

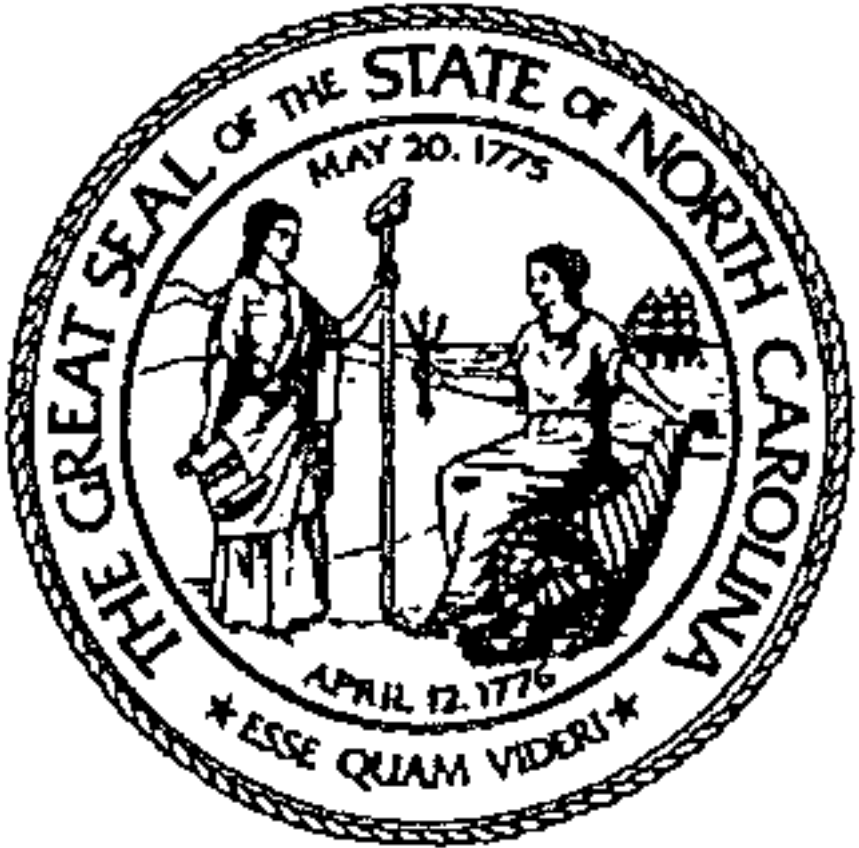
**N O R**



**ne department  
of health and  
human services**

**County:**

**ORA**



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**Report To:**

**ORANGE CO ENV**

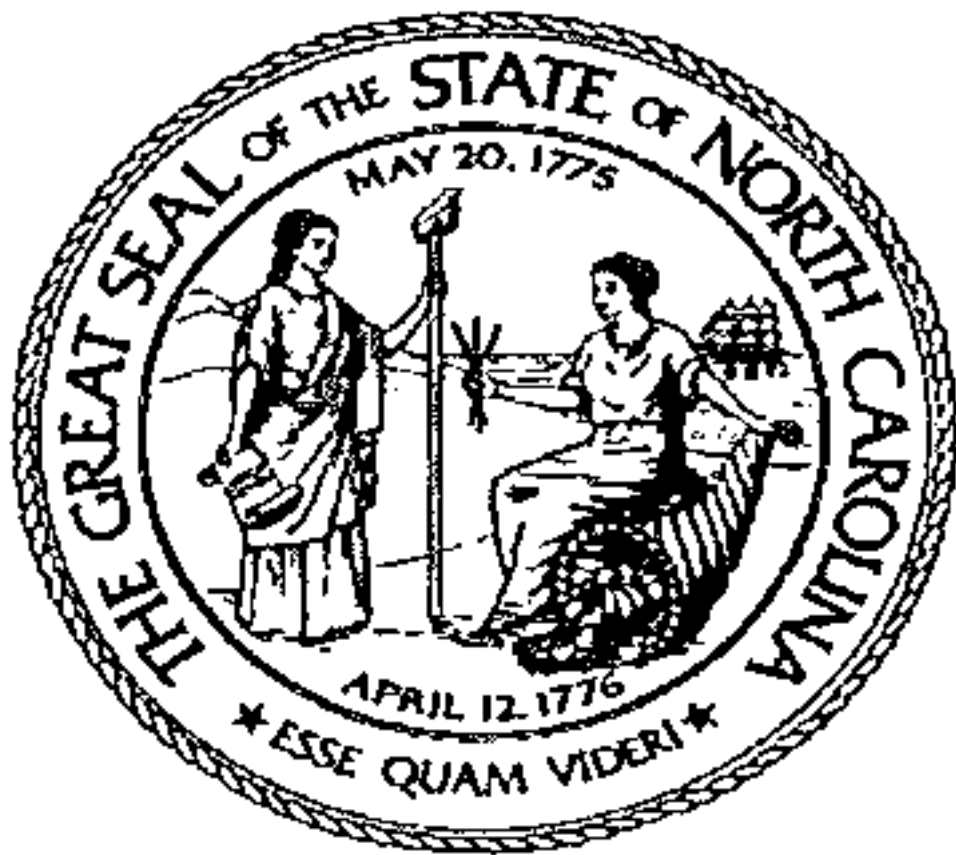
North Carolina  
Occupational and  
BIOLOGICAL

Private well wa

County: **ORAN**

Location: 211

Initial Sample\_





# Orange County Health Department

Environmental Health Division

P.O. Box 8181, 131 West Margaret Lane, Suite 100

Hillsborough, NC 27278

Phone 245-2360 Fax 644-3006

www.co.orange.nc.us



## EXISTING WELL / SEPTIC SYSTEM AUTHORIZATION

Parcel Pin: 9881713610  
Application Date: 11/26/2012  
Request for: addition to garage with half bath

TMBL: 7  
Permit #: XS12-00298

Applicant: CAM HILL  
Address: 412 E ROSEMARY STQ  
CHAPEL HILL NC  
27514  
Phone: 919-260-6059

Owner: BLANCO MARIA E  
Address: 211 LONGWOOD DR  
CHAPEL HILL NC  
27514-9519  
Phone:

Property Desc.: 100 SEC 2 MAP 6 STONERIDGE P28/113 Lot Size: 0  
Prop Address: 211 LONGWOOD DR OCPL  
Permit Type:  
Facility Type: RES ADDITION  
Water Supply: COMMUNITY WELL - NON PWS

Status: APPROVED

Authorization for: Interior remodel ad shed to ex garage

1: On the date of the inspection, 12/20/12, there was no sign of malfunction.  
Proposal has been authorized for the stated use.

2: Approval granted despite driveway and water line crossing drainfield, per Alan Clapp, Onsite Program Supervisor, due to the following: (1) system was originally approved on 7/24/84 with drive over drainfield; (2) OCHD was aware of the above when an ESA was issued for a sunroom/sitting room addition on 10/4/04 (XS04-00329); (3) system currently appears to be functioning properly.

3: Riser regrade/exension and rerouting of gutter drains complete on 10/14/13.

====The Following Conditions Shall Be Met Prior To The Issuance of The CERTIFICATE OF OCCUPANCY====

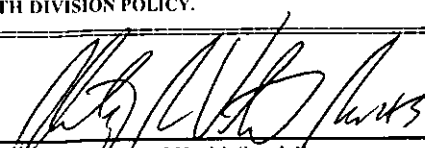
\*

\*

- \* REFER TO THE SITE PLAN / FLOOR PLAN SHOWING THE SYSTEM AND FACILITY LOCATIONS AND 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 12 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.

ISSUED: 01/03/2013

EXPIRES: 01/03/2014

  
Environmental Health Specialist

EH/EX 04/30/02

Pick up \_\_\_\_\_

Mail \_\_\_\_\_

Phillip R. Villar

Reviewed \_\_\_\_\_

~~ERIC FOR~~  
TROT

~~SEE ON~~  
MAKE OVER  
~~OF~~

✓ 1:30 PM FRI JULY 19

✓ RETURN TO MAKE BORINGS  
IN BACK 40

PERMITS?

# Orange County Health Department

Environmental Health Division

P.O. Box 8181, 131 West Margaret Lane, Suite 100

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## EXISTING WELL / SEPTIC SYSTEM AUTHORIZATION

Parcel Pin: 9881713610  
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27514  
Phone: 919-260-6059

Owner: BLANCO MARIA E  
Address: 211 LONGWOOD DR  
CHAPEL HILL NC  
27514-9519  
Phone:

Property Desc.: 100 SEC 2 MAP 6 STONERIDGE P28/113  
Prop Address: 211 LONGWOOD DR OCPL  
Permit Type:  
Facility Type: RES ADDITION  
Water Supply: COMMUNITY WELL - NON PWS

Lot Size: 0

Status: ISSUED

Authorization for: Interior remodel added to ex garage

1: On the date of the inspection, 12/20/12, there was no sign of malfunction.  
Proposal has been authorized for the stated use.

2: Approval granted despite driveway and water line crossing drainfield, per Alan Clapp, Onsite Program Supervisor, due to the following: (1) system was originally approved on 7/24/84 with drive over drainfield; (2) OCHD was aware of the above when an ESA was issued for a sunroom/sitting room addition on 10/4/04 (XS04-00329); (3) system currently appears to be functioning properly.

The Following Conditions Shall Be Met Prior To The Issuance of The CERTIFICATE OF OCCUPANCY

\*

- \* 1: [NOT-Met] Regrade/extend septic tank riser so bottom of lid is at least 3 inches above grade, sloped to drain in all directions.
- 2: [NOT-Met] Divert all gutter discharge away from septic system.

- \* REFER TO THE SITE PLAN / FLOOR PLAN SHOWING THE SYSTEM AND FACILITY LOCATIONS AND 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.

ISSUED: 01/03/2013

EXPIRES: 01/03/2014

EHX 04/30/02

Pick up \_\_\_\_\_

Mail \_\_\_\_\_ File \_\_\_\_\_

  
Environmental Health Specialist

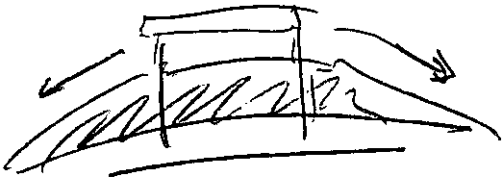
*PILIP R VILARDO KEYS*

Reviewed ape





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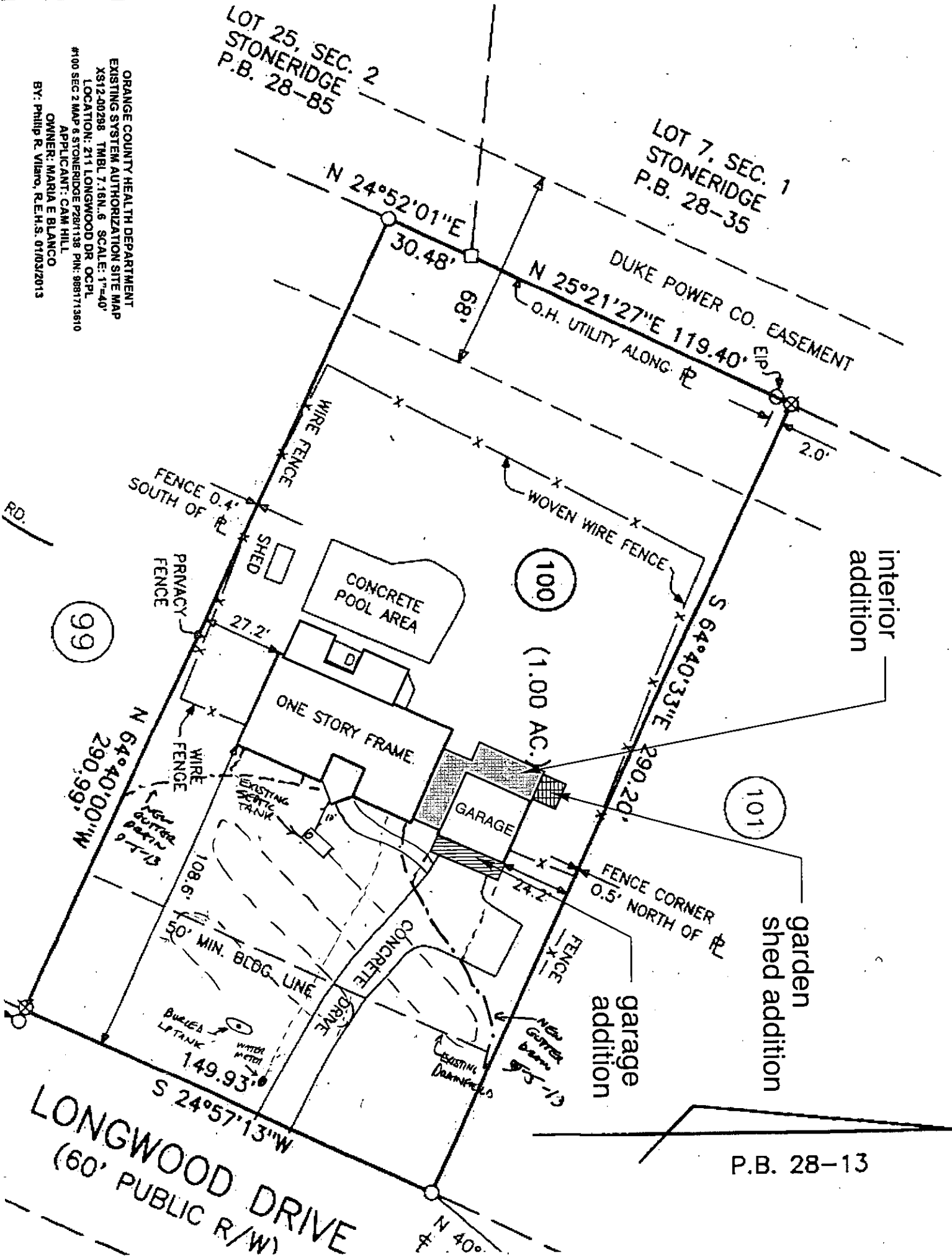


LOT 25, SEC. 2  
STONERIDGE  
P.B. 28-85

LOT 7, SEC. 1  
STONERIDGE  
P.B. 28-35

DUKE POWER CO. EASEMENT  
O.H. UTILITY ALONG R/L

ORANGE COUNTY HEALTH DEPARTMENT  
EXISTING SYSTEM AUTHORIZATION SITE MAP  
XS12-00298, TMBL 7.18N, 6 SCALE: 1"=40'  
LOCATION: 211 LONGWOOD DR. OCPL  
#100 SEC 2 MAP 6 STONERIDGE P281138 PIN: 9881713610  
APPLICANT: CAM HILL  
OWNER: MARIA E BLANCO  
BY: Phillip R. Vilano, R.E.H.S. 07/03/2013



interior  
addition

garden  
shed addition

garage  
addition

101

100

99

P.B. 28-13

LONGWOOD DRIVE  
(60' PUBLIC R/W)

**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 water	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
	(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 designated septic area or repair area. These activities may void your permit.**

\*

**The owner is responsible for marking any property lines and corners. The Contractor is responsible for ensuring that the well or septic system is installed in the proper location and that all setbacks are met.**

\*

**The system must be installed/repaired by an Orange County Registered Septic System Contractor.**

\*

**A list of Orange County Registered Septic System Contractors is available upon request.**

\*

**The system installation must be inspected by OCHD at certain stages during the installation.**

\*

**For systems with pumps, the Registered Septic System Contractor is responsible for insuring the proper installation of the electrical components. The electrical installer must possess at minimum a valid North Carolina SP-PH Electrical license.**

\*

**It is the responsibility of the Registered Septic System Contractor to call the OCHD to schedule the installation inspections.**

\*

**The OCHD must issue an Operation Permit (indicating system approval) before the facility can be occupied, before the Certificate of Occupancy can be issued by the Planning Jurisdiction, and before permanent electrical can be released.**

\*

**The Registered Septic System Contractor is responsible for backfilling the system components so that no areas are subject to the retention or ponding of surface water.**

\*

**After the installation is completed, some settling of the backfill material may take place. The system owner is responsible for eliminating settled or sunken area, stabilization, and final landscaping of the ground surface.**





Orange County Health Department - Environmental Health Division

PIN: 988-1713-610

APPLICATION FOR PERMITS

Please mail or bring in the first two pages of this completed form, with payment including the signature of the owner, a floor plan (where applicable) and a site plan as indicated. Please call our office if you have any questions about filling out this form or the amount of payment needed.

GENERAL INFORMATION

APPLICANT: Cam Hill PROPERTY OWNER: Blanco/Black
ADDRESS: 412 E. Rosemary St. ADDRESS: 211 Longwood Dr.
Chapel Hill, NC, 27514
EMAIL: CamHill@ohac.com EMAIL: wcbblack@umicrodesign.com
PHONE NUMBER: 919-260-6059 PHONE NUMBER: 919-294-8829
LOT SIZE: 1. AC. SUBDIVISION/LOT#: STONEEDGE #100 DATE LOT RECORDED: 10/29/1984
LOCATION ADDRESS: 211 Longwood Dr. DIRECTIONS/LOCATION: off Whitefield

PROJECT INFORMATION

- NEW BUILDING EXPANSION TO EXISTING FACILITY SEPTIC SYSTEM OR WELL REPAIR
WELL OR SEPTIC PERMIT RENEWAL PERMIT REVISION
ABANDONMENT OF WELL OR SEPTIC SYSTEM SUBDIVISION/RECOMBINATION OF PROPERTY

PROJECT DESCRIPTION: Addition to garage/home

SINGLE FAMILY HOME Size 3202 Number of Bedrooms 3 Number of occupants 2
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
FACILITY WILL HAVE A GARBAGE DISPOSAL OR WATER SOFTENER

REQUESTED SYSTEM TYPE:

- CONVENTIONAL
OTHER (SPECIFY):

or see REQUEST FORM

IMPORTANT: All applications must contain the following information in order to be processed:

- SITE PLAN OR PLAT SHOWING: EXISTING AND ANY PROPOSED PROPERTY LINES WITH DIMENSIONS, EASEMENTS, RIGHTS-OF-WAY, AND BUFFERS
LOCATION OF ALL PROPOSED STRUCTURES, DRIVEWAYS, ADDITIONS, OR OTHER IMPROVEMENTS LABELED WITH SETBACKS.
FLOOR PLAN OF THE STRUCTURE - NOT REQUIRED FOR WELL OR IMPROVEMENT PERMIT APPLICATIONS FOR ADDITIONS, A CURRENT AND PROPOSED FLOOR PLAN MAY BE REQUIRED
THE FOLLOWING MUST BE STAKED ON SITE: LOCATION OF PROPOSED STRUCTURES
EXISTING AND PROPOSED PROPERTY LINES/CORNERS/EASEMENTS

Check All Sections That Apply:

SITE EVALUATION / IMPROVEMENT PERMIT SECTION

#

(THIS IS AN EVALUATION OF THE SOIL FOR A SEPTIC SYSTEM)

- IMPROVEMENT PERMIT (Up to 600 GPD) NUMBER OF SITES X \$ 350 PER SITE
INDIVIDUAL LOT SUBDIVISION \* RECOMBINATION \* EXISTING SYSTEM EXPANSION
SITE REVISIT TO REISSUE OR MODIFY A VALID IMPROVEMENT PERMIT(with no increase flow) \$ 125 PER SITE

EACH SITE EVALUATION CONSISTS OF UP TO 2 ACRES.

PROJECTS GREATER THAN 5 BEDROOMS AND NON-RESIDENTIAL PROJECTS (>600 gpd) REQUIRE ADDITIONAL FEES PLEASE SEE HEALTH DEPARTMENT FOR SPECIFIC INFORMATION.

PROJECTS GREATER THAN 5 BEDROOMS, NON-RESIDENTIAL PROJECTS (>600 gpd), AND SUBDIVISIONS REQUIRE THAT THE APPLICANT PROVIDE A BACKHOE AND OPERATOR ON SITE TO DIG PITS.

\*FOR SUBDIVISIONS & RE-COMBINATIONS, A CONCEPT PLAN APPROVAL OR A PLAT PREPARED BY A SURVEYOR MUST BE SUBMITTED WITH THE APPLICATION.



**CONSTRUCTION AUTHORIZATION SECTION** # \_\_\_\_\_  
 (A CONSTRUCTION AUTHORIZATION IS NEEDED TO OBTAIN A BUILDING PERMIT AND INSTALL A SEPTIC SYSTEM)

- CONSTRUCTION AUTHORIZATION FOR NEW CONSTRUCTION OR EXPANSION .....\$ 260 (Up to 600 GPD)
- SITE REVISIT TO REISSUE OR MODIFY A VALID CONSTRUCTION AUTHORIZATION .....\$ 125 (Up to 600 GPD)

\* CHANGES TO THE SITE PLAN, FLOOR PLAN, OR APPLICATION REQUIRE A NEW APPLICATION AND ADDITIONAL FEES.  
 \* SYSTEMS WITH A DESIGN FLOW OVER 600 GALLONS PER DAY WILL REQUIRE ADDITIONAL FEES.

**WELL PERMIT SECTION**

- NEW  REPLACEMENT\*\*  IRRIGATION\*\*
- MONITORING WELL (PER WELL FIELD)  GEOTHERMAL WELL (PER WELL FIELD).....\$430

\*\* Well permit fee includes initial water samples for water supply wells.  
 If the well will serve more than one purpose (example: drinking water supply AND geothermal), indicate so on page 1 under "Describe your project".

- PERMIT RENEWAL, ALTERATION, OR SITE REVISIT.....\$125
- WELL REPAIR PERMIT (LINER INSTALLATION, DEEPENING OF EXISTING WELL, HYDRO-FRACTURING)
- WELL ABANDONMENT .....NO FEE

CHECK THE BOX AND SHOW ON THE SITE PLAN IF ANY OF THE FOLLOWING ARE ON OR ADJACENT TO THIS PROPERTY:  
 EXISTING SEPTIC SYSTEMS OR SEWER LINES  CHEMICAL OR PETROLEUM STORAGE TANKS

**EXISTING SYSTEM / MOBILE HOME PARK AUTHORIZATION SECTION**

- EXISTING SEPTIC SYSTEM / WELL AUTHORIZATION INSPECTION WITH NO INCREASE IN WASTE FLOW.....\$ 125
  - MOBILE HOME SPACE RECONNECTION INSPECTION - PER SPACE..... \$ 75
  - IN-OFFICE REVIEW FOR AUTHORIZATION .....\$ 20
- ORIGINAL OWNER \_\_\_\_\_ SYSTEM IS:  IN USE or  VACANT since \_\_\_\_\_ (date)

**SIGNATURE SECTION**

TOTAL AMOUNT DUE \$ 125.00 RECEIPT # R12-004044  
 Make checks payable to : Orange County Health Department

PLEASE CHECK WITH ENVIRONMENTAL HEALTH STAFF TO DISCUSS THE AMOUNT OF ADDITIONAL FEES FOR NON-RESIDENTIAL PROJECTS AND HOMES LARGER THAN 5 BEDROOMS.

THIS APPLICATION MUST BE SIGNED BY THE CURRENT OWNER OF THE PROPERTY OR THE OWNER'S LEGAL REPRESENTATIVE (e.g., SPOUSE, POWER OF ATTORNEY, EXECUTOR, OR OTHER LICENSED PROFESSIONAL (ATTORNEY, REALTOR, BUILDER, etc.) WHO HAS ENTERED INTO A CONTRACT OR LEASE WITH THE OWNER AND WHO CAN LEGALLY REPRESENT THE PROPERTY OWNER IN TRANSACTIONS REGARDING THE PROPERTY)

ONLY ORIGINAL SIGNATURES (NOT FAXED) 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.

I UNDERSTAND THAT I AM RESPONSIBLE FOR MAKING THE SITE ACCESSIBLE FOR THE EVALUATION/PERMITTING PROCESS.

OWNER: *[Signature]* DATE: 11/26/12

APPLICATION #: _____	OCPD CONFIRMED: _____
DATE RECEIVED: <u>11-26-12</u>	REVIEWED BY: <u>IAE</u> ASSIGNED TO: <u>PHL</u>
NOTES: _____ _____	

# Orange County Health Department

Environmental Health Division

P.O. Box 8181, 131 West Margaret Lane, Suite 100

Hillsborough, NC 27278

Phone 245-2360 Fax 644-3006

www.co.orange.nc.us

## EXISTING WELL / SEPTIC SYSTEM INSPECTION REQUEST LOG

Parcel Pin: 9881713610 TMBL: 7  
Application Date: 11/26/2012 Permit #: XS12-00298  
Request for: addition to garage with half bath

Applicant: CAM HILL Owner: BLANCO MARIA E  
Address: 412 E ROSEMARY STQ Address: 211 LONGWOOD DR  
CHAPEL HILL NC CHAPEL HILL NC  
27514 27514-9519  
Phone: 919-260-6059 Phone:

Property Desc.: 100 SEC 2 MAP 6 STONERIDGE P28/113 Lot Size: 0  
Prop Address: 211 LONGWOOD DR OCPL  
Permit Type:  
Facility Type: 1031 RES ADDITION  
Water Supply: COMMUNITY WELL - NON PWS  
**Status: APPLIED**

### Comments / Activities

EHS DATE

NOTES

PW 12-20-12

W/MET AS B. SUV

PW 9-5-13

MET OWNERS, GUTTER & DRAINS OK, RISER GRADE  
NOT APPLIED.

PW 10-14-13

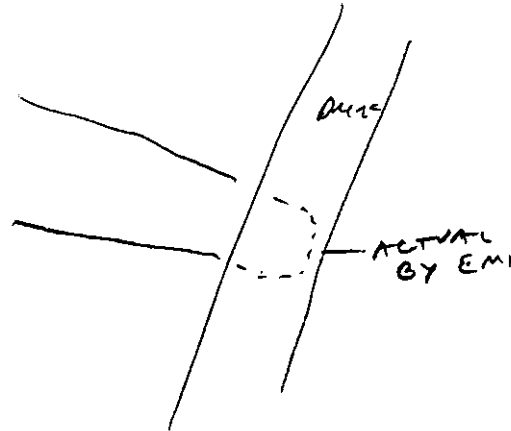
RISER EXT / REGRADE OK



211 LONGWOOD RR - 12-12-12 PM

N/ CAN HILL + OWNER

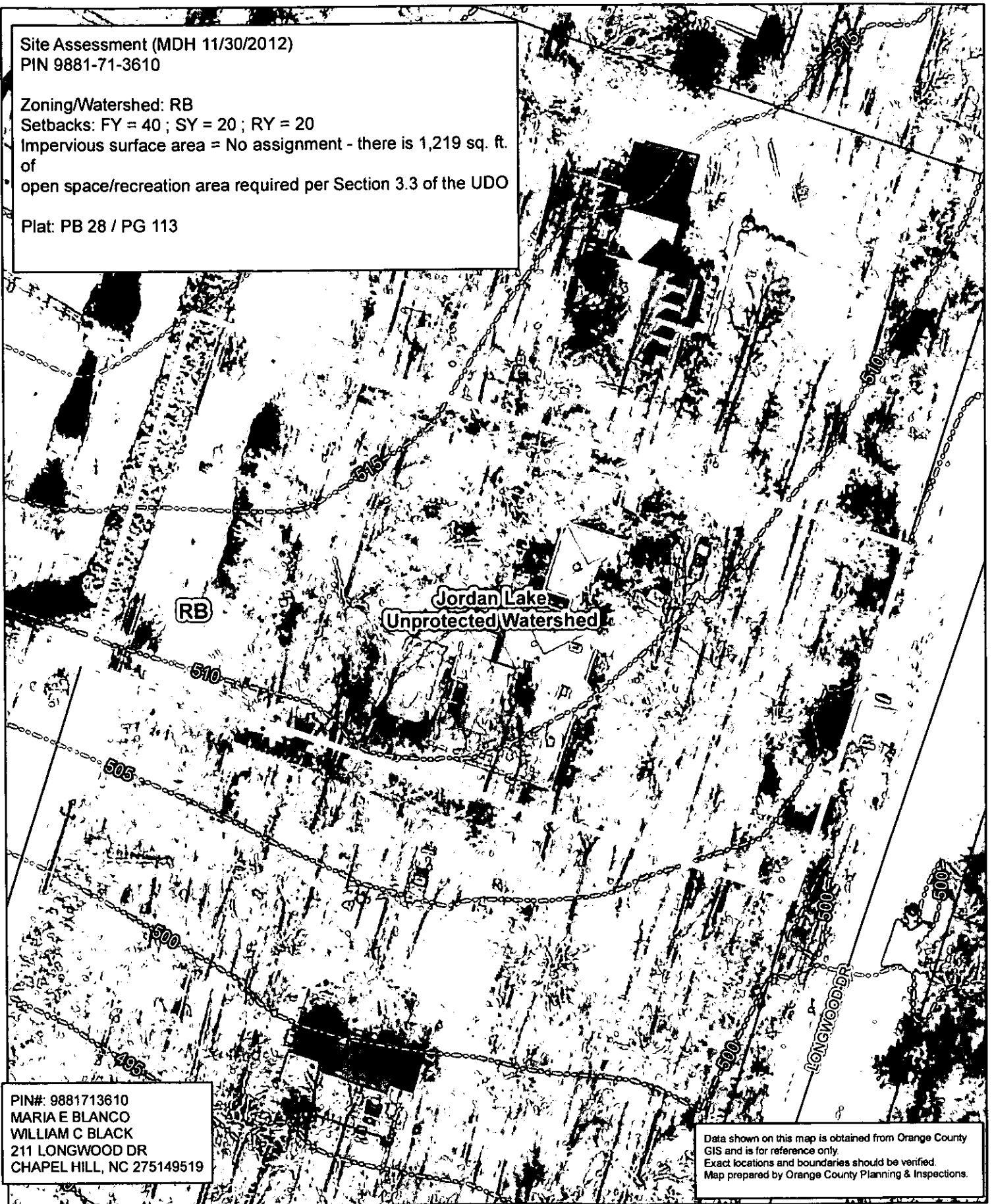
- ≠ RISE TO  $> 3^{\circ}$  M/G
- CUTTERS OFF OF
- SHORT-CIRCUIT



Site Assessment (MDH 11/30/2012)  
 PIN 9881-71-3610

Zoning/Watershed: RB  
 Setbacks: FY = 40 ; SY = 20 ; RY = 20  
 Impervious surface area = No assignment - there is 1,219 sq. ft. of open space/recreation area required per Section 3.3 of the UDO

Plat: PB 28 / PG 113



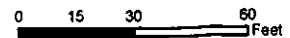
PIN#: 9881713610  
 MARIA E BLANCO  
 WILLIAM C BLACK  
 211 LONGWOOD DR  
 CHAPEL HILL, NC 275149519

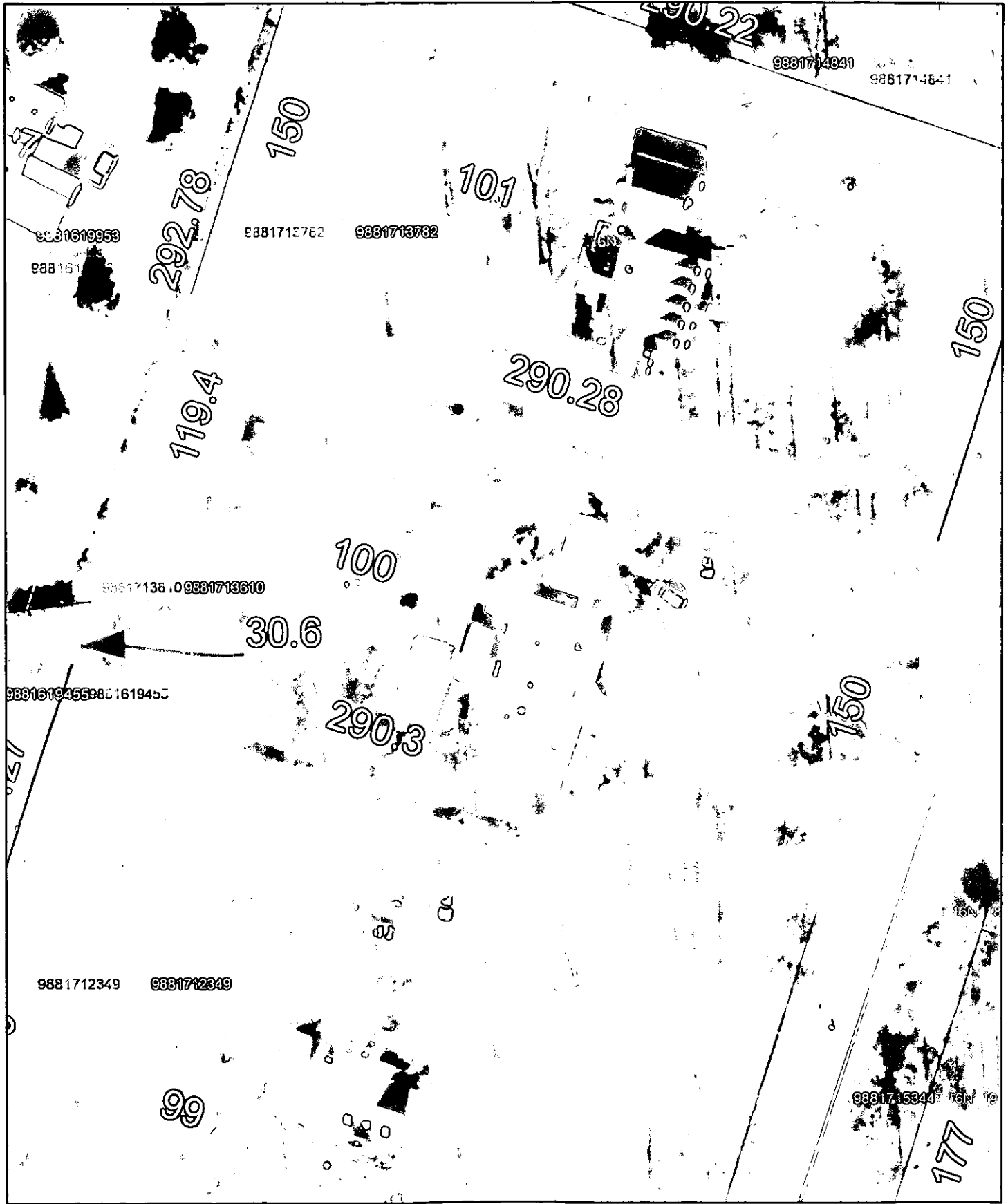
Data shown on this map is obtained from Orange County GIS and is for reference only. Exact locations and boundaries should be verified. Map prepared by Orange County Planning & Inspections.

- USGS Water Feature
- Soils Survey Water Feature
- OC Updated Water Feature
- Water Body
- River Basins
- ☐ Watershed
- Parcels
- ▭ Township
- ▭ School System Boundary
- ▭ Contours
- ▭ County Boundary
- ▭ Soils
- ▭ Zoning
- ▭ City Limits
- ▭ ETJ
- ▭ Conservation Easements Held by Others
- ▭ Orange County Conservation Easements
- ▭ 100 YR Floodplain (Effective 02/02/07)
- ▭ Floodway (Effective 02/02/07)
- ▭ 500 YR Floodplain (Effective 02/02/07)
- ▭ Buildings
- ▭ Water and Sewer Boundary



1 inch = 50 feet

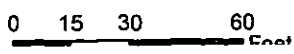




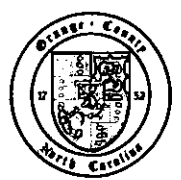
# Orange County Environmental Health



1 inch = 50 feet



This map contains parcels prepared for the inventory of real property within Orange County, and is compiled from recorded deeds, plats and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information contained on this map. The county and its mapping companies assume no legal responsibility for the information on this map.

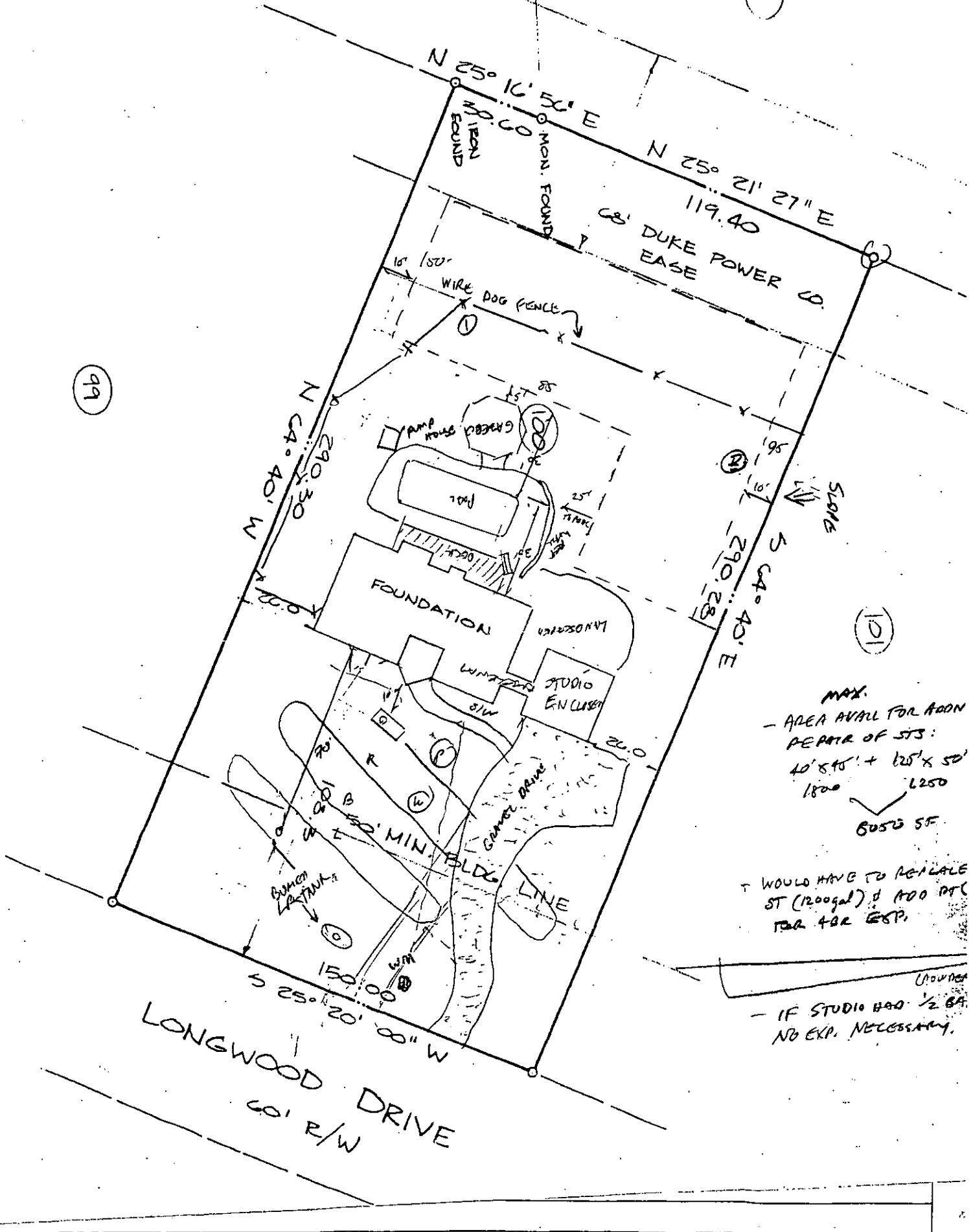


(25)

(7)

(99)

(101)



MAX.  
 - AREA AVAIL FOR ADDN  
 REPAIR OF STS:  
 40' STS + 125' x 50'  
 1800                      6250  
 8050 SF.

- WOULD HAVE TO RE-SCALE  
 ST (1200gal) & ADD PTC  
 FOR 400 EXP.

OWNER  
 - IF STUDIO HAD 1/2 BA.  
 NO EXP. NECESSARY.

LONGWOOD DRIVE  
 60' R/W

# Orange County Health Department

Environmental Health Division  
P.O. Box 8181, 306-C Revere Road  
Hillsborough, NC 27278  
Phone 245-2360 Fax 644-3006  
www.co.orange.nc.us



## EXISTING WELL / SEPTIC SYSTEM AUTHORIZATION

Parcel Pin: 9881713610 TMBL: 7.16N..6  
Application Date: 10/04/2004 Permit #: XS04-00329  
Request for: TO ADD SUNROOM AND SITTING ROOM ON BACK OF HOUSE

Applicant: STARNES & SONS CONSTRUCTION Owner: LINDQUIST DAVID P  
Address: 108 BARBEE CT Address: 211 LONGWOOD DR  
CARRBORO N C CHAPEL HILL NC  
Q27510 27514-9519  
Phone: 942-1970 Phone:

Property Desc.: #100 SEC 2 M6 STONERIDGE P28/113 Lot Size: 0  
Prop Address: 211 LONGWOOD DR  
Permit Type:  
Facility Type: FACTORY/INDUSTRIAL  
Water Supply: PUBLIC

Status: ISSUED

### Authorization for: SITTING ROOM AND SUNROOM

- 1: The proposed change does not affect the required setbacks for the well or septic system. There is no change in the design waste flow from the facility. (added by script)
- 2: No field visit nor EH approval is required for this proposal pursuant to NCGS 130A-336. (added by script)
- 3: Adding sitting room and sunroom on back of house between house and existing pool.

—————The Following Conditions Shall Be Met Prior To The Issuance of The CERTIFICATE OF OCCUPANCY—————

\*

\*

- \* REFER TO THE SITE PLAN / FLOOR PLAN SHOWING THE SYSTEM AND FACILITY LOCATIONS AND 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.

ISSUED: 10/04/2004

  
Environmental Health Specialist

EXPIRES: 04/04/2005

**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 water	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
	(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 designated septic area or repair area. These activities may void your permit.**

\*

**The owner is responsible for marking any property lines and corners. The Contractor is responsible for ensuring that the well or septic system is installed in the proper location and that all setbacks are met.**

\*

**The system must be installed/repaired by an Orange County Registered Septic System Contractor.**

\*

**A list of Orange County Registered Septic System Contractors is available upon request.**

\*

**The system installation must be inspected by OCHD at certain stages during the installation.**

\*

**For systems with pumps, the Registered Septic System Contractor is responsible for insuring the proper installation of the electrical components. The electrical installer must possess at minimum a valid North Carolina SP-PH Electrical license.**

\*

**It is the responsibility of the Registered Septic System Contractor to call the OCHD to schedule the installation inspections.**

\*

**The OCHD must issue an Operation Permit (indicating system approval) before the facility can be occupied, before the Certificate of Occupancy can be issued by the Planning Jurisdiction, and before permanent electrical can be released.**

\*

**The Registered Septic System Contractor is responsible for backfilling the system components so that no areas are subject to the retention or ponding of surface water.**

\*

**After the installation is completed, some settling of the backfill material may take place. The system owner is responsible for eliminating settled or sunken area, stabilization, and final landscaping of the ground surface.**



Jonathan Klein, MD, Chair  
Orange County Board of Health

# Orange County Health Department

Rosemary L. Summers, MPH, DrPH  
Health Director

Janet Southerland, DDS, Vice-Chair  
Orange County Board of Health



Environmental Health Division  
Ron Holdway, Division Director

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

Betty Borland  
Administrative Assistant

Barbara Stokes  
Office Assistant

Phone: (919) 245-2360  
Chapel Hill  
(919) 968-4501

FAX: (919) 644-3006  
Durham  
(919) 688-7331

Mebane  
(919) 227-2031

[www.co.orange.nc.us/orange/envhlt/](http://www.co.orange.nc.us/orange/envhlt/)

## NOTICE TO APPLICANT

Name: David Lindquist  
Address: 211 Longwood Dr  
Chapel Hill NC 27514-9519

Date: October 9, 2002

On July 6, 2002, this office has received an application for an

- Improvement Permit
- Construction Authorization
- Existing System Inspection
- Well Permit

For the following property(ies): 211 Longwood Drive/Lot 100 Section 2 M6 Stoneridge  
TMBL 7.16N..6 (Please reference the TMBL number in future correspondence or if you have questions)

We are unable to complete the processing of this application at this time and ask that you provide the following (checked items) within 60 days in order to complete the process.

- Property lines and corners need to be clearly marked on the site.
- Brush or vegetation needs to be cleared from the proposed septic system area to allow for a complete evaluation of the site.
- Please call this office for an appointment or for more information.
- An easement / declaration is needed for this property.
- The application must be signed by the current property owner or the owner's legal representative
- A floor plan must be submitted for the house or facility.
- A site plan must be submitted showing the location of the facility with setbacks, driveways, water supplies, other proposed improvements such as additions, decks, swimming pools, garages, outbuildings, ponds, or other improvements or excavations.
- Payment in the amount of \$ \_\_\_\_\_ is needed for \_\_\_\_\_.
- A request for a particular innovative system is needed.
- The application must be completed or revised to reflect \_\_\_\_\_
- You need to provide a backhoe for the excavation of pits on the property. Please call to make an appointment for the evaluation.
- For a subdivision or recombination, you must apply for additional Improvement Permits
- NOTE: There is insufficient room in the front yard to expand the existing drainfield to accommodate a fourth bedroom. However, an area of provisionally suitable soils was located in the back yard which MAY be large enough to allow a new drainfield, sufficient to accommodate 4BR, to be installed. If so, a new 1200 gal septic tank, 1200 gal pump tank, properly sized effluent pump, and appurtenances would also be required. In order to allow a drainfield layout to determine whether the available back yard area is adequate for a 4BR system, substantial removal of understory vegetation will be necessary.
- If the information needed is not received or we are not notified by December 9, 2002, the application will considered incomplete and void. In order to activate the application after it becomes void, you will need to make a new application and new fees will apply. No fees will be refunded for services already rendered or initiated. If you have questions regarding this notice, please contact this office.

Signature

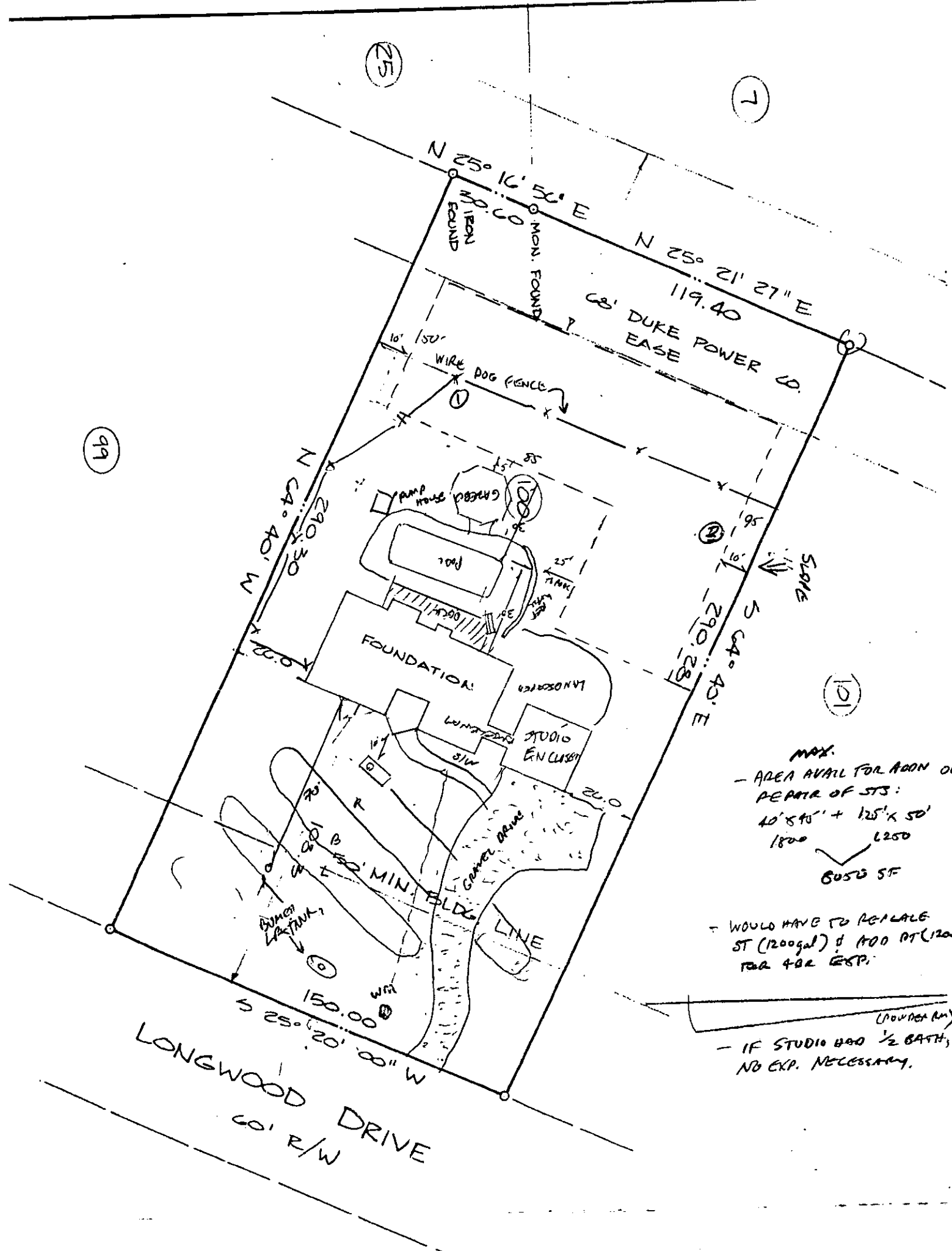
10-9-02  
Date

(25)

(7)

(99)

(101)



MAX.  
 - AREA AVAIL FOR ADDN OR REPAIR OF STS:  
 $40' \times 40' + 125' \times 50'$   
 $1800 \quad 6250$   
 $8050 \text{ SF}$

- WOULD HAVE TO RE-SCALE ST (1200gal) & ADD RT (1200) FOR 400 GSP.

(POUNDER RM)  
 - IF STUDIO HAD 1/2 BATH, NO EXP. NECESSARY.

LONGWOOD DRIVE  
 60' R/W



PERMIT TYPE  NEW SYSTEM  REPAIR  EXPANSION  RENEWAL  SUBDIVISION LOT # \_\_\_\_\_

ACTION / DATE:  ISSUED  DENIED  INCOMPLETE  REVOKED

WASTEFLOW: \_\_\_\_\_ GPD PRIMARY SYSTEM TYPE: \_\_\_\_\_ REPAIR SYSTEM TYPE: \_\_\_\_\_

PERMIT CONDITIONS: \_\_\_\_\_

PERMIT ATTACHMENTS:  SITE PLAN  PLAT  ADDITIONAL COMMENT SHEET(S)  OTHER \_\_\_\_\_

- THERE MAY BE OTHER TYPES OF SYSTEMS WHICH ARE APPLICABLE FOR THIS SITE. THE PERMIT AND EVALUATION ARE VALID ONLY FOR THE SITE AS DESIGNATED ON THE ATTACHED SITE PLAN.
- A CONSTRUCTION AUTHORIZATION MUST BE ISSUED PRIOR TO THE ISSUANCE OF THE BUILDING PERMIT AND BEFORE ANY CONSTRUCTION, OR SYSTEM INSTALLATION CAN COMMENCE. THE APPLICANT FOR A "CA" MUST SPECIFY THE SYSTEM TYPE(S) TO BE CONSIDERED.
- THIS PERMIT IS 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.

DATE ISSUED \_\_\_\_\_

ENVIRONMENTAL HEALTH SPECIALIST \_\_\_\_\_

EXPIRES \_\_\_\_\_

**SITE EVALUATION REPORT / SOIL BORING PROFILE INFORMATION**

FACTORS	RULE	1	2	3	4	5	6	7	8	9	10
LANDSCAPE POSITION	.1940	S	S								
SLOPE (%)	.1940	5-10%	0-5%								
HORIZON 1 DEPTH	.1943	0-8"	0-8"								
TEXTURE	.1941 (a)(1)	L-SSL	SL								
CONSISTENCE	.1941	F/MS/MP									
STRUCTURE	.1941 (a)(2)	G									
CLAY MINERALOGY	.1941 (a)(3)										
HORIZON 2 DEPTH	.1943	8-24"	8-12"								
TEXTURE	.1941 (a)(1)	CL-C 2-5-10/10	SL-CL								
CONSISTENCE	.1941	F/S/P	F/S/P								
STRUCTURE	.1941 (a)(2)	2F5BK	1-2F5BK								
CLAY MINERALOGY	.1941 (a)(3)	SE									
HORIZON 3 DEPTH	.1943	24-36"	12-36"								
TEXTURE	.1941 (a)(1)	C-CL+PM	C 5-10-20								
CONSISTENCE	.1941	F/S/P	F/S/P								
STRUCTURE	.1941 (a)(2)	1F/MSBK 20R	2F5/RBK								
CLAY MINERALOGY	.1941 (a)(3)		SE								
HORIZON 4 DEPTH	.1943	36+"	30-36"								
TEXTURE	.1941 (a)(1)	PM+ CL-C	C+PM								
CONSISTENCE	.1941	F/S/P	F/S/P								
STRUCTURE	.1941 (a)(2)	M	2F5/RBK +PL								
CLAY MINERALOGY	.1941 (a)(3)	SE	SL								
SOIL WETNESS	.1942										
RESTRICTIVE	.1944										
SAPROLITE	.1943/.1956	36"	36+								
PROFILE CLASSIFICTN	.1948	P5	P5								
PROFILE LTAR.	.1955	0.80	0.245								

OTHER FACTORS (.1946): \_\_\_\_\_ PRIMARY LTAR (gpd/ft<sup>2</sup>): \_\_\_\_\_ SYSTEM TYPE: \_\_\_\_\_ PS SOIL DEPTH: \_\_\_\_\_

AVAILABLE SPACE (.1945): \_\_\_\_\_ REPAIR LTAR (gpd/ft<sup>2</sup>): \_\_\_\_\_ SYSTEM TYPE: \_\_\_\_\_ PS SOIL DEPTH: \_\_\_\_\_

SITE CLASSIFICATION (.1948): \_\_\_\_\_ \* Site reclassified PS under .1956 .1957 or .1969

EVALUATED BY: PM DATE \_\_\_\_\_ OTHERS PRESENT: \_\_\_\_\_

SOIL/SITE EVALUATION COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_



Jonathan Klein, MD, Chair  
Orange County Board of Health

# Orange County Health Department

Rosemary L. Summers, MPH, DrPH  
Health Director

Janet Southerland, DDS, Vice-Chair  
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Environmental Health Division  
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Chapel Hill Durham Mebane  
(919) 968-4501 (919) 688-7331 (919) 227-2031

## NOTICE TO APPLICANT

Name: DAVID LINDQUIST  
Address: 211 Longwood Dr.  
Chapel Hill NC 27514

Date: 5/29/02

On 5/29/02, this office has received an application for an

- Improvement Permit
- Construction Authorization
- Existing System Inspection
- Well Permit

For the following property: \_\_\_\_\_

TMBL 7.162.6

(Please reference the TMBL number in future correspondence or if you have questions)

We are unable to complete the processing of this application at this time and ask that you provide the following (checked items) within 60 days in order to complete the process.

- Property lines and corners need to be clearly marked on the site.
- Brush or vegetation needs to be cleared from the proposed septic system area to allow for a complete evaluation of the site.
- Please call this office for an appointment or for more information.
- An easement / declaration is needed for this property.
- The application must be signed by the current property owner or the owner's legal representative
- A floor plan must be submitted for the house or facility.
- A site plan must be submitted showing the location of the facility with setbacks, driveways, water supplies, other proposed improvements such as additions, decks, swimming pools, garages, outbuildings, ponds, or other improvements or excavations.
- Payment in the amount of \$ \_\_\_\_\_ is needed for \_\_\_\_\_.
- A request for a particular innovative system is needed.
- The application must be completed or revised to reflect \_\_\_\_\_.
- You need to provide a backhoe for the excavation of pits on the property. Please call to make an appointment for the evaluation.
- For a subdivision or recombination, you must apply for additional Improvement Permits
- Other We need A SPECIFIC SITE PLAN AND FLOOR PLAN FOR PROPOSED ADDITION.

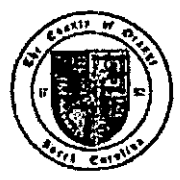
If the information needed is not received or we are not notified by \_\_\_\_\_, the application will be considered incomplete and void. In order to activate the application after it becomes void, you will need to make a new application and new fees will apply. No fees will be refunded for services already rendered or initiated. If you have questions regarding this notice, please contact this office.

Betty Borland  
Signature

5/29/02  
Date

APPLICANT'S NAME David Lindquist TMBL 7.16N-6

**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/envhth/index.htm](http://www.co.orange.nc.us/envhth/index.htm)

APPLICATION #:	_____	PIN #:	<u>9881-71-3610</u>
DATE RECEIVED:	<u>6/6/02</u>	OCPD CONFIRMED:	_____
REVIEWED BY:	<u>JK</u>	ASSIGNED TO:	<u>phil</u>
NOTES:	_____		

GENERAL INFORMATION

APPLICANT: David Lindquist PROPERTY OWNER: David Lindquist
ADDRESS 211 Longwood Dr. ADDRESS SAME
Chapel Hill NC
PHONE NUMBER 942-3179 (W) PHONE NUMBER 408-0212 (H)
LOT SIZE 1 Acre SUBDIVISION / LOT# 100 DATE LOT RECORDED
PARCEL ADDRESS: Whitfield Rd (off of 86) DIRECTIONS / LOCATION: off

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

For a: [X] SINGLE FAMILY DWELLING Size Number of Bedrooms 3 Number of occupants 2
[ ] APARTMENT/EFFICIENCY/GUEST HOUSE
[ ] BUSINESS/OTHER going to 4 Br

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

TYPE OF WATER SUPPLY: [ ] PUBLIC [ ] PRIVATE WELL [X] COMMUNITY WELL [ ] OTHER
PLEASE CHECK IF APPLICABLE: [ ] BASEMENT WITH PLUMBING [X] CONVENTIONAL [ ] WASTEWATER OTHER THAN SEWAGE GENERATED [ ] OTHER (SPECIFY)
[ ] PROPERTY CONTAINS DESIGNATED WETLANDS
[ ] SITE IS SUBJECT TO APPROVAL BY OTHER AGENCY

Check All Sections That Apply

Table with 2 columns: Section Name, #. Row 1: WELL PERMIT SECTION #. Row 2: WELL PERMIT - NEW \$ 230. Row 3: 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.

Table with 2 columns: Section Name, #. Row 1: [X] EXISTING WELL / WASTEWATER INSPECTION SYSTEM SECTION # H 40191 X. Row 2: [ ] EXISTING SEPTIC SYSTEM INSPECTION \$ 100.

DESCRIPTION OF PROPOSED CHANGES / REASON FOR INSPECTION:

ORIGINAL OWNER SYSTEM IS: [ ] IN USE or [ ] 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.

Table with 2 columns: Section Name, #. Row 1: [ ] MOBILE HOME PARK RECONNECTION SECTION #. Row 2: [ ] 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.

OCHD 11/01 \* How is on the market - can an addition be built and/or a bathroom added to the existing studio.

**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 \$ 100<sup>00</sup> RECEIPT # 242091

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: 5/22/02

## 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:

Please call Dianne Tabler  
@ 967-6363 when someone  
is scheduled to go. I  
would like to meet them

**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](http://www.co.orange.nc.us)

APPLICATION #: _____	PIN #: _____
DATE RECEIVED: <u>10/4</u>	OCPD CONFIRMED: _____
REVIEWED BY: _____	ASSIGNED TO: _____
NOTES: _____	

GENERAL INFORMATION

APPLICANT: STONES & SONS CONST. PROPERTY OWNER: DAVID LINDQVIST
ADDRESS 108 BIRLBEE CT. ADDRESS 211 LONGWOOD DR.
CARRBORO, NC 27510 CHAPEL HILL, NC
PHONE NUMBER 942-1970 PHONE NUMBER 990-3211
LOT SIZE 1 AC. SUBDIVISION / LOT# LOT 100 MAP 6 SEC 2 STONE RIVER DATE LOT RECORDED 3/8/1995
PARCEL ADDRESS: 211 LONGWOOD DR. DIRECTIONS / LOCATION: WHITFIELD
RD LEFT ON LONGWOOD

Is this application for: [ ] NEW [ ] REPAIR [X] EXPANSION [ ] RENEWAL [ ] SUBDIVISION/RECOMB.

For a: [ ] SINGLE FAMILY DWELLING Size X 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 [X] 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
[ ] FACILITY WILL HAVE A GARBAGE DISPOSAL OR WATER SOFTENER
REQUESTED SYSTEM TYPE: [X] CONVENTIONAL [ ] OTHER (SPECIFY)

Check All Sections That Apply

WELL PERMIT SECTION #

[ ] WELL PERMIT - NEW \$ 230
[ ] 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 AUTHORIZATION SECTION # X/S04-00329

[ ] EXISTING SEPTIC SYSTEM INSPECTION WITH NO INCREASE IN WASTEFLOW \$ 100
DESCRIPTION OF PROPOSED CHANGES / REASON FOR INSPECTION: ADDITION TO HOUSE / SITTING RM / SUN ROOM

ORIGINAL OWNER SYSTEM IS: [ ] IN USE or [ ] 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 #

[ ] 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 (Up to 600 GPD) \_\_\_\_\_ NUMBER OF SITES X \$ 310 PER SITE  
 INDIVIDUAL LOT  SUBDIVISION  RECOMBINATION  EXISTING SYSTEM  EXPANSION

SITE REVISIT TO REISSUE OR MODIFY A VALID IMPROVEMENT PERMIT(Up to 600 GPD) \$ 100 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 OR EXPANSION \$ 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 CHANGE 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 # \_\_\_\_\_


IF THE RESULTING FLOW IS >600 GPD, FOR NON-DOMESTIC WASTEWATER SYSTEMS, OR IF ADDITIONAL PERMITS ARE NECESSARY, PLEASE CHECK WITH ENVIRONMENTAL HEALTH TO DISCUSS THE AMOUNT OF ADDITIONAL FEES.

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:   
AGENT

DATE: 10/4/04

## 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:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Betty*  
*This one needs*  
*on IP printed out*  
*proposing 3 to 4*  
*bedrooms*  
*TK*

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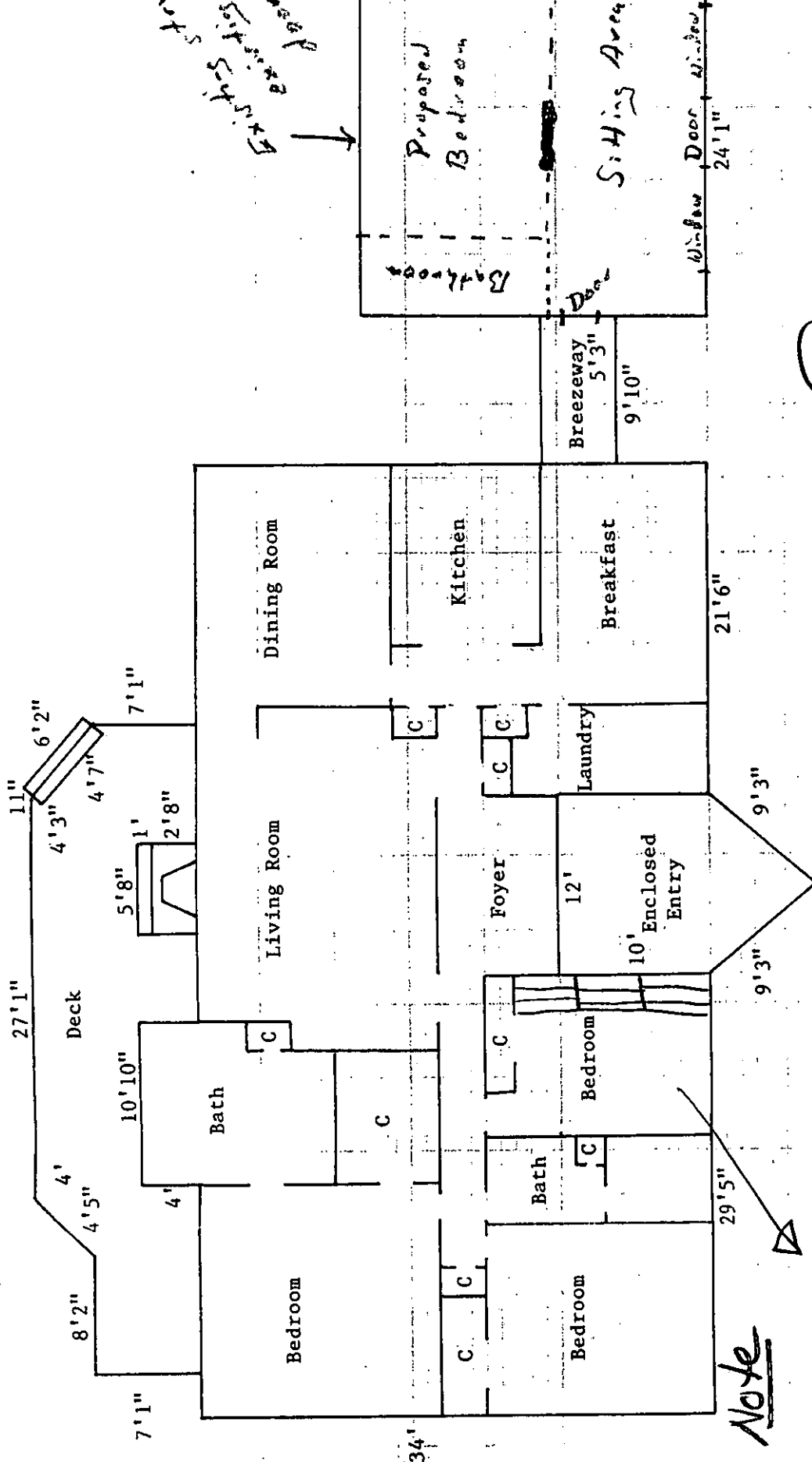
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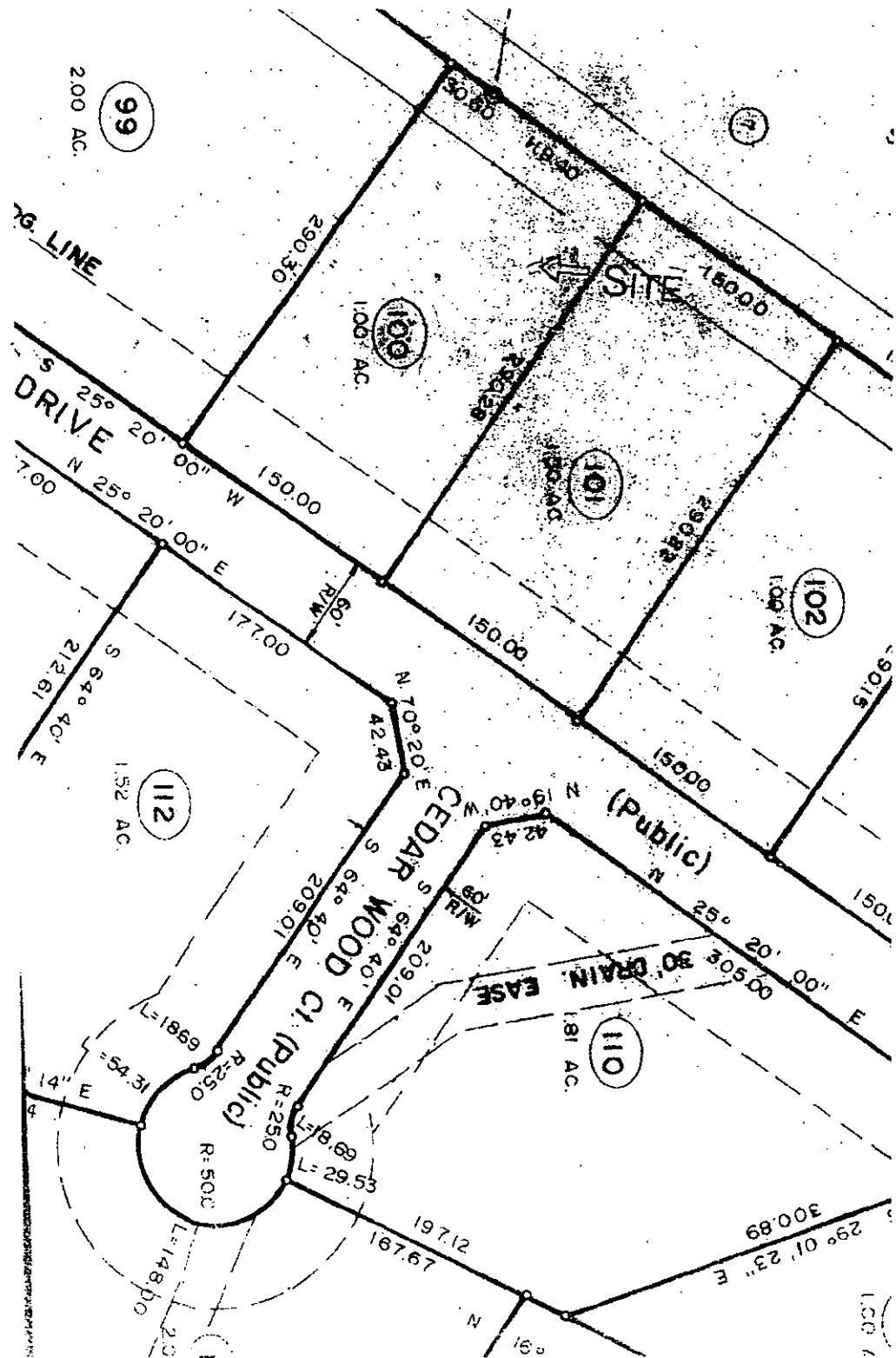
Proposed Bedroom  
Sitting Area

House is for sale. This only to be as an OP.

This room used as study because wall of built-ins per drawing. We hope Brad BR could be in proposal.

Please Note

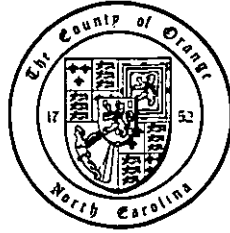
# TAX MAP



# Orange County Health Department

Daniel B. Reimer, MPH, Director

ENVIRONMENTAL HEALTH DIVISION  
ANIMAL CONTROL DIVISION  
P.O. Box 8181, 306G 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

November 21, 1994

David Lindquist  
129 Essex Drive  
Chapel Hill, N. C. 27514

RE: Septic System Inspection - 211 Longwood Drive  
Chapel Hill Township, Tax Map 16N, Lot 6

Dear Mr. Lindquist,

An areal inspection was made on todays date of the existing septic tank system located at the above referenced property. Due to the vacancy of the residence, the functionality of the system could not be determined.

It should be noted that this system is not designed to accommodate a garbage disposal which would require additional tankage.

If you have any questions please contact this office.

Sincerely,

A handwritten signature in cursive script, appearing to read "Gregory T. Grimes".

Gregory T. Grimes, R. S.  
Environmental Health Specialist

GTG:bb

~~\_\_\_\_\_~~ CH

Lot # 100 SR

16N

6

NAME OF PROPERTY OWNER:

See Bldg

PERSON REQUESTING TEST:

same

If different from owner - authorized by owner: YES NO

ADDRESS:

PO BOX 967

TELEPHONE:

che 929-0356

DIRECTION/PROPERTY DESCRIPTION:

WORK REQUESTED:

- PRELIMINARY LOT EVALUATION
- SOIL ANALYSIS
- IMPROVEMENT PERMIT INSPECTION
- CERTIFICATION OF COMPLETION INSPECTION

FEE PAID:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PURPOSE OF REQUEST is to determine suitability for ground absorption sewage disposal system.

SPECIFICATION OF PROPOSED STRUCTURE:

3 bedroom

OWNER OF AUTHORIZED AGENT:

Amin Sullu

(This signature indicates permission has been granted to enter property for purposes authorized by this work order.)

CLASSIFICATION OF SOIL FACTORS (CIRCLE):

SLOPE	<input type="checkbox"/>	TEXTURE	<input type="checkbox"/>	STRUCTURE	<input type="checkbox"/>	DEPTH	<input type="checkbox"/>	RESTRICTIVE HORIZONS	<input type="checkbox"/>
DRAINAGE	<input type="checkbox"/>	PERMEABILITY	<input type="checkbox"/>						

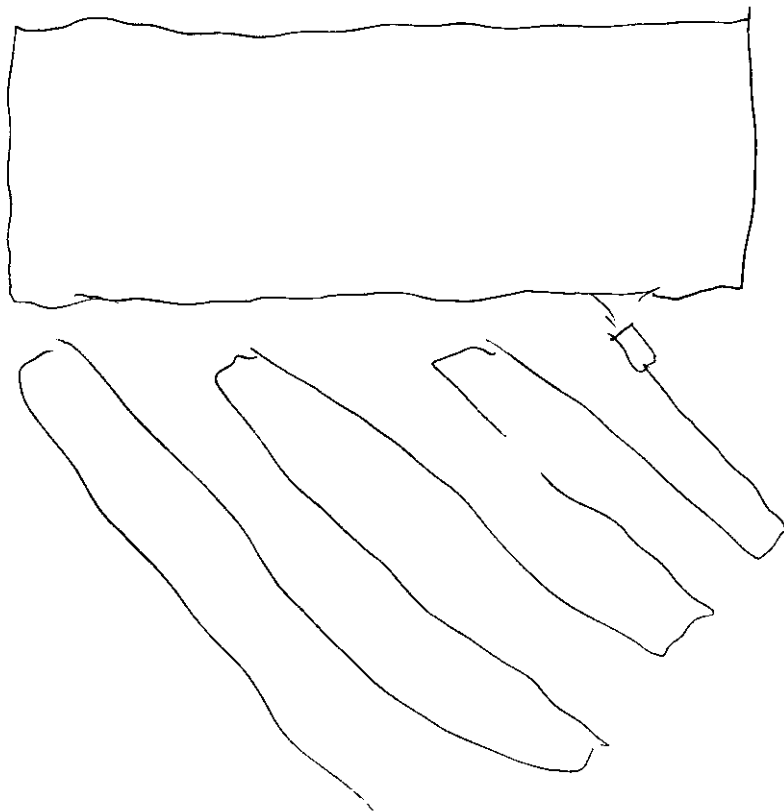
PERMIT ISSUED

SITE CLASSIFICATION (CIRCLE):

SUITABLE UNSUITABLE PROVISIONAL / SUITABLE - Evaluation:

DATE OF ENVIRONMENTAL SERVICES: SIGNATURE OF ENVIRONMENTAL SERVICES:

6-5-04 Ron Holly



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

APPLICANT DAVID LINDQUIST  
ADDRESS 129 Essey Dr.  
Chapel Hill, NC 27574  
PHONE (DAYTIME) 942-3179

OWNER Donald G. Thompson  
ADDRESS 1936 Redbud, Pittsboro NC.  
211 Longwood Dr.  
PHONE (DAYTIME) 542-1621

CLOSING DATE 11-23-94

Subject Property

TAX MAP REFERENCE: TOWNSHIP \_\_\_\_\_ TAX MAP 716 BLOCK 0 LOT 6  
DIRECTIONS TO PROPERTY (USE SPECIFIC ROAD NAMES OR NUMBERS WITH EXACT DISTANCES) NC 86  
Whitfield Rd. left on Longwood Dr.

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

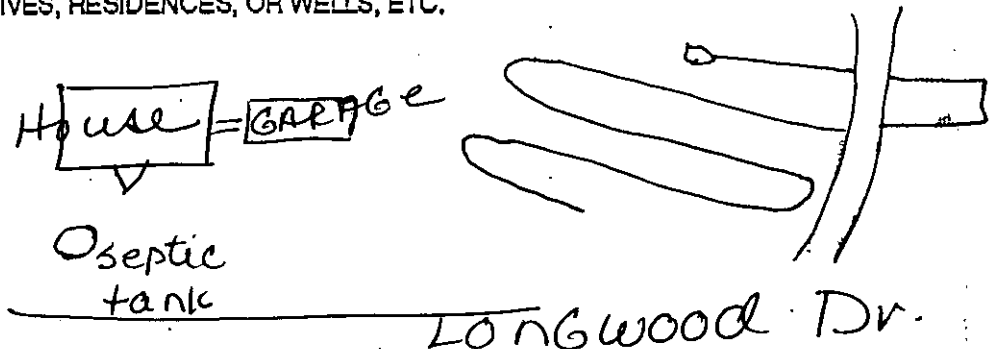
WHEN WAS THE HOUSE BUILT? 1984 WHEN WAS SEWAGE DISPOSAL SYSTEM INSTALLED? 1984  
HOW MANY BEDROOMS DOES THE RESIDENCE HAVE? 3 LIST ALL THE OTHER ROOMS IN THE RESIDENCE.  
Living, dining, kitchen, utility & hall

WHO WAS THE ORIGINAL IMPROVEMENT (SEPTIC TANK) PERMIT ISSUED TO? Security Building  
TYPE OF SYSTEM? CONVENTIONAL  CONVENTIONAL WITH PUMP \_\_\_\_\_ LOW PRESSURE PIPE \_\_\_\_\_  
OTHER (LIST) \_\_\_\_\_

DO YOU HAVE A GARBAGE DISPOSAL OR GARBAGE GRINDER? YES  NO \_\_\_\_\_  
IS THE WASHING MACHINE OR ANY SINK IN A SEPARATE SYSTEM? YES \_\_\_\_\_ NO   
HAS THE SYSTEM EVER MALFUNCTIONED? YES \_\_\_\_\_ NO  IF YES, WAS IT SEEPAGE? \_\_\_\_\_ BACK-UP IN HOUSE \_\_\_\_\_  
OTHER (EXPLAIN) \_\_\_\_\_  
HAS THE SYSTEM EVER BEEN REPAIRED? YES \_\_\_\_\_ NO  IF YES, GIVE THE DATE OF REPAIR \_\_\_\_\_  
WHO WAS THE CONTRACTOR? \_\_\_\_\_ DESCRIBE THE REPAIR \_\_\_\_\_

HAS THE SEPTIC TANK EVER BEEN PUMPED? YES  NO \_\_\_\_\_ IF YES, WHEN 1993, 1991, 1989  
IS THE RESIDENCE CURRENTLY OCCUPIED? YES \_\_\_\_\_ NO  IF YES, BY HOW MANY FULL TIME RESIDENTS? \_\_\_\_\_  
IF NOT, HOW LONG HAS THE RESIDENCE BEEN VACANT? 3 months

DIAGRAM IN THE SPACE BELOW THE HOUSE AND 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.

FA# How Team 968-8509 Dianne Platten for DATE 11-18-94  
OWNER/AUTHORIZED AGENT  
David Lindquist



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

APPLICANT: \_\_\_\_\_ OWNER DONALD J. THOMPSON  
 ADDRESS: \_\_\_\_\_ ADDRESS (SUBJECT ADDRESS) 211 LONGWOOD C.H. 27514  
 PHONE (DAYTIME) \_\_\_\_\_ OWNER (NEW ADDRESS) 1936 REDBUD, PITTSBORO, NC. 27312  
 PHONE (DAYTIME) 1-919 542-1621

CLOSING DATE SEPT 15, 1994

TAX MAP REFERENCE: TOWNSHIP \_\_\_\_\_ TAX MAP 716N BLOCK 6 LOT 6  
 DIRECTIONS TO PROPERTY (USE SPECIFIC ROAD NAMES OR NUMBERS WITH EXACT DISTANCES) FROM CHAPEL HILL  
86 N. JUST PAST I-40 TO WHITEFIELD ROAD RIGHT ONTO LONGWOOD (ALL LONGWOOD ON THE LEFT)

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

WHEN WAS THE HOUSE BUILT? 1984 WHEN WAS SEWAGE DISPOSAL SYSTEM INSTALLED? 1984

HOW MANY BEDROOMS DOES THE RESIDENCE HAVE? 3 LIST ALL THE OTHER ROOMS IN THE RESIDENCE.  
2 BATHS, LIVING ROOM, DINING ROOM, KITCHEN + EATING AREA, UTILITY + HALL

WHO WAS THE ORIGINAL IMPROVEMENT (SEPTIC TANK) PERMIT ISSUED TO? SECURITY BUILDING  
 TYPE OF SYSTEM? CONVENTIONAL  CONVENTIONAL WITH PUMP \_\_\_\_\_ LOW PRESSURE PIPE \_\_\_\_\_  
 OTHER (LIST) \_\_\_\_\_

DO YOU HAVE A GARBAGE DISPOSAL OR GARBAGE GRINDER? YES  NO \_\_\_\_\_

IS THE WASHING MACHINE OR ANY SINK IN A SEPARATE SYSTEM? YES \_\_\_\_\_ NO

HAS THE SYSTEM EVER MALFUNCTIONED? YES \_\_\_\_\_ NO  IF YES, WAS IT SEEPAGE? \_\_\_\_\_ BACK-UP IN HOUSE \_\_\_\_\_  
 OTHER (EXPLAIN) \_\_\_\_\_

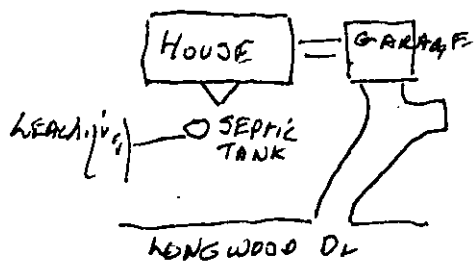
HAS THE SYSTEM EVER BEEN REPAIRED? YES \_\_\_\_\_ NO  IF YES, GIVE THE DATE OF REPAIR \_\_\_\_\_

WHO WAS THE CONTRACTOR? \_\_\_\_\_ DESCRIBE THE REPAIR \_\_\_\_\_

HAS THE SEPTIC TANK EVER BEEN PUMPED? YES  NO \_\_\_\_\_ IF YES, WHEN 1993, 1991, 1989

IS THE RESIDENCE CURRENTLY OCCUPIED? YES \_\_\_\_\_ NO  IF YES, BY HOW MANY FULL TIME RESIDENTS? \_\_\_\_\_  
 IF NOT, HOW LONG HAS THE RESIDENCE BEEN VACANT? 2 MONTHS

DIAGRAM IN THE SPACE BELOW THE HOUSE AND 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.

Donald J. Thompson DATE Aug 4, 1994  
 OWNER/AUTHORIZED AGENT

11/21/94

16:24

9196443006

ENVIRON. HEALTH

001

ACTIVITY REPORT

TRANSMISSION OK

TRANSACTION # 4941

CONNECTION TEL 9199688509

CONNECTION ID G3

START TIME 11/21 16:23

USAGE TIME 00:55

PAGES 2

ORANGE COUNTY HEALTH DEPARTMENT      Improvements Permit      Date: 6-5-84      Township: CH

Owner: SECURITY BUILDING CO.      Tax Map No: 16N

Location: LOT 100, SEC II, STONERIDGE      Block:      Lot No: 6

Contractor: M DWYER      Water Supply: Private      Public      Community

Sewage disposal facilities:      No. Bedrooms: 3      Clothes Washer      Garbage Disposal      Dishwasher

Size tank: 1000 GALLONS      Nitrification line with undisturbed earth dam each 50 feet      400'x3'

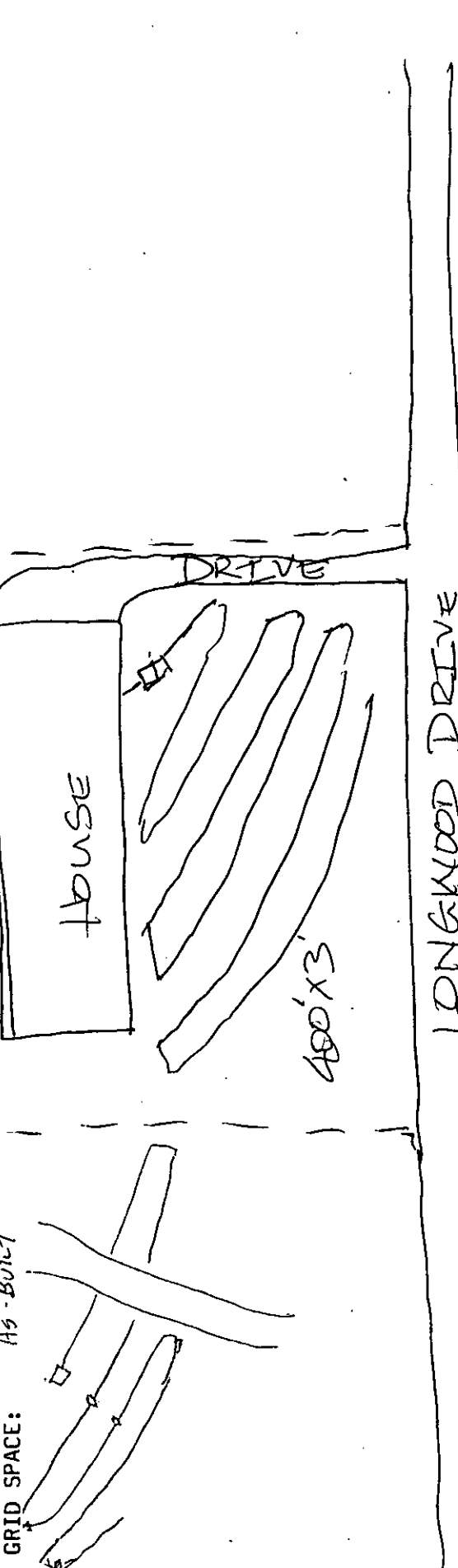
Other disposal facility: NONE

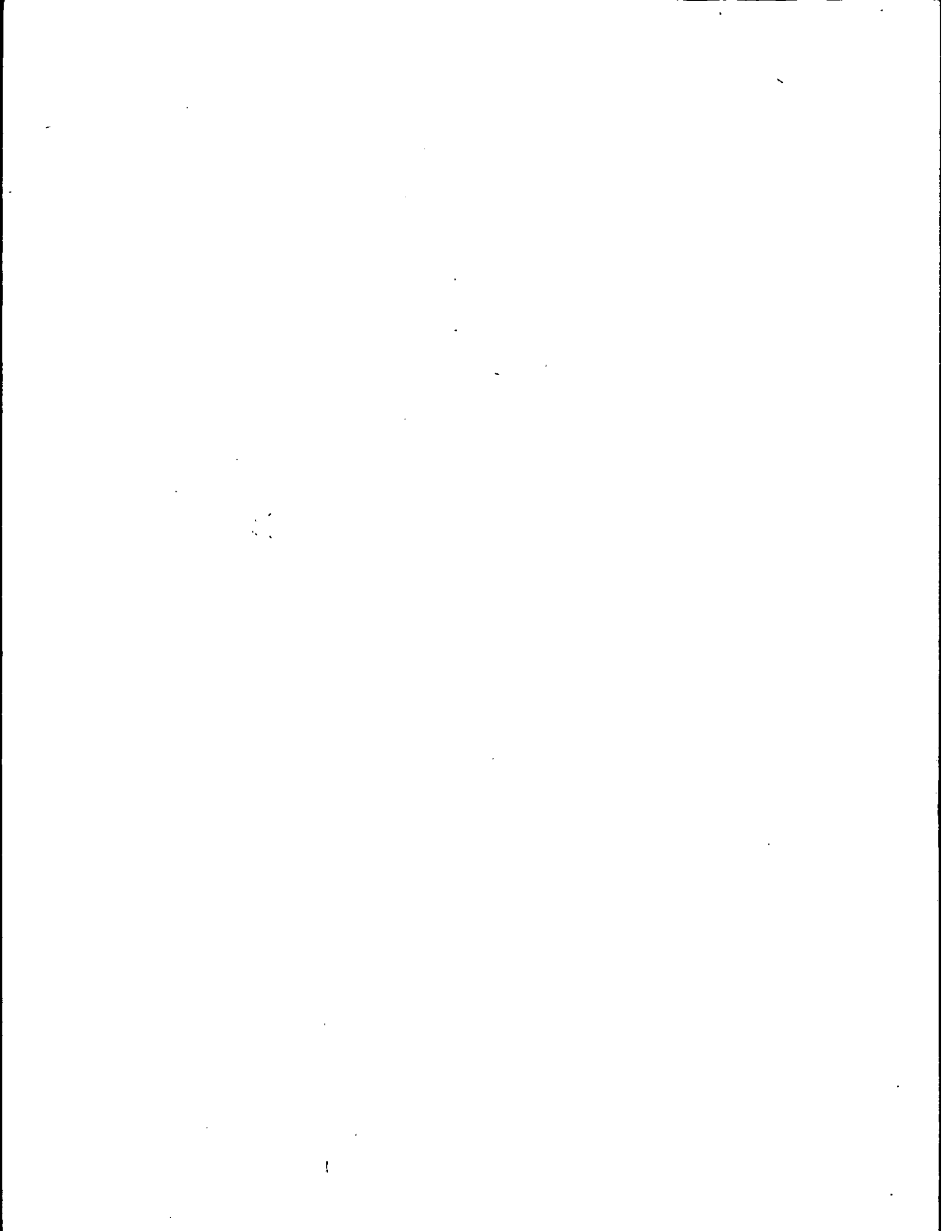
Water supply and sewage disposal facilities location, installation and protection must meet state and local regulations. Septic tank should be pumped out every 3 to 5 years and shall be maintained by owner in such a manner as not to create a public health hazard. Septic tank and nitrification line MUST BE INSPECTED AND APPROVED BY A MEMBER OF THE ORANGE COUNTY HEALTH DEPARTMENT STAFF BEFORE ANY PORTION OF THE INSTALLATION IS COVERED AND PUT INTO USE. THIS PERMIT IS ONLY VALID FOR STRUCTURE LISTED FOR 3 YEARS FOLLOWING DATE OF ISSUANCE.

Signed: *[Signature]*      (Sanitarian)      Countersigned: *[Signature]*      (Owner or representative)

Certificate of Completion      Date approved: 7-24-84      By: *[Signature]*      (Sanitarian)

Remarks: CONTRACTOR NOT ON SITE AT TIME OF FINAL INSPECTION





ORANGE COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

MISCELLANEOUS SERVICES NUMBER 8102

SERVICE EXISTING SYSTEM

REFERENCE 7 16N 6 DESC #100 SEC 2 M6 STONERIDGE

REQUESTEE LINDQUIST DAVID SIZE L1

ADDRESS 129 ESSEY DR OWNER THOMPSON DONALD J

CITY/S/Z CHAPEL HILL NC 27514

PHONE 9423179 211 LONGWOOD DR

DATE 11-18-94 CHAPEL HILL NC 27514

FEE 45

RECEIPT 081655

DUE DATE 11-23-94

REMARKS

LOCATION LN1 NC86 WHITFIELD RD L ON LONGWOOD DR 211 LONGWOOD DR

LOCATION LN2

SANITARIAN

RESULTS SYSTEM NOT SIZED FOR A GARAGE DISPOSED  
VACANT - Functionality unknown

