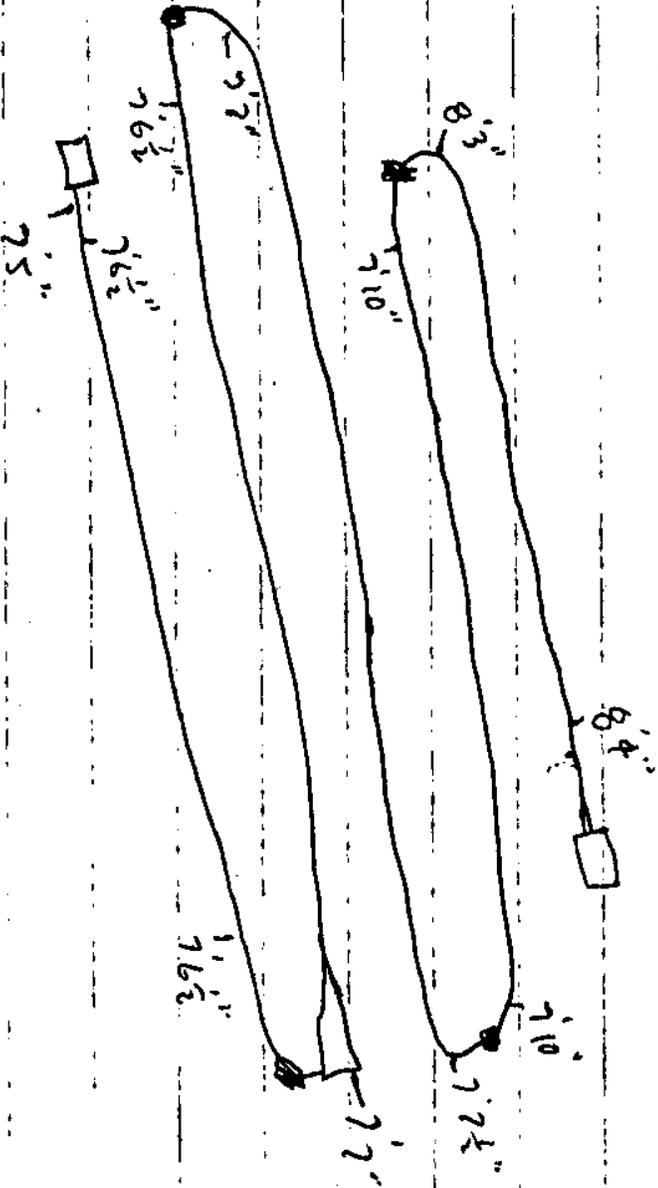
A. Sewage Disposal Systems		B. Private Wells*	
1. Private water supplies	100'	1. Watertight sewer lines	50'
2. Public water supply sources tributaries	100'	2. Ground absorption sewage disposal systems	100'
3. A-II Streams	50'	3. Property lines	10'
4. Lakes, ponds, impoundments	50'	4. Building foundations	50'
5. Building foundations	5'		
6. Basements	15'		
7. Property lines	10'		
8. Embankments or cuts	15'		
9. Water lines	10'		
10. Swimming pools	25'		

*Variances can be given on some distances; please call Health Department if you feel a variance is necessary.

Tom SANDER

CHARLES GLOSSON

9-14-88



11.11.11
11.11.11
11.11.11

11.11.11
11.11.11

11.11.11
11.11.11
11.11.11

WATER SEPTIC

Health Department

FILE NO

7.23D.41

Michael + Jean Chitwood
1003 Tallyho Trail
Chapel Hill, NC 27516
968-1231

Michael + Jean Chitwood
1003 Tallyho Trail
Chapel Hill, NC, 27516
1 acre
Fox Meadow

Fox Meadow sub division

I40, Exit 266; Right on Eubank Road; Go ~3 miles; Left on Rogers; 1 mile; Right on Tallyho

~ 1987 or 1988

no
3

adding Florida room and new deck
**Plan being submitted by Mike Wagner, ABAT Construction

Jean S. Chitwood

9 November 1998

169905

12-1-98

James L. Brown

RECEIPT
VOUCHER

ORANGE COUNTY

169905

\$ 50.⁰⁰

HILLSBOROUGH, N.C.,

Nov. 10

199

8

RECEIVED OF Michael Chitwood

fifty dollars & 00/100

100

DOLLARS

FOR existing system inspection

23D..41

Cr# 4276

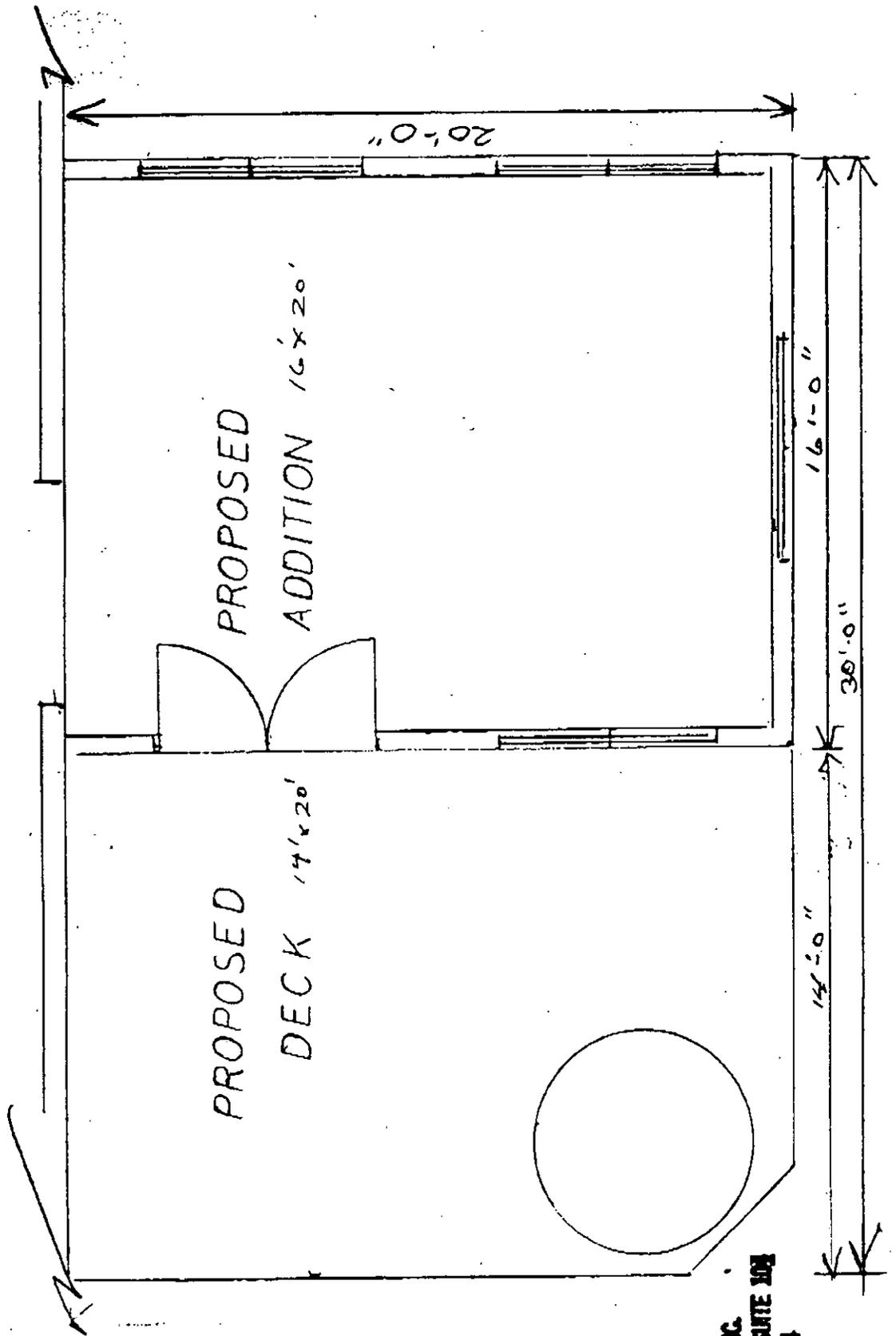
BY

B. Berland

- CHITWOOD RESIDENCE -

1/4" = 1'-0" SCALE

← EXISTING →



A.B.A.T. CONSTRUCTION, INC.
121 SOUTH ESTES DRIVE SUITE 108
CHAPEL HILL, N. C. 27514

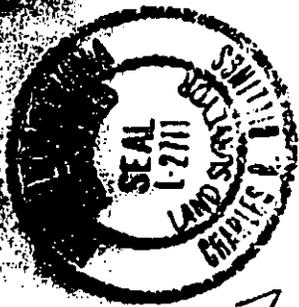
942-6464

TO ALL PARTIES INTERESTED IN TITLE TO PREMISES SURVEYED:

BOUNDARY INFORMATION TAKEN FROM 1981-82

IMPROVEMENTS (TYPING, SEPTIC, ETC.) SHOWN HEREON

HAZARD ZONE



PROPOSED DECK ADDITION

PROPERTY OF

MICHAEL A. CHITWOOD
JEAN S. CHITWOOD

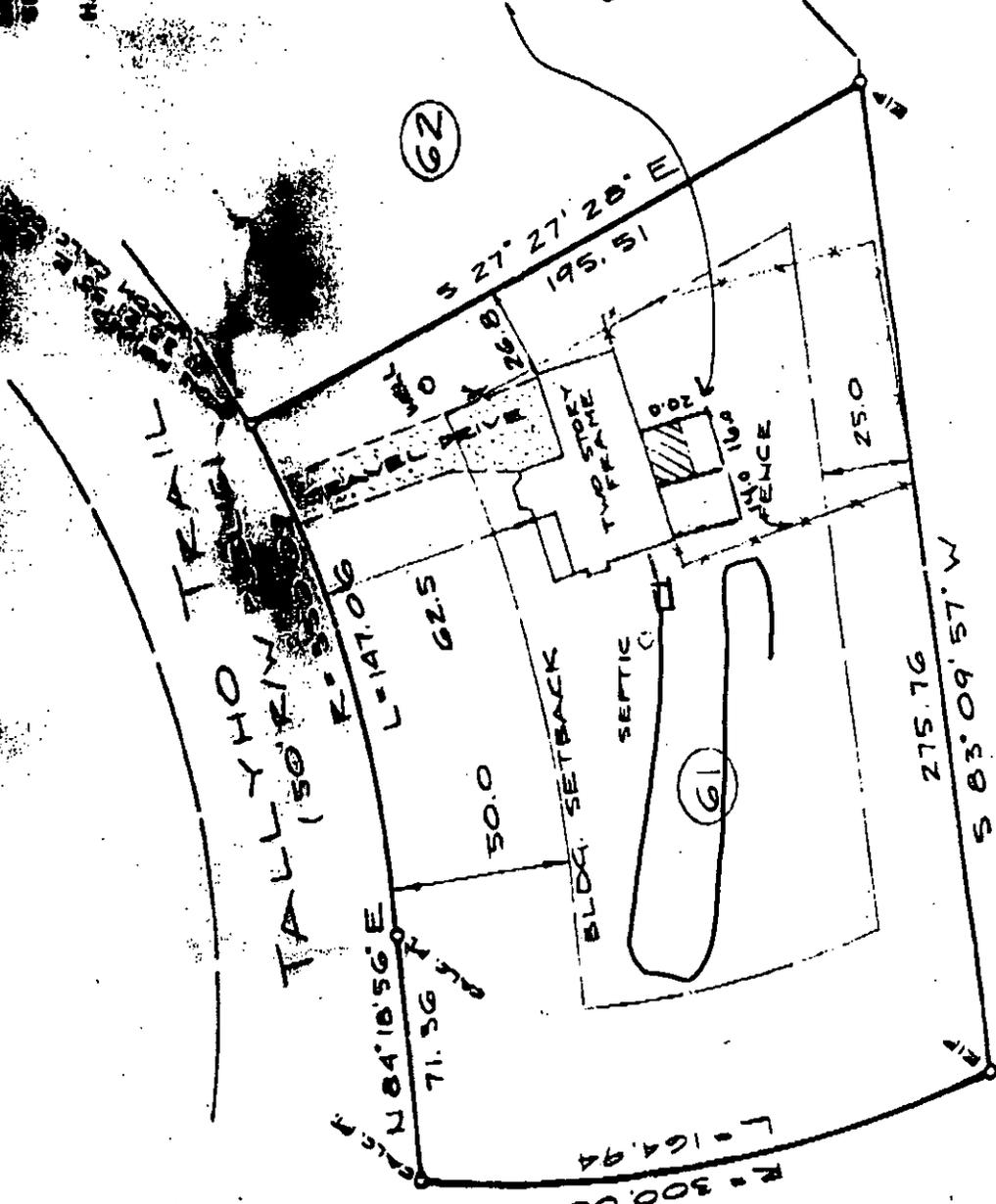
1003 TALLYHO TR;
LOT G1, SEC. 4, PH. 'A', FOX MEADOW
CHAPEL HILL TWP
ORANGE CO NC

SCALE 1" = 50' MAY 14, 1990

FREEHOLD LAND SURVEYS, INC.

P.O. BOX 188 CARRBORO NORTH CAROLINA 27510

12365



NOT FOR RECORDING

State Laboratory of Public Health

Division of Laboratory Services, N.C. Dept. of Environment, Health & Natural Resources
 P.O. Box 28047 - 306 N. Wilmington St., Raleigh, N.C. 27611 - 8047

DRINKING WATER DESCRIPTION BLANK - FILLED IN BY SENDER
 COLIFORM ANALYSIS - PRIVATE SUPPLY

Name of Owner or Tenant J.A.M. Brooks 7.23D...A1

61101 Meadow Side County Orange

Type of Sampling Point cists & dist

Collected By GLB DATE 4-24-90 TIME 10:37 AM PM

Source: Well Spring () Other:

Signed By: [Signature] Name [Signature] Indicate: M.D. or Sanitarian

Address Orange Co Health Center 02-91-16

City Hillsborough NC Zip 27728

DEHNR Form 1294
 Rev. 9/89 Lab.

ALL INFORMATION REQUESTED MUST BE GIVEN.

BACTERIOLOGIC ANALYSIS

014032 APR 25 90

9 AM

Media	Positive Tubes				
LTB	1	2	3	4	5
BGB	1	2	3	4	5
COLIFORM BACTERIA					
Not Found	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Present	<input type="checkbox"/>				
MPN					

REPORTED
 APR 27 1990

RECEIVED APR 30 1990

Do not write on this side of form.

DIRECTIONS FOR COLLECTING SAMPLE

Fill in the left side of the form completely. All information requested must be given. This bottle contains sodium thiosulfate, a dechlorinating agent. Do not rinse the bottle. It was clean and sterile when shipped. If a white crystalline material is visible inside the bottle, it is the sodium thiosulfate and is a normal condition. Any mottled or cloudy appearance of the glass is the result of repeated washing and sterilization.

Before taking a sample, let the water run from tap for at least five (5) minutes. "Flaming" the tap is no longer a required step in the sampling procedure. When taking the sample, let nothing but the water itself come in contact with the mouth of the bottle or in the inside of the cap. Do not fill the bottle completely; leave ½ inch air-space at the top of the bottle. This air-space allows the sample to be shaken properly at the lab.

Samples should be taken from distribution or house taps in most cases. This gives a better indication of the overall quality of the water system than does a well tap sample. In the event that samples from points other than the normal distribution system are required, they should be so designated on the form. Use the space on the form marked "Type of Sampling Point" for this information.

Forward all samples immediately after collection. The samples must be examined as promptly as possible. Try to coordinate the time a sample is taken as closely as possible with the time mail is picked up from your post office or state courier box. DO NOT take a sample one day and mail it the next. Water samples for bacteriological analysis must be processed by this laboratory within 30 hours after collection.

The sender is required to pay the transportation charges.

The analysis takes several days for completion, and the report will be mailed back as soon as possible. Please do not call the laboratory to request "early" results, unless absolutely necessary.

EXPLANATIONS

If coliform bacteria are Present, the water is considered unsafe for drinking purposes. If coliform bacteria are Not Found, the water is considered safe for drinking purposes. It must be remembered, however, that a water analysis refers only to the sample as received and should not be regarded as a complete report on the water supply. The M.P.N. value is the "Most Probable Number" (a valid statistical estimate) of coliform bacteria per 100 milliliters (about 3½ fl. oz.) of sample.

NOTE

No sample should be sent from an open well or unprotected spring or from any supply where there is visible evidence or possible contamination. Water from such sources is unsafe, regardless of laboratory findings.

ORANGE COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

MISCELLANEOUS SERVICES NUMBER 1385

SERVICE..... BACTERIAL WATER SAMPLE
REFERENCE..... 7.23D...41 DESC.: #61 SEC 4 PH A FOX MEADOW
REQUESTEE... CHITWOOD MICHAEL SIZE: A0.97
ADDRESS..... 105 TAYLOR ST OWNER: SCHLOSBERG MARK STEVEN
CITY/S/Z..... CHAPEL HILL NC 27514 & LAURA ANNE VICKROY
PHONE..... 9681231 1003 TALLYHO TRAIL
DATE..... 04.02.90 CHAPEL HILL NC 27514
FEE..... 10
RECEIPT..... 033786
DUE DATE.... 05.24.90
REMARKS..... *collected 4-24-90*
LOCATION LN1 TALLYHO TRAIL
LOCATION LN2 _____
SANITARIAN... *BJ Grimes*
RESULTS..... *Not Found*

S.A.M. Brooks
Sales Associate



1129 Weaver Dairy Rd.
Timberlyne Center
Chapel Hill, NC 27514

919/929-7100 Chapel Hill
919/683-8030 Durham
919/929-6179 Home

ORANGE COUNTY HEALTH DEPARTMENT-ENVIRONMENTAL HEALTH DIVISION
APPLICATION FOR SEWAGE DISPOSAL SYSTEM INSPECTION

REQUESTEE: Sam Brooks / Refinants Property
ADDRESS: 1129 Weaver Drive Rd, Timberlyne
Chapel Hill, NC
PHONE (DAYTIME): 929-7100
OWNER: Homequity Agent
ADDRESS: House Hunters
501 W. Franklin St.
PHONE (DAYTIME): 929-3583

TAX MAP REFERENCE:
TOWNSHIP: Chapel Hill
TAX MAP: 23 D
BLOCK: 0
LOT: 41

33786

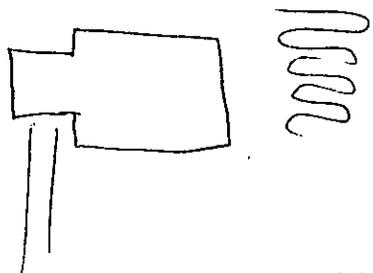
CLOSING DATE: May 24, 1990

DIRECTIONS TO PROPERTY (USE SPECIFIC ROAD NAMES OR NUMBERS WITH EXACT DISTANCES) Eubanks Rd to Rogers, Valley Ho is on right.

PLEASE FILL OUT ALL THE FOLLOWING INFORMATION. FAILURE TO DO SO WILL BE CONSIDERED AN INCOMPLETE APPLICATION AND INSPECTION MAY NOT BE MADE.

WHEN WAS THE HOUSE BUILT? 1988 WHEN WAS SEWAGE DISPOSAL SYSTEM INSTALLED? 1988 HOW MANY BEDROOMS DOES THE RESIDENCE HAVE? 3
LIST ALL OTHER ROOMS IN THE RESIDENCE Kitchen, Dining room, breakfast room, living room, bonus room, garage
WHO WAS THE ORIGINAL IMPROVEMENT (SEPTIC TANK) PERMIT ISSUED TO? ?
Tom SANDERS - contractor
TYPE OF SYSTEM? CONVENTIONAL X CONVENTIONAL WITH PUMP _____
LOW PRESSURE PIPE _____ OTHER (LIST) _____
DO YOU HAVE A GARBAGE DISPOSAL OR GARBAGE GRINDER? YES _____ NO X
IS THE WASHING MACHINE OR ANY SINK IN A SEPARATE SYSTEM? YES _____ NO X
HAS THE SYSTEM EVER MALFUNCTIONED? YES _____ NO X IF YES, WAS IT SEEPAGE? _____ BACK-UP IN HOUSE? _____ OTHER (EXPLAIN) _____
HAS THE SYSTEM EVER BEEN REPAIRED? YES _____ NO X IF YES, GIVE APPROXIMATE DATE OF REPAIR _____ WHO WAS THE CONTRACTOR? _____
DESCRIBE REPAIR _____
HAS THE SEPTIC TANK EVER BEEN PUMPED? YES _____ NO X IF YES, WHEN _____
IS THE RESIDENCE CURRENTLY OCCUPIED? YES _____ NO X IF YES, BY HOW MANY FULL TIME RESIDENTS? _____ IF NO, HOW LONG HAS IT BEEN VACANT? 4 months

DIAGRAM IN THE SPACE BELOW THE APPROXIMATE AREA OF THE SEWAGE DISPOSAL SYSTEM(S) IN RELATION TO ANY ROADS, DRIVES, RESIDENCES, OR WELLS, ETC.



PLEASE SIGN BELOW THAT YOU UNDERSTAND THE PROVISIONS OF THE APPLICATION AND ALSO THAT THE REPRESENTATIVE OF THE ORANGE COUNTY HEALTH DEPARTMENT HAS PERMISSION FROM THE PROPERTY OWNER TO ENTER THE PROPERTY TO INSPECT THE SEWAGE DISPOSAL SYSTEM.

Jean J. Chitwood
DATE: March 24, 1990

*PAYMENT MUST BE INCLUDED WITH APPLICATION TO COMPLETE SERVICES.

RETURN BY MAIL TO: Orange Co. Health Dept., Environmental Health Division
P.O. Box 8181, 306-C Revere Road, Hillsborough, NC 27278

Orange County Health Department

Daniel B. Reimer, MPH, Director

ENVIRONMENTAL HEALTH DIVISION
ANIMAL CONTROL DIVISION
P.O. Box 8181, 306C Revere Rd.
Hillsborough, N.C. 27278



PERSONAL HEALTH DIVISION
DENTAL HEALTH DIVISION
P.O. Box 8181, 300 W. Tryon St.
Hillsborough, N.C. 27278

HILLSBOROUGH
(919) 732-8181

CHAPEL HILL
(919) 967-9251

MEBANE
(919) 227-2032

DURHAM
(919) 668-7333

Date April 30, 1990

Name SAM Brooks

Address Tri Pointe Apartments
1129 Weaver Dairy RD
Timberlyne CENTER
Chapel Hill, NC 27514

Dear Ms. Brooks

I collected a bacteriological water sample at 1003 Tally Ho
Trail on April 24, 1990.

The results of the water sample were negative for coliform bacteria.

The well head or other water supply source appears to be properly protected from surface contamination.

Sincerely,

Registered Sanitarian
Environmental Health Section

ORANGE COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

MISCELLANEOUS SERVICES NUMBER 1384

SERVICE..... EXISTING WELL

REFERENCE.... 7.23D...41

DESC: #61 SEC 4 PH A FOX MEADOW

REQUESTEE... CHITWOOD MICHAEL

SIZE: A0.97

ADDRESS..... 105 TAYLOR ST

OWNER: SCHLOSBERG MARK STEVEN

CITY/S/Z..... CHAPEL HILL NC 27514

& LAURA ANNE VICKROY

PHONE..... 9681231

1003 TALLYHO TRAIL

DATE..... 04.02.90

CHAPEL HILL NC 27514

FEE..... 20

RECEIPT..... 033786

DUE DATE.... 05.24.90

REMARKS.....

LOCATION LN1 TALLYHO TRAIL

LOCATION LN2

SANITARIAN...

RESULTS.

J.D. James
Approved Regularly Protected

ORANGE COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

MISCELLANEOUS SERVICES NUMBER 1383

SERVICE..... EXISTING SYSTEM

REFERENCE... 7.23D..41

DESC: #61 SEC 4 PH A FOX MEADOW

REQUESTEE... CHITWOOD MICHAEL

SIZE: A0.97

ADDRESS..... 105 TAYLOR ST

OWNER: SCHLOSBERG MARK STEVEN

CITY/S/Z.... CHAPEL HILL NC 27514

& LAURA ANNE VICKROY

PHONE..... 9681231

1003 TALLYHO TRAIL

DATE..... 04.02.90

CHAPEL HILL NC 27514

FEE..... 35

RECEIPT..... 033786

DUE DATE.... 05.24.90

REMARKS..... VACANT 4 mos. +

LOCATION LN1 TALLYHO TRAIL

LOCATION LN2

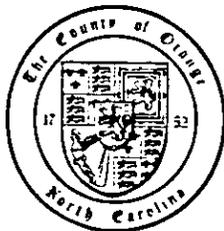
SANITARIAN.. *[Signature]*

RESULTS..... *APPEARS TO BE FUNCTIONING properly*

Orange County Health Department

Daniel B. Reimer, MPH, Director

ENVIRONMENTAL HEALTH DIVISION
ANIMAL CONTROL DIVISION
P.O. Box 8181, 306C Revere Rd.
Hillsborough, N.C. 27278



PERSONAL HEALTH DIVISION
DENTAL HEALTH DIVISION
P.O. Box 8181, 300 W. Tryon St.
Hillsborough, N.C. 27278

HILLSBOROUGH
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MEBANE
(919) 227-2032

DURHAM
(919) 668-7333

Date April 30, 1990

Name SAM Brooks

Address Jin Pointe Properties
1129 Weaver Dairy Rd
Jamberlyne Center
Chapel Hill, NC 27514

Township Chapel Hill

Tax Map 23D

Block —

Lot 41

I viewed the property at 1003 Sullyho Trail
on April 24, 19 90. I saw no evidence of sewage disposal
system failure or malfunction (or surface discharge).

Note: The residence had been vacant for approx. 4 months at the time of inspection.

Sincerely,

Registered Sanitarian
Environmental Health Section

A MESSAGE FOR: Greg

FROM Don Sanders DATE 4-28

OF _____ TIME 4:30 AM P.M.

PHONE mobile 740-2645 URGENT

TELEPHONED CAME TO SEE YOU RETURNED YOUR CALL

MESSAGE: PLEASE CALL WANTS TO SEE YOU WILL CALL AGAIN

If you don't reach him
before 5:00 please call him
tomorrow morning
SIGNED ES

ORANGE COUNTY HEALTH DEPARTMENT

REFERENCE NUMBER H8995W WELL PERMIT	DATE 04.28.88	PIN 9870-23-7742	MAP REFERENCE 7.23D..41
REQUESTEE: SANDERS TOM ROUTE 2 BOX 150-1A ROUGEMONT NC 27572 732-7540		OWNER: K M GROUP INC 10901 REED HARTMAN HWY BLUE ASH OH 45242	
TELEPHONE:			

SPECIFICATIONS:
DRILL

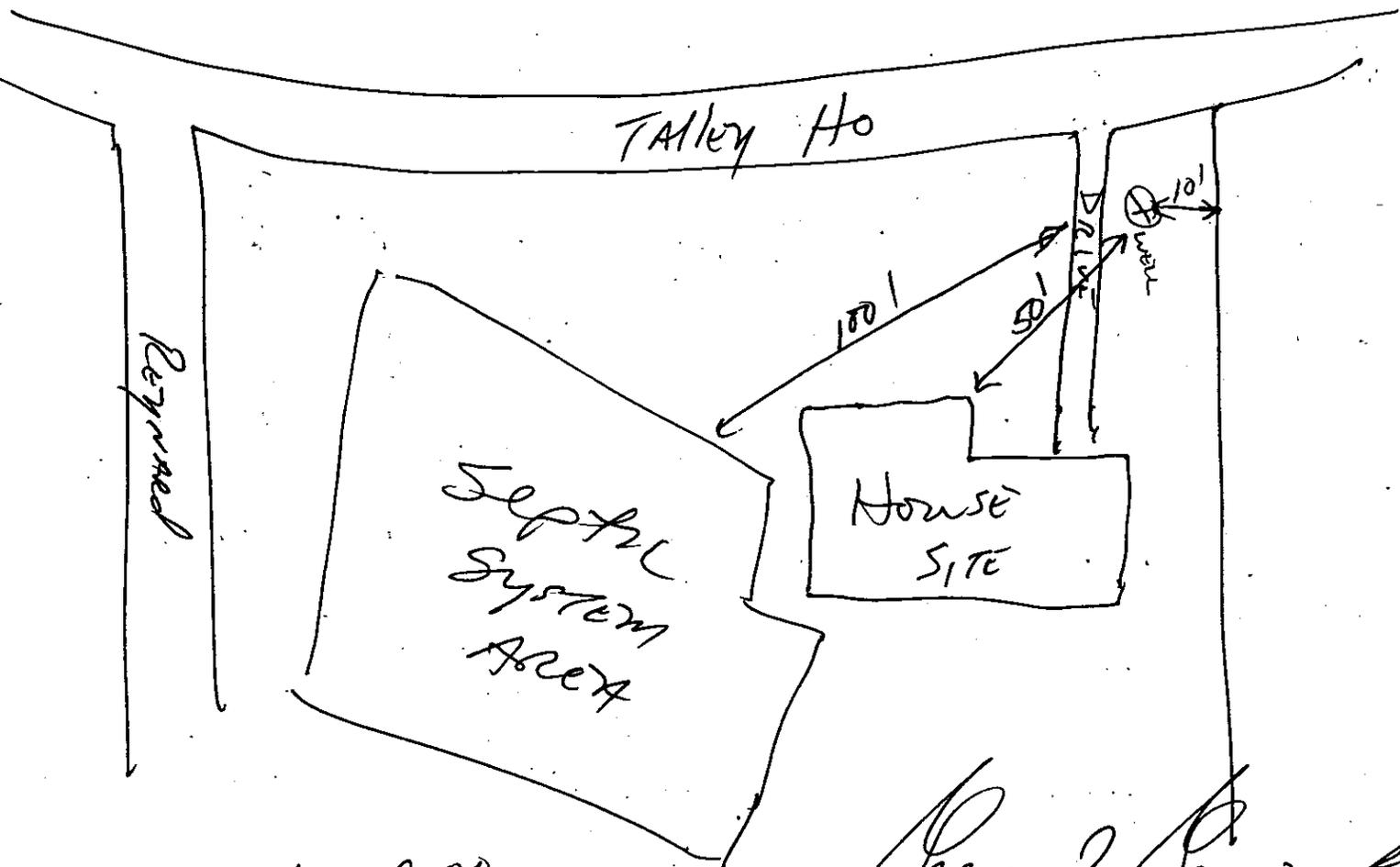
LOCATION / DIRECTIONS:
#61 SEC 4 FOX MEADOW

FEE: 75	RECEIPT: 028962	SIGNATURE OF OWNER OR AUTHORIZED AGENT: <i>Tom Sanders</i>
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CONFIRMED BY PLANNER:	PLANNER	DATE	CLERK
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TYPE Drilled SIZE 6" DEPTH 125 CASE DEPTH 84'
 GROUT SAND MIX YIELD 10 GPM LEVEL 39' WATER ZONE 100'
 CONTRACTOR: MANSON WELL CO. DRILLER: SKIP

REMARKS: _____



DATE ISSUED 4-29-88
 DATE APPROVED 6-6-88

SANITARIAN *Henry J. Sumner ES*
 SANITARIAN *Bob Volody*

PERMIT INFORMATION

I. General Information - Contact Information

When contacting the Health Department concerning this document, be sure to know the reference number. This number must be used in all inquiries and inspection requests.

No substantial changes or deviations from the information on the front of this document are allowed unless prior approval is obtained from the Health Department.

The Environmental Health Staff is located at 306-C Revere Road, Hillsborough, N.C. The staff is available in this office or by telephone, Mon. - Fri., 8:00 AM - 9:00 AM and 4:30 PM - 5:00 PM. Messages can be left for the staff at the following numbers:

Hillsborough	732-8181, ext. 315
Mebane	227-2031, ext. 315
Durham	688-7331, ext. 315
Chapel Hill	968-4501, ext. 315

The issuance of the Improvements Permit in no way guarantees the issuance of other permits (e.g. Building Permits).

Septic tank contractors and well contractors are responsible for notifying the Health Department for final inspections.

II. Sewage Disposal Information

Water supply and sewage disposal facilities, location, installation and protection must meet state and/or local regulations.

The area approved for the installation of the sewage disposal system must be left in an undisturbed state. Disturbance of this area may void permit.

Septic tank and nitrification line must be inspected and approved by a representative of the Orange County Health Department staff before any portion of the installation is covered and/or put into use.

This permit is only valid for structure listed for 3 years following date of issuance.

Septic tank should be pumped out every 3 to 5 years and shall be maintained in such a manner as not to create a public health hazard.

Nitrification line shall be installed with an undisturbed earth dam each 50 feet.

Each septic tank shall be installed with an access riser on the inlet end that extends to grade level.

A Certificate of Completion of issuance of a operations permit shall indicate the septic system has been constructed to the standards set forth in the regulations, but shall in no way be taken as a guarantee that the system will function satisfactorily for any given period of time.

III. Water Supply Information

Well location, installation, and protection must meet state and local regulations and must be inspected and approved by a representative of the Orange County Health Department before any portion of the installation is put into use.

The Well Permit is valid for one year following date of issuance.

The siting of the well by the Health Department staff is to provide protection from known possible sources of contamination. No volume of water is guaranteed at any site designated by the Health Department.

The well owner should pour a 4 1/2' x 4 1/2' cement slab surrounding the well casing after the well contractor has completed the grouting of the well. The well casing should be in the center of the slab.

IV. Minimum Distances*

A. Sewage Disposal Systems		B. Private Wells*	
1. Private water supplies	100'	1. Watertight sewer lines	50'
2. Public water supply sources tributaries	100'	2. Ground absorption sewage disposal systems	100'
3. A-II Streams	50'	3. Property lines	10'
4. Lakes, ponds, impoundments	50'	4. Building foundations	50'
5. Building foundations	5'		
6. Basements	15'		
7. Property lines	10'		
8. Embankments or cuts	15'		
9. Water lines	10'		
10. Swimming pools	25'		

*Variances can be given on some distances; please call Health Department if you feel a variance is necessary.