

Parcel 97031

Please Note:

The Septic System on this property

is part of the

On-Site Waste Water Monitoring Program.

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

There is an annual fee associated with the program.

Please contact the Chatham County
Environmental Health Office
for more information.

CHATHAM COUNTY ENVIRONMENTAL HEALTH

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

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

WELL PERMIT

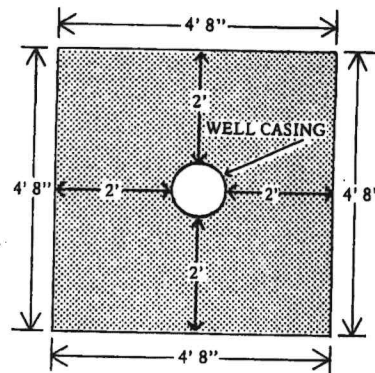
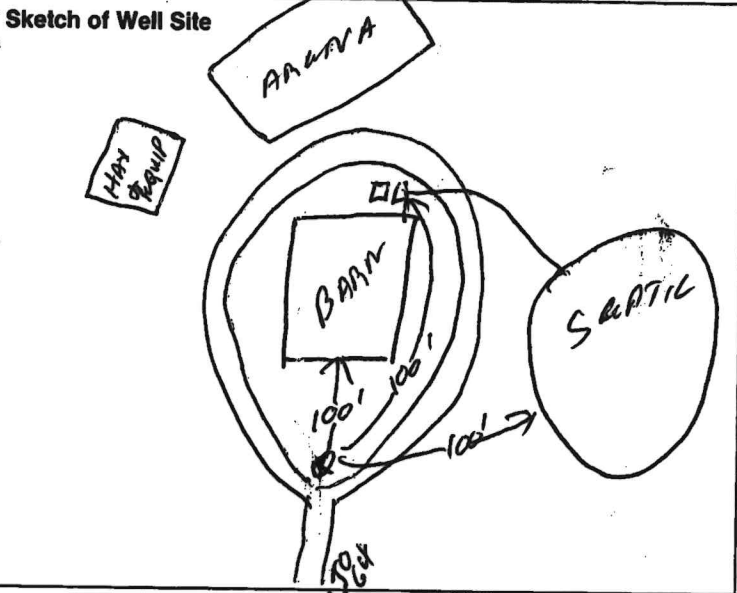
THIS PERMIT EXPIRES FIVE YEARS FROM DATE OF ISSUE.

- New Well
 Replacement Well

OWNER HINDAS-BARNATT DEV. CO. ADDRESS 11283 US 64E

Directions to Site 64E 11 MI

WELL TO SERVE: Residence Mobile Home Park Other HOSE BARN



CONCRETE WELL SLAB (top view)

Owner or contractor required to pour concrete slab around well casing, 4'8" x 4'8" x 4". MUST BE COMPLETED BEFORE APPROVAL OF PRIVATE WATER SUPPLY.

MAINTAIN 100' FROM ALL SEPTIC AREAS, 50' FROM ANY BUILDING FOUNDATION & 10' FROM ANY PROPERTY LINE.

WELL CONSTRUCTION

Distance from nearest property line 100'
 Distance from source of pollution 100'
 Total depth of well 250 ft. GPM 30
 Water Bearing Zones: Depth 95-4 Ft. 115-6 Ft. 150-5 Ft. 241-15 Ft. Ft.
 Casing Depth: From 0 to 83 Ft. Diameter 6"
 Static Water Level 20
 Casing Type: Steel Galvanized Steel Thickness .188

If steel, does owner approve: Yes No
 Drive Shoe Yes No Height of casing above ground 1' inches
 Problems in setting casing Yes No Explain _____

Grout Type: Neat Sand/Cement Concrete Annular space width 2-3 In.
 Water in Annular space Yes No Method of Grout: Pump Pressure Poured
 No. Bags of Portland Cement 14 Depth From 0 to 20 Ft.
 Weight of 1 bag 94 lbs. Proper Slab Constructed _____ ID Plate Chlorination Yes No

DEPTH		DRILLING LOG	
From	To	FORMATION DESCRIPTION	
0	35	Overburden	121-150 Red
35	65	Soft Red Triassic	150-241 Gray
65	95	Gray	241-250 Red
95	114	Red	
114	121	Gray	

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

Don Williams 4-15-03
Signature of Contractor Date

Permit Issued By [Signature] Date 4-10-03
 Well Grout Inspected by Thomas J. Boyer R.S. Date 4-15-03
 Inspection Completed by Thomas J. Boyer R.S. Date 10-5-04

911 Address 11283 US 64E
NAME/SUBDIVISION HINDAS-BARNATT Dev. Co.



Private Well & Wastewater Disposal Setback Compliance Approval
CHATHAM COUNTY PUBLIC HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
80 EAST STREET, P.O. BOX 130 • PITTSBORO, NC 27312-0130
PHONE 919-542-8208 • FAX 919-542-8288

www.chathamcountync.gov/government/departments-programs/environmental-health

Approval Valid for 6 Months From Date of Issuance

In Office Review Site Visit

Owner: Dufour LLC
Mailing Address: 100 Legault Dr., Cary, NC 27513
911 Address: 310 Ever After Ln., Apex, NC 27523
Parcel Number: 60519
Subdivision Name: _____
Subdivision Lot: _____

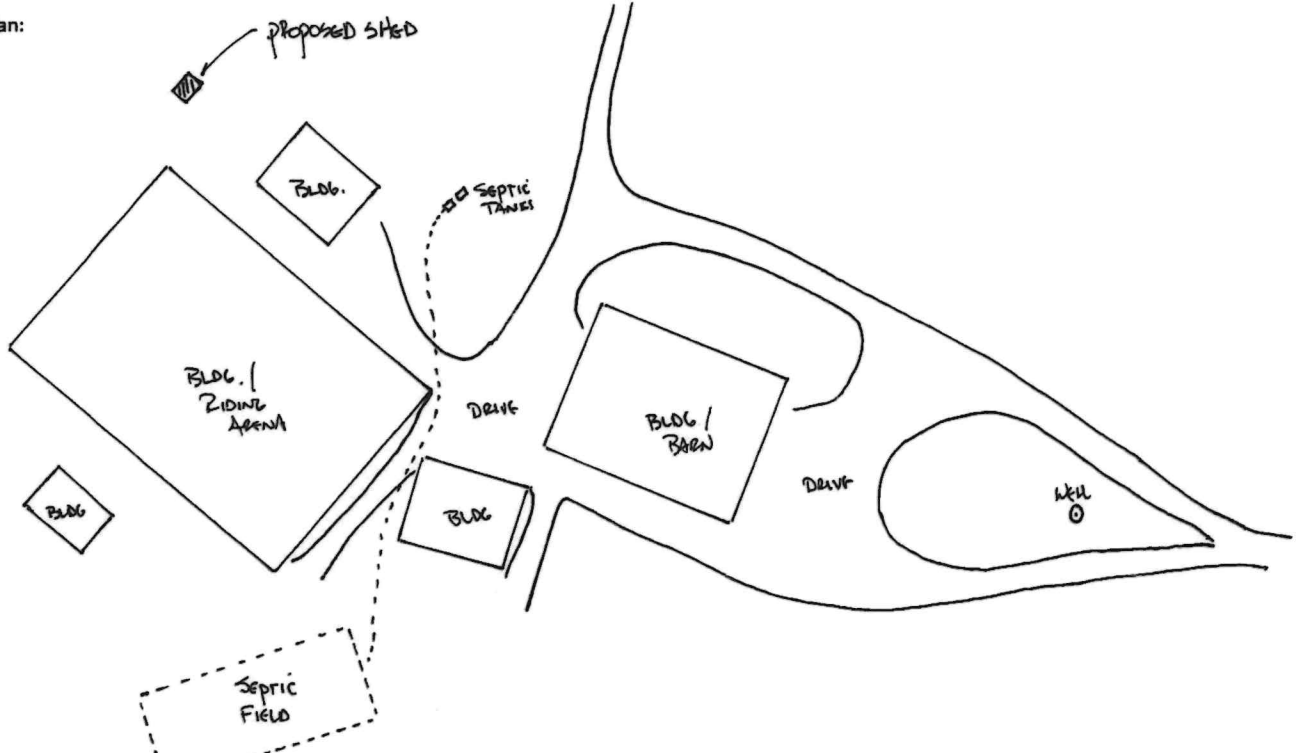
Wastewater System Type: IIIb Water Supply: Private Public Community

Number of Bedrooms: N/A or Business Type: Horse riding/training facility
 Number of Occupants: 2 employees + 30 students / day

*Approval is for: 10' X 12' storage shed

*Approved plumbing: N/A or _____

Sketched Site Plan:



*The approval does not constitute compliance with any planning or zoning setback distances or land use requirements of the planning jurisdiction in which the property is located.

The Environmental Health Division recommends the property owners have their wells sampled for bacteria once a year. It is recommended to clean the septic tank effluent filter every year and pump the tank routinely (every 3-5 years with average use) to ensure proper operation and prolong the life of the system.

Approved by: Jane R. Tapp
 Registered Environmental Health Specialist

Date: 8/4/2022

310 Ever After Ln
911 ADDRESS

Chapel Ridge Farms
NAME / SUBDIVISION & LOT #

CHATHAM COUNTY HEALTH DEPARTMENT SEWAGE DISPOSAL OPERATIONS PERMIT

Date 10-5-04

Improvements Permit No. _____

Owner Hinder Benett Dev. Co

Conditions _____

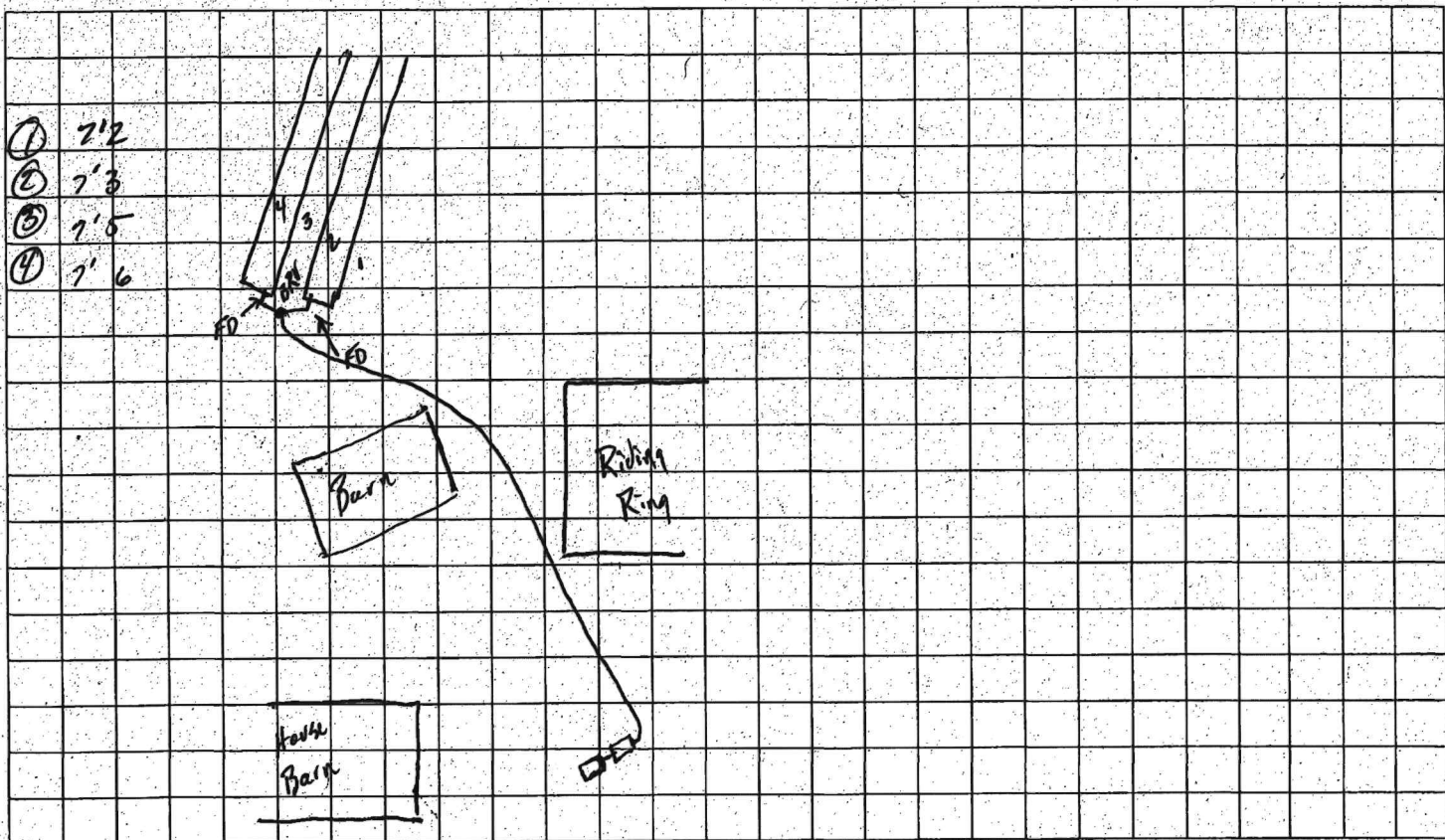
This permit authorizes the owner to operate the sewage disposal system in accordance with the state and local rules. The department does recommend that septic tanks be pumped out every 3 to 5 years, and filters be cleaned every 2 to 3 years. In the event of a malfunction contact this office.

This certifies that the system has been installed in compliance with applicable NC General Statutes and Rules for Sewage Treatment and Disposal and all conditions of the Improvements Permit and Construction Authorization.

SYSTEMS CLASSIFIED AS TYPE IV, V, or VI, REQUIRE SYSTEM MANAGEMENT BY A STATE-CERTIFIED OPERATOR. OPERATION PERMIT HOLDERS ARE RESPONSIBLE FOR NOTIFYING SUBSEQUENT OWNERS.

Thomas J. Boye P.S.
Environmental Health Specialist

Type System: I II III IV V VI Installer Robert Eberhart

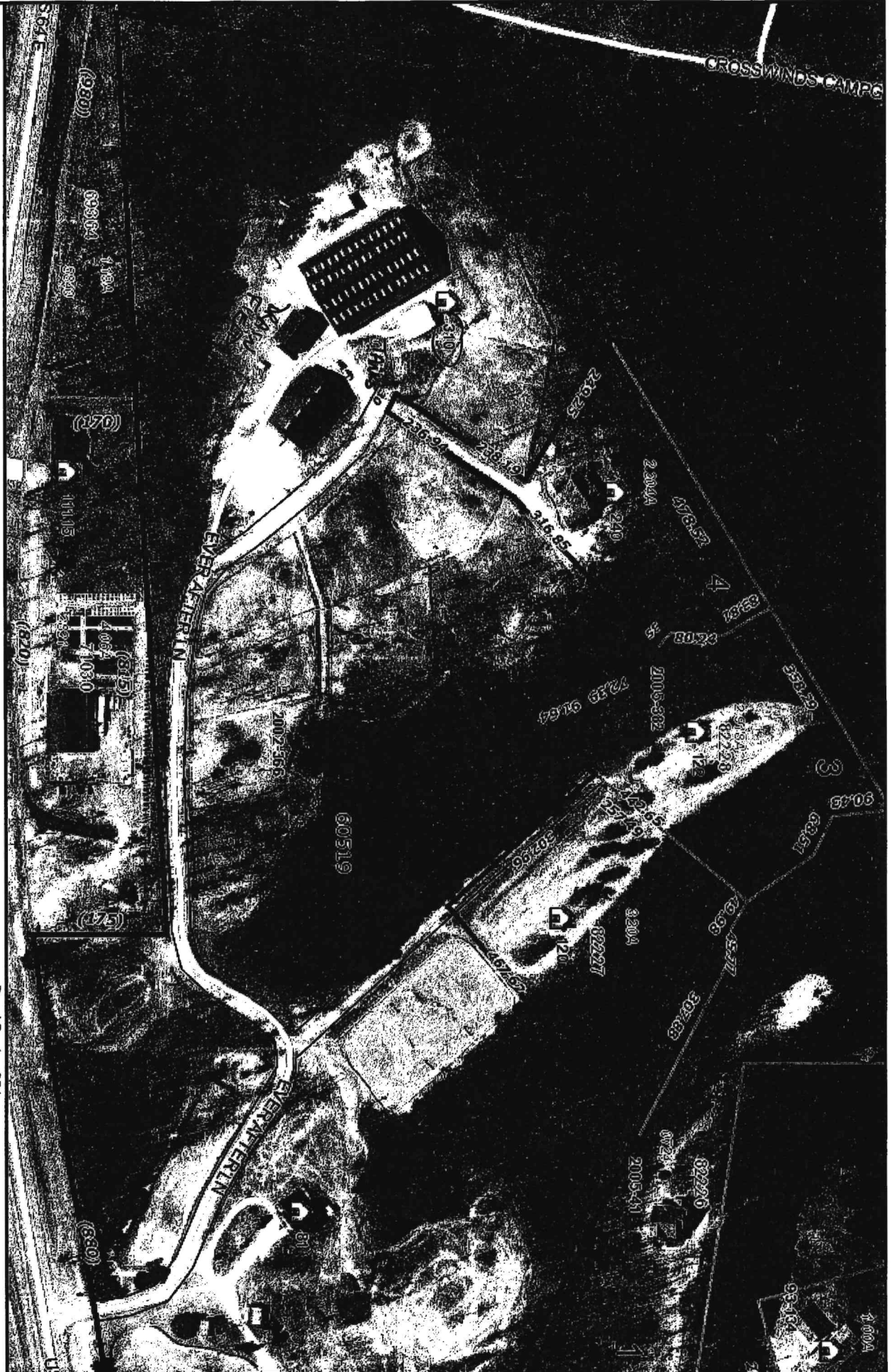




CHATHAM COUNTY, NC

Property Map

Disclaimer:
The data provided on this map are prepared for the inventory of real property found within Chatham County, NC and are compiled from recorded plats, deeds, and other public records and data. This data is for informational purposes only and should not be substituted for a true title search, property appraisal, survey, or for zoning verification.



Parcel Number: 60519
Map Number: 0702-33-4119,000
Owner Name: HINDES-BENNETT DEVELOPMENT CO
Owner Address: C/O TOM BENNETT
Owner City: APEX
Owner State: No Data
Owner Zip: 27523
Description: Q5-8

Deed Book: 954
Deed Page: 0999
Plat Book: 2002
Plat Page: 0366
Deed Acres: 34.182
Physical Address: EVER AFTER LN
Improvement Value: 528367.
Land Value: 647275
Fire District: No Data
Township Code: 11
One Inch = 200 Feet



911 ADDRESS

Chapel Ridge Farms
NAME / SUBDIVISION & LOT #

CHATHAM COUNTY HEALTH DEPARTMENT SEWAGE DISPOSAL OPERATIONS PERMIT

Date 10-5-04

Improvements Permit No. _____

Owner Hindes Bennett Dev. Co

Conditions _____

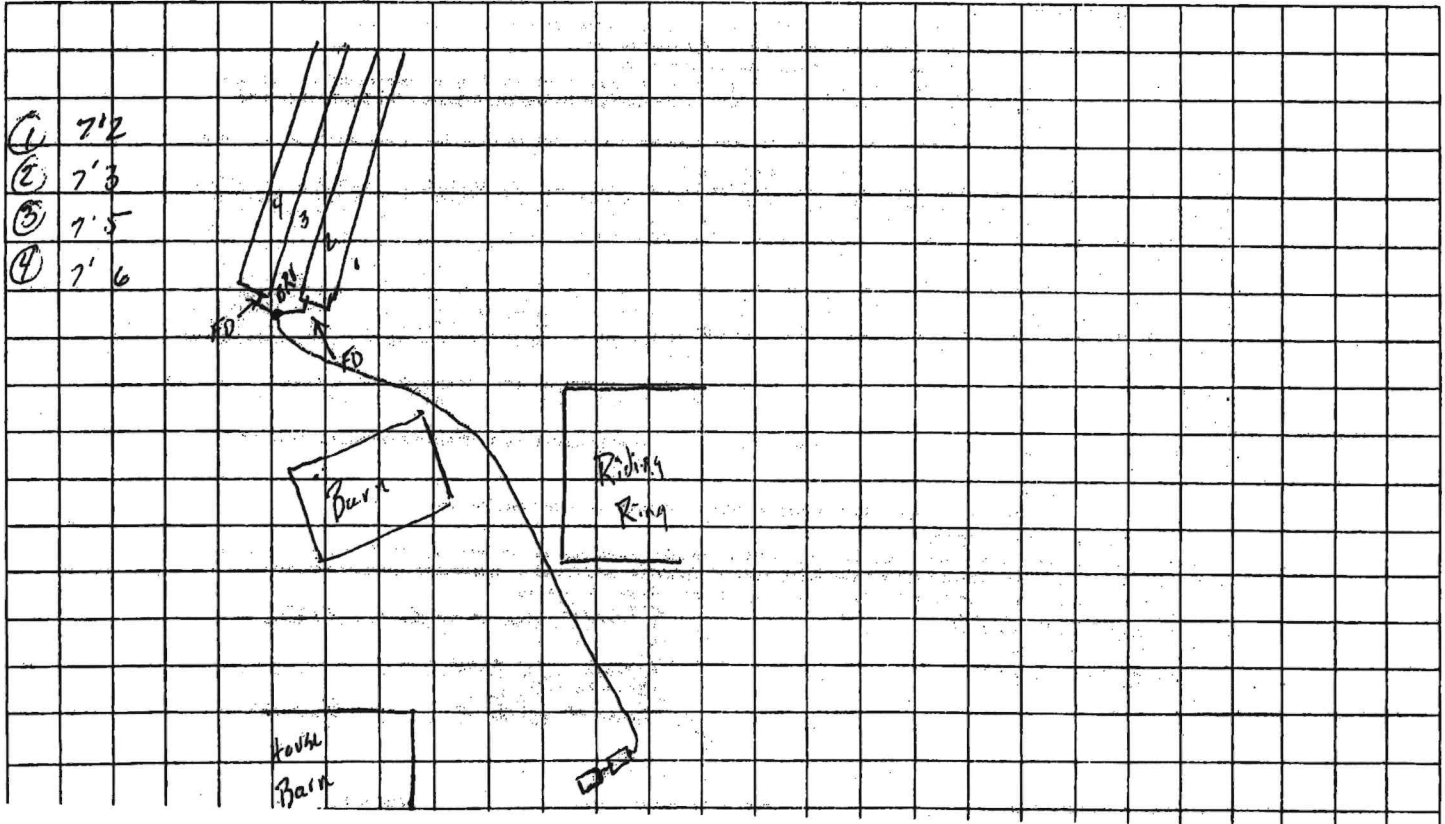
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Thomas J. Boyer R.S.
Environmental Health Specialist

Type System: I II III IV V VI Installer Robert Eberhart



CHECKLIST

INT/DATE

S 3-27-04
ST BTS 1000 STB 103
PT BTS 1000 4-26-04
PT 214 CCHD 731 S
One piece _____ Two piece _____
Filter TUFF TITE
Riser ✓
Drainfield Initial + Repair Installed
Dist. Device 2 Flow Dividers + Bull Run Valve
Pump Zoeller 98
Pump Demo ✓
Alarm/Floats ✓
Circuits ✓
Cover ✓

AS 3-28-04
↓
TIB 10-5-04
↓

CHATHAM COUNTY PUBLIC HEALTH DEPARTMENT

80 EAST STREET, P.O. BOX 130 • PITTSBORO, NC 27312-0130
Phone 919-542-8208 • Fax 919-542-8288

SEWAGE DISPOSAL CONSTRUCTION AUTHORIZATION
(Required for Building Permit)

Date 3-17-04

Improvements Permit No. _____

New

Repair

Expansion

Owner Hindes-Bennett Dev. Co.

Location _____

This permit authorizes the owner to install the sewage disposal system within five years of the issue date on the Improvement Permit. **THE CONSTRUCTION AUTHORIZATION IS NON-TRANSFERABLE.** The installer must be registered in Chatham County. Before an Operations Permit can be issued, all required inspections and conditions of the permit must be completed and verified by this department.

Plans (if required) approved by _____

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

Contractor must meet on site prior to installing any part of system
Follow design specifications attached to Improvement Permit
Fill sand must be approved by Health Dept.

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal conditions of this permit.

System Type III

No. Bedrooms/
GPD 200

Thomas J. Boyer R.S.
Environmental Health Specialist

**If applicable

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

Owner/Legal Representative Signature _____ Date: _____

11283 HWY 64 W
911 Address
Name Hindes-Bennett Dev. Co.

CHATHAM COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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

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

OFFICE USE ONLY

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

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

NEW REPAIR EXPANSION

An Improvement Permit is issued to Hinds-Bennett Dev. Co. for
a 1/8 acre site located 11283 Hwy. 64 W Apex
in Chatham County. It is specifically issued for the following facility:

Facility: Residential () Non-Residential (X)

No. Bedrooms _____ No. Residents/Employees 2, 30 students/day

Type Wastewater: Residential () Commercial (X)

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

Description _____

Type System: Shallow Conventional () LPP ()

Other pump to fill system

Design Flow 200 EGD Application Rate .33 GPD/ft²

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

Nitrification Line (Length/Width/Max Depth) 200 x 3 x 18" into the fill
2-100' Lines split by D-Box or flow divider see all fill attachments

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

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

Description pump to fill system

Special Conditions Contractor to meet onsite prior to installing, french drain required,
1/4" filter required, no horse washing allowed into system

A plat with site plan showing specific location of the facility, the site for the proposed wastewater system, existing buildings, property lines, water supplies, surface waters, the conditions for any site modifications; and any other information required by the department must be attached to be valid.

This permit is valid [] without expiration [X] for five years but is subject to revocation if the site is altered, soil disturbed, set-backs violated, or the plans of intended use are changed.
The Improvement Permit shall not be affected by change in ownership.

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

Issued by Thomas J. Boye P.E., L35.
Environmental Health Specialist

N.C. Registration Number 1353

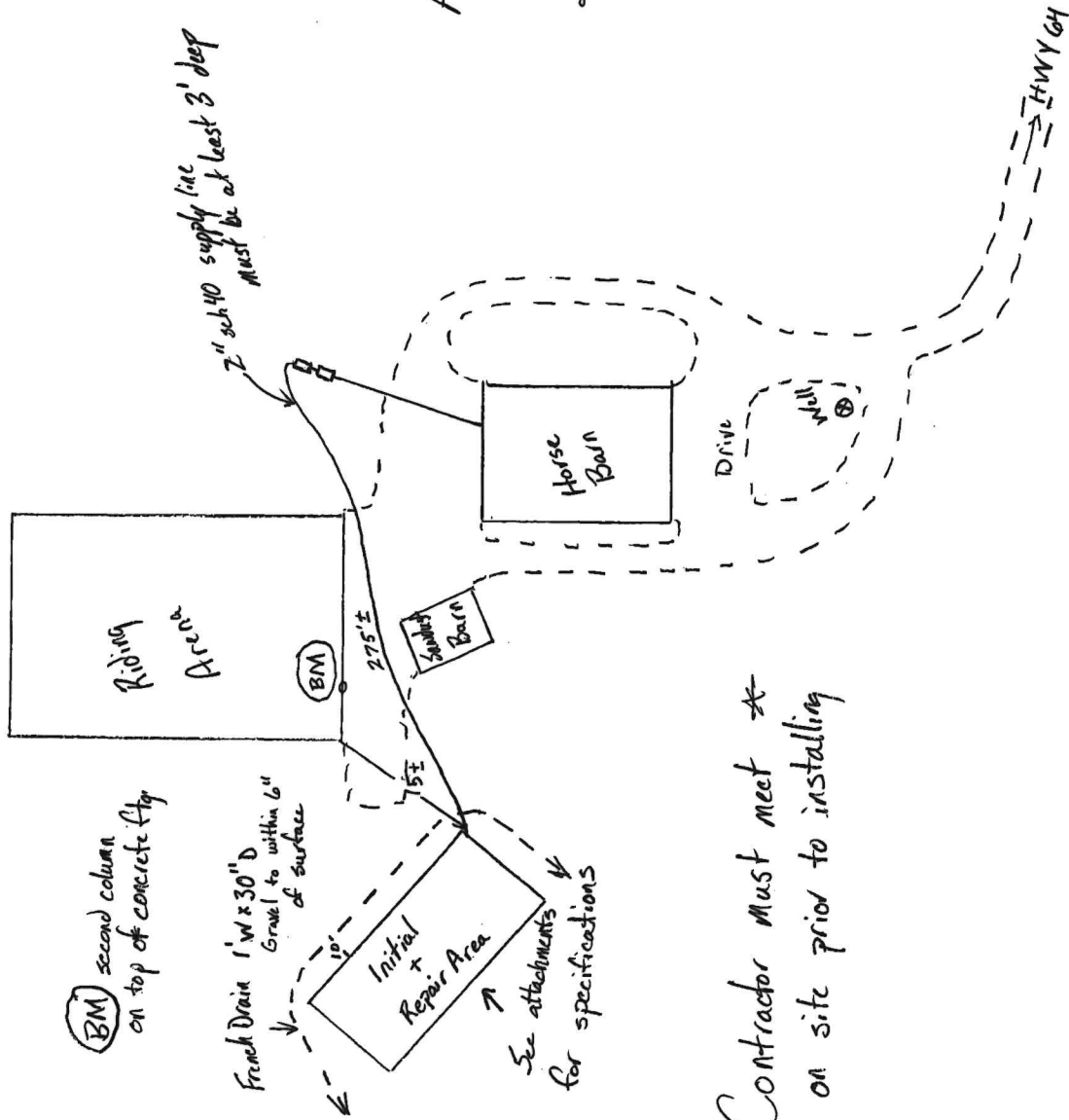
Date 3-16-04

Name Hinds-Bennett Dev. Co. Address 911 11283 Hwy 64 W

Hinks - Bennett Dev. Co.

3-16-04

Thomas J. Boye R.S., L.S.S.



BM elev.	100.00
Elevations at land surface	
1	95.00 Blue
2	94.58 Red
3	94.00 Blue
4	93.25 Red

Trench Bottoms should be .5' higher than above elevations

* Contractor must meet * on site prior to installing

Guideline For Design and Installation of Fill Systems with Conventional Trenches

I. Trench and Fill Specifications

<u>II</u>	- Soil Texture Group	<u>126</u> ft.	- Length of Fill
_____	gpd/sq. ft. - Acceptance Rate	<u>56</u> ft.	- Width of Fill
<u>200</u>	gpd - Sewage Flow	<u>7056</u> sq. ft.	- Total Fill Area
<u>600</u>	sq. ft - Trench Bottom	<u>18</u> in.	- Depth of Sand
<u>3</u>	ft. - Trench Width	Approx. <u>296</u>	cu. yd. - Volume of Sand
<u>200</u>	ft. - Total Trench Length	<u>6</u> in.	- Depth of Topsoil
<u>2</u>	- Number of Trenches	Approx. <u>124</u>	cu. yd. - Volume of Topsoil
<u>100</u>	ft. - Length of each Trench		

II. Site Preparation

1. Place flags at the 4 corners of the area to be filled designated on the improvement permit. Failure to place fill in the permitted area may result in the fill having to be moved or the permit revoked.
2. Do not work when the site is wet. Working on soil when wet can destroy soil structure making the site unsuitable for a Construction Authorization.
3. Remove all above ground vegetation and root mat from area to be filled without removing topsoil. Removal of soil can result in revocation of the permit.
4. Disk the area to be filled to a depth of 6 inches to break up root mat.

III. Placement Of Fill

1. Add 3 to 4 inches of approved sand fill to area and disk again to thoroughly mix the original soil and the fill. Approved sand fill is a sand or loamy sand.
2. Add more sand fill to achieve a uniform height of SD (see diagram) in the middle of the fill area.
3. The fill shall be tapered from the top edge of the fill to the ground surface 2 feet from the boundary of the fill area. The top edge of fill is located 5 feet from the proposed trenches.

Calculation of Fill Volume

Total volume of fill (TVF)

$$\text{TVF} = [(\text{LT} + \text{LB}) / 2 \times (\text{WT} + \text{WB}) / 2] \times \text{TFD}$$

$$= [(\underline{110} \text{ FT.} + \underline{126} \text{ FT.}) / 2 \times (\underline{40} \text{ FT.} + \underline{56} \text{ FT.}) / 2] \times \underline{2} \text{ FT.}$$
$$= \underline{11328} \text{ CU. FT.}$$

(DIVIDE BY 27 CU. FT. TO OBTAIN CU. YDS.)

$$= \underline{420} \text{ CU. YDS.}$$

Total volume of sand (TVS)

$$\text{TVS} = [(\text{LT} + \text{LB} - 4) / 2 \times (\text{WT} + \text{WB} - 4) / 2] \times \text{SD}$$

$$= [(\underline{110} \text{ FT.} + \underline{126} \text{ FT.} - 4) / 2 \times (\underline{40} \text{ FT.} + \underline{56} \text{ FT.} - 4) / 2] \times \underline{1.5} \text{ FT.}$$
$$= \underline{8004} \text{ CU. FT.}$$

(DIVIDE BY 27 CU. FT. TO OBTAIN CU. YDS.)

$$= \underline{296} \text{ CU. YDS.}$$

Total volume of cover (TVC)

$$\text{TVC} = \text{TVF} - \text{TVS}$$

$$= \underline{420} \text{ CU. YD.} - \underline{296} \text{ CU. YD.}$$

$$= \underline{124} \text{ CU. YD.}$$

Key to abbreviations:

LT = length of top

LB = length of bottom

WT = width of top

WB = width of bottom

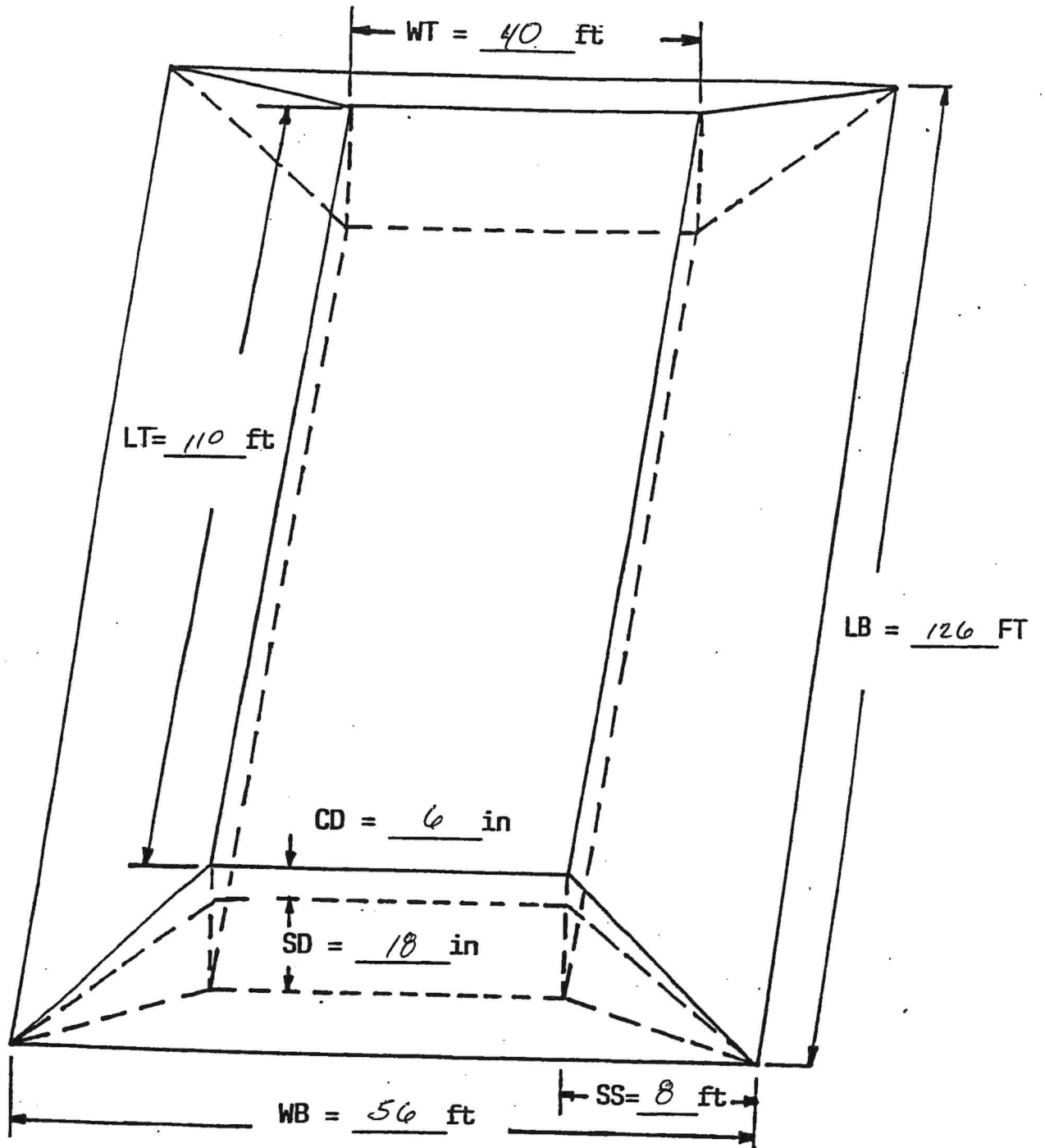
TFD = total fill depth

= SD + CD

SD = sand depth

CD = cover depth

DIMENSIONS OF FILL SYSTEM



DEFINITIONS

WT - width of top
LT - length of top
WB - width of bottom
LB - length of bottom

SS - side slope
SD - sand depth
CD - cover depth