

# Orange County Health Department

Environmental Health Section  
PO Box 8181, 306C Revere Rd  
Hillsborough, NC 27278  
Phone 919-245-2360 Fax 919-644-3006

www.co.orange.nc.us

## Wastewater System Operation Permit

Parcel Pin	9895247728	TMBL	5 15 44A
Property Description	#7R REC DOUG CRABTREE P96/50	Permit Number	CA06-00294
Property Location	#7R REC DOUG CRABTREE P96/50 / LOT 7 WALNUT HILL FARM	Lot Size	10 69
Owner	ABERY JULIAN	System Operator	ABERY JULIAN
Address	119 COLLEGE AVE DURHAM NC 27713	<b>REQUIRED INSPECTIONS</b>	
Phone		ORC Inspection every	N/A N/A
Septic Contractor	DEZERN'S BACKHOE SERVICE	ORC Report every	N/A
		OCHD Inspection every	60 Months

Type of Facility RES SFD System Classification IIIbg  
 System Type Pump-Other Trench / CHAMBER-QUICK4W - acc  
 In accordance with NCGS 130A-11 and 15A NCAC 18A Section 1900, This Operation Permit is issued to

**ABERY JULIAN**  
 For the operation of a 600 GPD wastewater treatment and disposal system

### Conditions

- This permit shall be effective only with respect to the nature and volume of the waste specified Water softener backwash is not allowed in the system
- This permit is transferable, however any conditions imposed on this permit shall also transfer to the subsequent owner
- The system shall be properly maintained and operated at all times in accordance with *The Schedule of Operation and Maintenance*
- The owner is responsible for compliance with 15A NCAC 18A section 1900-Laws and Rules for Sanitary Sewage Collection, Treatment, and Disposal as amended by the Orange County Board of Health
- In the event of failure of the system to perform satisfactorily (as determined by the OCHD), the owner shall take such corrective actions as required by the Department within the specified period of time
- No traffic, vehicles, or excavation shall be allowed on the system or the repair area
- Appropriate permits shall be obtained from the OCHD prior to any repairs on the system
- The owner (and ORC) shall notify the OCHD of any system malfunction or necessary repairs
- The owner is responsible for keeping the plumbing system of the structure in good repair and eliminating leaks, drips, or excess flows as they are found
- A useable repair area as designated by the OCHD, shall be maintained and reserved for the addition to or replacement of the initial system drainfield
- Refer to the "as-built" inspection record on file at OCHD for system installation specifications

### SCHEDULE OF OPERATION AND MAINTENANCE

#### FOR ALL SYSTEMS

- Every 12 months Septic tank shall be inspected for influent/effluent line blockage, tank/riser leakage, and solids accumulation Blockages or leaks shall be repaired Septic tanks shall be pumped when solids (scum & sludge) reach 1/3 of the liquid volume Effluent filters shall be inspected and cleaned as necessary
- Every 6 months Drainfield shall be inspected for seepage or saturation, settled ground surface, broken pipes, maintenance of vegetation, protection from traffic, and diversion of surface water
- Every 6 months Ground surface around the tanks and drainfield shall be inspected for areas of depression or ponding
- For grassed sites - Grass shall be cut regularly and when it exceeds 8 inches in height Lightweight mowers shall be used for cutting grass
- For wooded sites - Saplings, briars, brush and grass shall be eliminated by hand cutting and/or herbicides as often as necessary Dead trees shall be removed by cutting at or near ground level Stumps should not be removed

#### FOR SYSTEMS WITH PUMPS (TYPE III OR IV SYSTEMS)

- Every 6 months Pump tank shall be inspected for leaks and solids accumulation Leaks shall be repaired and solids removed as necessary Pump, controls, floats and alarm shall be checked for proper operation All components of the pump/control system shall be kept in compliance with the current design standards
- Every 6 months A pump delivery rate shall be determined Pipe and fittings shall be checked for leakage
- Every 6 months Drainlines shall be flushed of solids accumulation with the valves opened Pressure head adjustment shall be made to obtain the designed delivery rate pressure head measurements shall be recorded
- Every 6 months Water meters, pump meters and counters shall be read and recorded
- Additional O&M Requirements attached

#### FOR TYPE IV, V, AND VI SYSTEMS

- The permittee, as well as any subsequent owners, shall keep an operator (ORC) under contract who is certified for subsurface wastewater treatment and disposal systems The permittee or owner shall notify any future or subsequent system owners of the requirements contained in this permit, including the requirement for a management entity contract Notification of any changes to the owner's contract with the system ORC or a change of ORC shall be submitted in writing to the OCHD at least 30 days in advance of the change
- All monitoring data and maintenance records shall be kept on file by the ORC and a copy submitted to the owner and the OCHD as specified Orange County Health Department, Environmental Health Division, 306-C Revere Rd Hillsborough, N C 27278

Type III systems and higher require an inspection by the OCHD on a periodic basis as indicated above An inspection fee will be assessed for each inspection

ISSUED:11/30/2007

ENVIRONMENTAL HEALTH SPECIALIST

OP 05/05 Pick-up \_\_\_\_\_ Mail \_\_\_\_\_ File \_\_\_\_\_ Reviewed \_\_\_\_\_

Phone 245-2360

# WASTEWATER SYSTEM INSTALLATION RECORD

Applicant **DENNIS L DUFFY BUILDING** Property Description **#7R REC DOUG CRABTREE P96/50**  
 System Installer **JACK DETERN** System Type **Pump-Other Trench**

<u>STB</u> MANU <u>PTS</u>	<u>PT</u> MANU <u>PTS</u>	<u>EFFLUENT FILTER</u>	<u>PUMP REQUIREMENTS</u>
STB - <u>466</u>	PT - <u>252</u>	BRAND <u>POLY LOK</u>	BRAND <u>ABS</u>
<u>1500</u> GAL	<u>1575</u> GAL	MODEL <u>(RED)</u>	MODEL <u>EF05W</u>
DATE <u>12-28-06</u>	DATE <u>2-13-07</u>	<input checked="" type="checkbox"/> PIPE SEALS OK	<input checked="" type="checkbox"/> ALARM OK
PSI	PSI		<input checked="" type="checkbox"/> PULL ROPE
LEAK TEST	LEAK TEST	<u>SUPPLY LINE</u>	<input checked="" type="checkbox"/> FLOAT SUPPORT
PRETEST # <u>835</u> S/L	PRETEST # <u>862</u> S/L	SIZE <u>2"</u>	<input checked="" type="checkbox"/> FLOAT ADJUSTED
INLET RISER <input checked="" type="checkbox"/>	INLET RISER <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> OK TO COVER <u>320'</u>	<input checked="" type="checkbox"/> ENCLOSURE/CONDUIT
OUTLET RISER <input checked="" type="checkbox"/>	OUTLET RISER <input checked="" type="checkbox"/>	<u>N/A</u> PRESSURE TEST	<input checked="" type="checkbox"/> DUCT SEAL/GROUT
GPI = <u>3217</u>	<u>PDR</u>	INITIAL <u>61.75"</u>	TIME
		ENDING <u>70.25"</u>	TIME
		RESULT <u>8.575"</u> / <u>4</u> MINUTE = <u>624</u> Full-gal	per

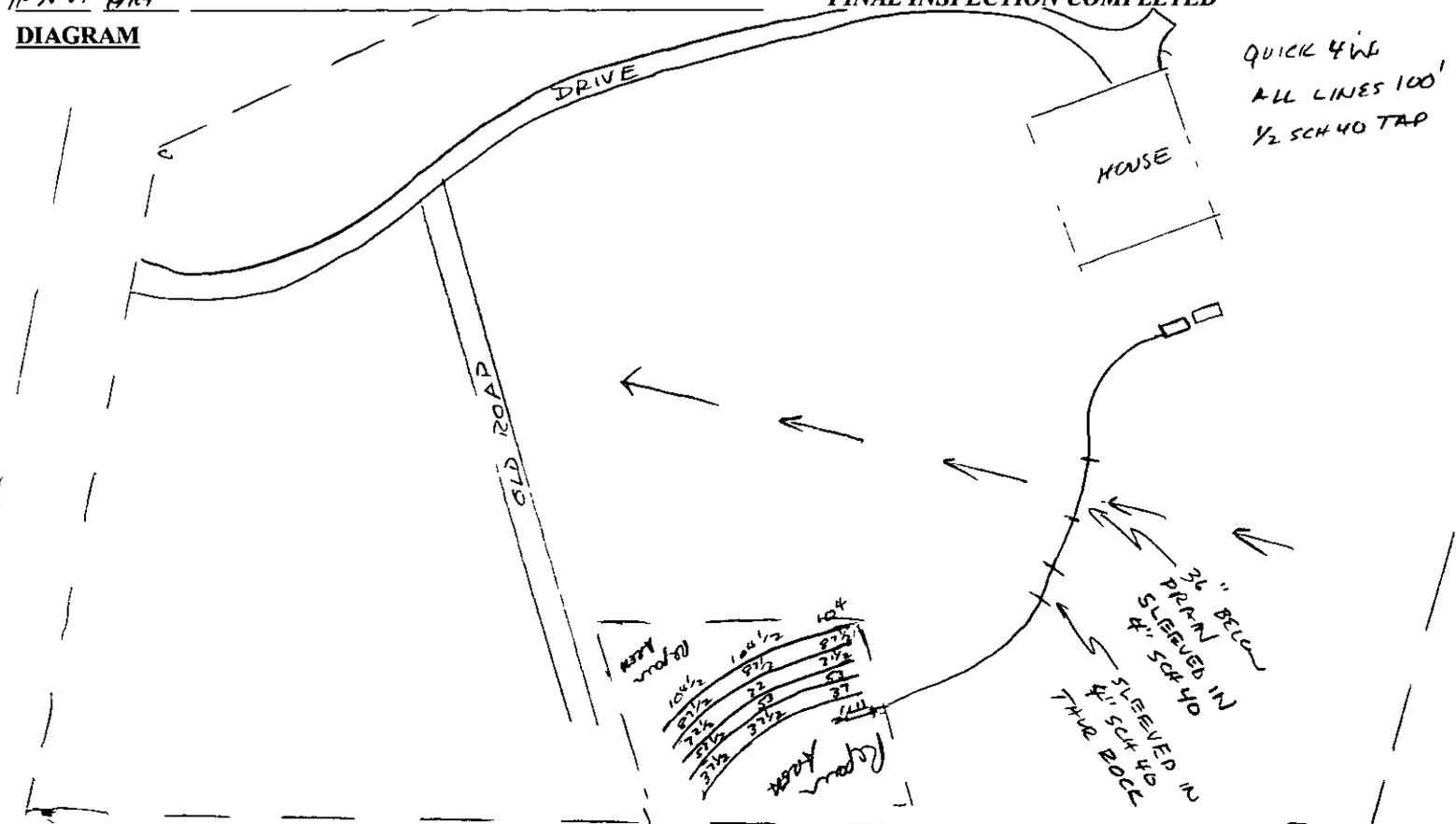
INITIAL METER READINGS: ETM 0.14 EVENTS 999823 DATE 11-30-07

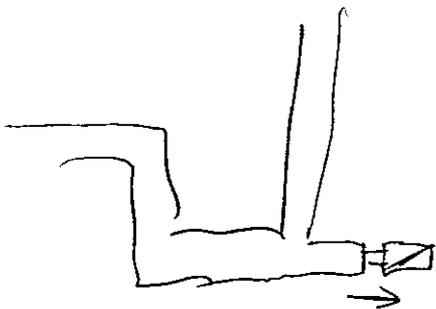
DATE	EHS	NOTES	YET TO DO
3-30-07	DDH	SEPTIC TANK, PUMP TANK, FILTER, RISERS, PIPE	D.F, SUPPLY, MANIFOLD, E + A, PUMPS
3-31-07	DDH	D.F, SUPPLY, MANIFOLD	
11-30-07	GTG	FLOAT, PDR, pump set up	siphony - need reversed check valve
11-30-07	GTG	REVERSE check-valve installed	

11-30-07 GTG

FINAL INSPECTION COMPLETED

DIAGRAM





wh

70.125  
61.75"  
@

# Orange County Health Department

Environmental Health Division  
P.O. Box 8181, 306-C Revere Road  
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Phone 245-2360 Fax 644-3006  
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## WASTEWATER SYSTEM CONSTRUCTION AUTHORIZATION

Parcel Pin 9895247728  
Application Date 09/08/2006

TMBL 5.15..44A  
Permit # CA06-00294

Applicant DENNIS L DUFFY BUILDING  
Address P O BOX 71947  
DURHAM NC  
27722  
Phone 471-9707 /

Owner ABERY JULIAN  
Address 119 COLLEGE AVE  
DURHAM NC  
27713  
Phone /

Property Desc #7R REC DOUG CRABTREE P96/50  
Prop Address LOT 7 WALNUT HILL FARM  
Permit Type RESIDENTIAL NEW SYSTEM  
Facility Type RES SFD

Lot Size 10.69

IP Number IP06-00540 Expires 09/26/2011  
Water Supply Private Well

### SYSTEM SPECIFICATIONS

Wasteflow	600 GPD	Primary System Type	Pump-Other Trench	System Class	IIIbg
No of Bedrooms	5	Nitrification	500 Ft X 3Ft Wide		
Septic Tank	1500 GAL	Maximum Trench Depth	24 Inches from Original Grade(downslope side)		
Min Pump Tank	1500 GAL	Horiz Trench Separation	9 Ft		
Other		Innovative System Type	CHAMBER-QUICK4W - acc		
		Repair System Type	Pump-Other Trench	System Class	IIIbg

### COMMENTS:

1: PRECONSTRUCTION CONFERENCE REQUIRED (added by script)

2: PRESSURE MANIFOLD REQUIRED (added by script)

3: NOT DESIGNED FOR GARBAGE DISPOSAL (added by script)

1. [NOT-Met] EASEMENT / DECLARATION APPROVAL REQUIRED

2. [NOT-Met] An easement or declaration is needed for this property. Applicant needs to submit proper forms for review before recording.

### PERMIT CONDITIONS

- \* REFER TO THE ATTACHED SITE PLAN SHOWING THE SYSTEM AND FACILITY LOCATIONS AND OTHER SYSTEM SPECIFICATIONS
- \* THIS AUTHORIZATION SHALL BECOME INVALID AND MAY BE REVOKED IF
  - \* THE INFORMATION SUBMITTED ON THE APPLICATION IS INCORRECT, FALSIFIED, OR CHANGES
  - \* THE SITE IS ALTERED, OR
  - \* THE SYSTEM INSTALLATION IS NOT COMPLETED BEFORE THE EXPIRATION DATE
- \* THE SYSTEM SHALL BE INSTALLED IN ACCORDANCE WITH
  - \* ORANGE COUNTY RULES FOR WASTEWATER TREATMENT AND DISPOSAL SYSTEMS AS ADOPTED BY THE ORANGE COUNTY BOARD OF HEALTH
  - \* ORANGE COUNTY WASTEWATER SYSTEM SPECIFICATIONS, AND OCHD POLICIES
- \* SYSTEMS WITH A CLASSIFICATION OF III OR HIGHER WILL REQUIRE PERIODIC INSPECTIONS BY THE O C HEALTH DEPARTMENT

ISSUED:09/27/2006

EXPIRES: 09/26/2011

**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

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**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/repared 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. An electrical permit must be obtained and a person with a valid North Carolina SP-PH Electrical license must provide electrical service to the pump controller and alarm**

\*

**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**

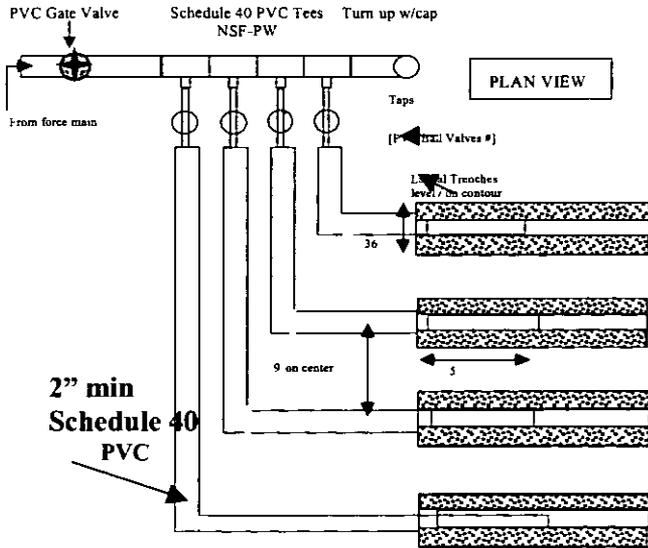
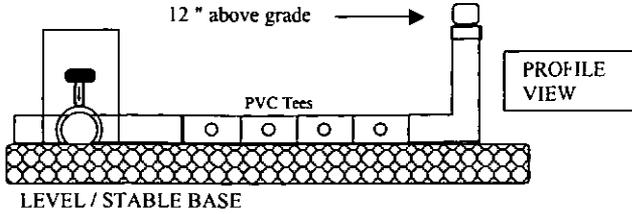
\*

**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 ENVIRONMENTAL HEALTH  
MANIFOLD DESIGN SHEET**

Owner: **Dennis Duffy Building**

TMBL: **5.15..44A**      Designed by: **DDH**



**Manifold Design**

Line # Top to Bottom	Tap Dia In	Tap Sch	Tap Flow gpm	Line Length Ft	Flow/ Linear Ft
1	1/2	40	7.1	125	.057
2	1/2	40	7.1	125	.057
3	1/2	40	7.1	125	.057
4	1/2	40	7.1	125	.057
5					
6					
7					
8					
9					
10					
<b>Totals</b>			<b>28</b>	<b>500</b>	

\*\*\*Manifold sizing may need to be altered after installer layout. The installer must layout the system prior to the pre-construction conference\*\*\*

**Manifold Size**   3   "      **Force Main Size**   2   " PVC

**Dosing Volume** = 500 ' X 46 = 230 Gallons / \_\_\_\_\_ Gallons per Inch = \_\_\_\_\_ " **Drawdown**  
Length of Drainfield

**Total Dynamic Head** = \_\_\_\_\_ \* ' + \_\_\_\_\_ ' + 4 ' = \_\_\_\_\_ ' **TDH**      \*To be determined at installation  
Elevation Head + Friction Loss + Pressure Head

**Pump Requirement**   30   GPM @ \_\_\_\_\_ " Head

**General Design Information**

An approved\* vault (open bottom) and lid extending 6" above grade is required for

- any system not serving a single family dwelling
- any drilled & tapped manifold (taps exposed)
- any system between 600 GPD and 3000 GPD
- any manifold with more than 6 taps
- any off-site system

Any other system may be served by a manitce that is buried on a level bed of gravel with stabilized valve access boxes provided to finished grade. Valve boxes must allow full operational access to valves and cleanouts

**Flow per Tap**

Tap Size	Material	# Valve Size	Flow GPM
1/2"	Schd 80	1/2' min	5.5
1/2"	Schd 40	3/4' min	7.1
3/4"	Schd 80	1/2' min	10.1
3/4"	Schd 40	1' min	12.5

**Manifold Size / # Taps**

Manifold Size	Max No. Taps off one side (Reduce by 1/2 for tapping both sides)		
	1/2" taps	3/4" taps	1" taps
<b>2" Manitee</b>	4	2	
<b>3" Manitee</b>	9	5	3
<b>4" Manifold</b>	16	9	5
<b>6" Manifold</b>	40+	21	12

A manifold consists of a Schedule 80 PVC barrel that is drilled and tapped to accept threaded nipples or adapters

\* Vaults and associated lids for manitolds and Manitees must be pre-approved by OCHD for use. Concrete lids must be sectioned to allow for reasonable access without equipment or special tools (75# - 150#). Lightweight lids must be non-corrosive, secured or have a latching mechanism, and must support 150 lb live load. Pre-approval is required!

# Accepted / Innovative System Summary Sheet

When requesting an innovative system for consideration, you must check **only one** of the types of systems below. Innovative system requests will only be accepted from the owner or applicant as indicated on the original permit. Once the Construction Authorization is issued, subsequent changes in the system type will require another form to be signed and submitted with a permit revision fee of \$100. For systems requiring a warranty, the applicant shall provide proof of warranty to the OCHD prior to the issuance of the Operation Permit. In most cases, your septic contractor must be certified by the product manufacturer to install these systems.

Check one

System Type	Linear Footage	Notes	EQF	ULF
EZ Flow	25% reduction	Accepted status	4 0	10 0
<del>EZ Flow Warranty</del>	<del>35% reduction</del>	<del>Requires 100% to 75% repair area</del>	<del>4 61</del>	<del>10 0</del>
Chamber-Infiltrator Quick 4W	25% reduction	Accepted Status	4 0	4 0
<del>Chamber-Infiltrator Quick 4W Warranty</del>	<del>35% reduction</del>	<del>Requires 100% to 75% repair area</del>	<del>4 61</del>	<del>4 0</del>
Chamber-Infiltrator EQ36	No reduction	Equal to 36" trench width 7' centers	3 0	6 25
Chamber-Envirochamber	25% reduction	Requires 12" cover - Not for pump dosing	4 0	6 0
<del>Chamber-Envirochamber Warranty</del>	<del>35% reduction</del>	<del>Requires 12" cover/100%-75% repair area</del> <del>Not for pump dosing</del>	<del>4 61</del>	<del>6 0</del>
Chamber-Cultec Contactor	25% reduction	Not for pump dosing	4 0	6 5
Chamber-Bio-Diffuser	25% reduction	Not for pump dosing	4 0	6 25
<del>Chamber-Bio-Diffuser Warranty</del>	<del>35% reduction</del>	<del>Requires 100% to 75% repair area</del> <del>Not for pump dosing</del>	<del>4 61</del>	<del>6 25</del>
Multipipe	No reduction	30" width equivalent to 36" conventional	3 0	10 0
GAG Sim Tech Filter		Required for LPP		
Pretreatment-Sand Filter		Possible reduction in area or setback or vertical separation		
Pretreatment-Puraflo Peat		Possible reduction in area or setback or vertical separation		
Pretreatment-Ecoflo Peat		Possible reduction in area or setback or vertical separation		
Pretreatment-Advantex		Possible reduction in area or setback or vertical separation		
Drip-Perc Rite		Reduction in vertical separation		
Drip-GeoFlow		Reduction in vertical separation		
Drip-Delta		Reduction in vertical separation		
Brunswick Bed				
Bioclere Trickle Filter				
Norweco Bio-Kinetic				
Tire Chip Aggregate		Does not require re-permuting		
Other				

\* Warranty required before issuance of Operation Permit

EQF = Equivalency Factor of Trench Width  
ULF = Unit Linear Footage

*Only completed request forms will be accepted, including the Permit Number*

## INNOVATIVE SYSTEM REQUEST

Permit Number: CA \_\_\_\_\_

TMBL 515.44A

Owner / Applicant Name JULIAN ARERY Property Location / Address \_\_\_\_\_

I am the owner of the referenced property for which an application has been made for a Construction Authorization. I hereby request that the above system be permitted for the referenced site. I am aware of the types of innovative systems and their comparison to conventional systems and request that the indicated system be permitted for this site.

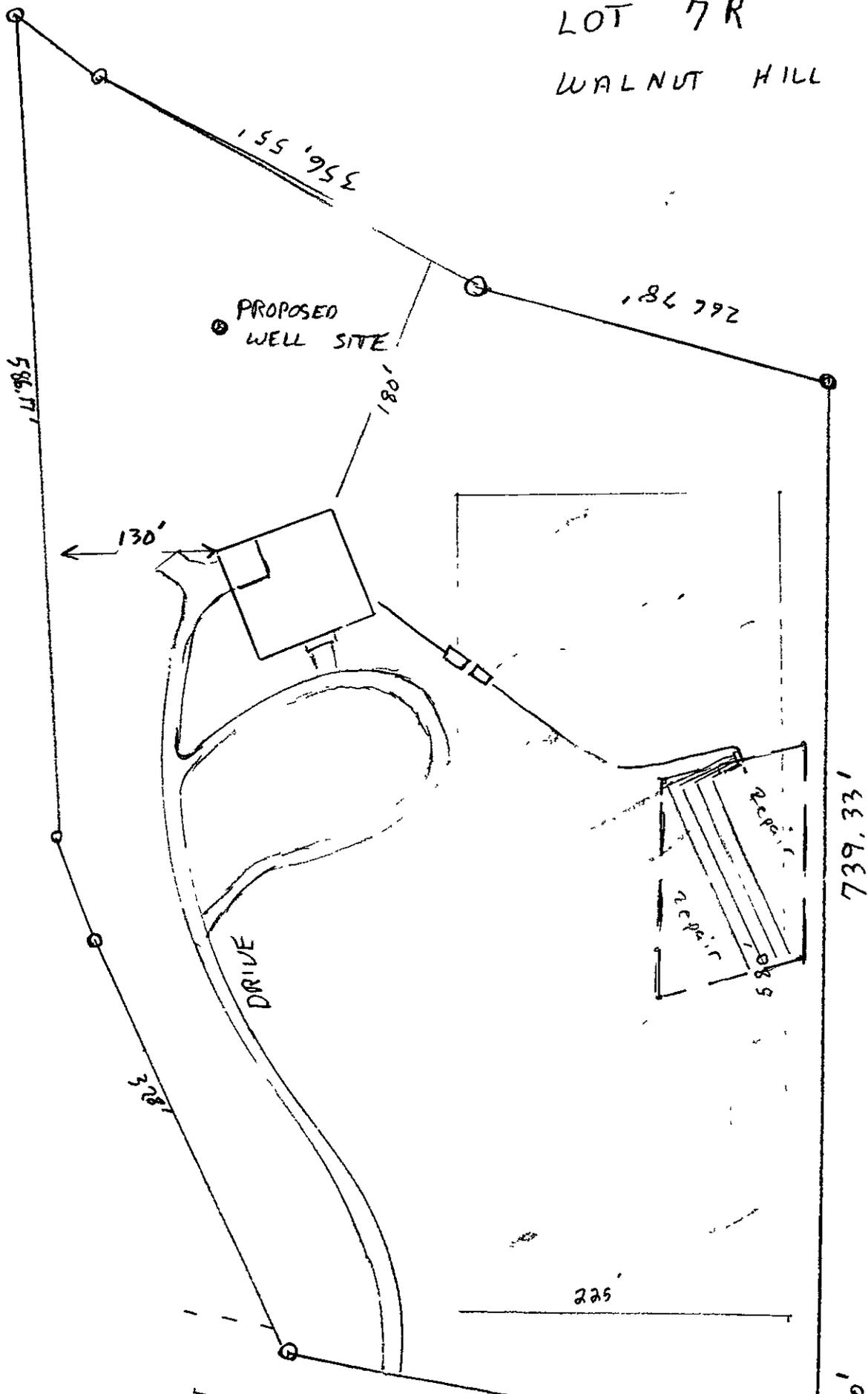
*Julian Arery*  
Signature of owner / legal representative

09/07/06  
Date

This is a summary of the innovative systems approved by the State as of 05/05. For more complete and current information on any of these systems, please contact the system manufacturer or the On-Site Wastewater Section Website at [www.deh.enr.state.nc.us/oww/index.htm](http://www.deh.enr.state.nc.us/oww/index.htm)

LOT 7R

WALNUT HILL FARMS





# 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)

## IMPROVEMENT PERMIT

Parcel Pin 9895247728  
Application Date 09/27/2006

TMBL: 5.15..44A  
Permit #: IP06-00540

Applicant DENNIS DUFFY BUILDING  
Address PO BOX 71947  
DURHAM NC  
27722  
Phone 471-9707 /

Owner ABERY JULIAN  
Address 119 COLLEGE AVE  
DURHAM NC  
27713  
Phone /

Property Desc #7R REC DOUG CRABTREE P96/50  
Prop Address LOT 7 WALNUT HILL FARM  
Permit Type RESIDENTIAL NEW SYSTEM  
Facility Type RES SFD Square Footage  
Water Supply PRIVATE WELL

Lot Size(Acres): 10.69  
0 0

### Initial System

### Replacement System

Wasteflow 600 GPD  
No of Bedrooms 5  
Site Classification  
**PROVISIONALLY SUITABLE**

System Type Pump-Other Trench  
System Class IIIbg  
Useable Soil Depth 36 "  
LTAR 0.3 gpd/ft<sup>2</sup>

System Type Pump-Other Trench  
System Class IIIbg  
Useable Soil Depth 36 "  
LTAR 0.3 gpd/ft<sup>2</sup>

### Conditions

1: Utilized approved area from IP# 37657V Declaration approval required for proposed floor plan,

*Refer to the attached site plan for specific information regarding location of the designated area. Soil and site descriptions are located on file at Environmental Health*

*There may be other types of systems which are applicable to this site.*

*The applicant for the Construction Authorization must specify the system types to be considered.*

*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.*

*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 in the application requires a new application and additional fees.*

ISSUED: 09/26/2006

Environmental Health Specialist

EXPIRES: 09/26/2011

Parcel Pin: 9895247728

# Orange County Health Department TMBL. 5 15 .44A

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

Application Date: 09/27/2006

## Soil / Site Evaluation Field Sheet

Activity #: IP06-00540

Applicant **DENNIS DUFFY BUILDING**  
Address **PO BOX 71947**  
**DURHAM NC 27722**  
Prop Desc **#7R REC DOUG CRABTREE P96/50**

Owner **ABERY JULIAN**  
Address **119 COLLEGE AVE**  
**DURHAM NC 27713**

# Bedrooms Requested **5**  
GPD requested **600**  
Lot Size **10 69**

### SOIL BORING PROFILE INFORMATION

Factors	Rule	1	2	3	4	5	6	7	8	9	10
Landscape Position	1940										
Slope (%)	1940										
Horizon 1 Depth	1943										
Texture	1941(a)(1)										
Consistence	1941										
Structure	1941(a)(2)										
Clay Mineralogy	1941(a)(3)										
Horizon 2 Depth	1943										
Texture	1941(a)(1)										
Consistence	1941										
Structure	1941(a)(2)										
Clay Mineralogy	1941(a)(3)										
Horizon 3 Depth	1943										
Texture	1941(a)(1)										
Consistence	1941										
Structure	1941(a)(2)										
Clay Mineralogy	1941(a)(3)										
Horizon 4 Depth	1943										
Texture	1941(a)(1)										
Consistence	1941										
Structure	1941(a)(2)										
Clay Mineralogy	1941(a)(3)										
Soil Wetness	1942										
Restrictive Horizon	1944										
Saprolite	1943/ 1956										
Useable Soil Depth											
Profile Classification	1948										
LTAR (gpd/ft <sup>2</sup> )	1955										

Available Space	1945	
Site Classification	1948	

\*Indicates Reclassified PS per 1956 1957 1969

Primary System LTAR		System Type		PS Soil Depth (in )	
Repair System LTAR		System Type		PS Soil Depth (in )	

Comments *utilizing boring from IP# 37657V. Declaration approval required for proposed floor plan.*

Evaluated By *D.D.H.* Date *9-26-06* Others Present *D. DUFFY*

# IMPROVEMENT PERMIT

[NOT TO BE USED TO OBTAIN A BUILDING PERMIT] \*

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

PHONE 245-2360 967-9251 688-7331 227-2031  
EXTENSION 2360 FAX 644-3006  
TMBL 5/15/03

DATE RECEIVED 4-30-01

PIN # 9895-14-0858

## APPLICATION

APPLICANT Jeff Pelugin PROPERTY OWNER Doug Crabtree  
ADDRESS 3212 TWIN STREAMS RD ADDRESS \_\_\_\_\_  
Chapel Hill NC

PHONE NUMBER 929-7839 PHONE NUMBER 732-3932

LOT SIZE 150AC DATE LOT RECORDED (OLD) SUBDIVISION / LOT# \_\_\_\_\_

DIRECTIONS / LOCATION St Marys Rd E. to Walnut Hill RD - RIGHT to Farm.  
Subdivision of 14 lots

(check one)  NEW SYSTEM  REPAIR  EXPANSION  RENEWAL  SUBDIVISION (14 # OF SITES)

RESIDENCE NUMBER OF BEDROOMS (4) each. NUMBER OF OCCUPANTS \_\_\_\_\_

BUSINESS / OTHER (PLEASE DESCRIBE) \_\_\_\_\_

DESCRIPTION / SIZE OF THE STRUCTURE \_\_\_\_\_

**TYPE OF WATER SUPPLY** **PLEASE CHECK IF APPLICABLE**

PUBLIC  BASEMENT WITH PLUMBING

PRIVATE WELL  WASTEWATER OTHER THAN SEWAGE TO BE GENERATED

COMMUNITY WELL  PROPERTY CONTAINS DESIGNATED WETLANDS

OTHER  SITE IS SUBJECT TO APPROVAL BY ANOTHER AGENCY

## OTHER INFORMATION

SITE EVALUATION / IMPROVEMENT PERMIT (Up to 600 GPD) EACH SITE EVALUATION CONSISTS OF UP TO 2 ACRES \$ 190.00 PER SITE  
 IMPROVEMENT PERMIT (When OCHD site evaluation has already been conducted / or for reissuance of an expired permit) \$ 60.00 PER SITE

### CHECKLIST THE FOLLOWING ARE REQUIRED BEFORE PROCESSING THIS APPLICATION

- ORIGINAL SIGNATURE OF THE PROPERTY OWNER OR THE OWNER'S LEGAL REPRESENTATIVE (no faxes or photocopies)
- PAYMENT MUST BE INCLUDED WITH THIS APPLICATION
- A SITE PLAN OR PLAT SHOWING THE EXISTING AND PROPOSED PROPERTY LINES WITH DIMENSIONS AND THE LOCATION OF ANY PROPOSED STRUCTURES, ADDITIONS, OR IMPROVEMENTS
- 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

I HAVE READ THIS APPLICATION AND AUTHORIZE THE OCHD TO ENTER THE PROPERTY AND PERFORM THE SERVICE REQUESTED

OWNER Jeff Pelugin (Agent) DATE 4-30-01

DO NOT WRITE BELOW THIS LINE

SITE CLASSIFICATION \_\_\_\_\_ ACTION TAKEN \_\_\_\_\_ IP # A376570 RECEIPT # 199912

## IMPROVEMENT PERMIT

REFER TO THE ATTACHED  SURVEYED PLAT OR  SITE PLAN FOR THE LOCATION OF THE DESIGNATED AREA  
THIS PERMIT SHALL BE VALID  WITHOUT EXPIRATION  FOR A PERIOD OF 5 YEARS FROM THE DATE OF ISSUANCE

Wasteflow 480 GPD System Type P. CONV System Class III b LTAR 3 GPD/FT<sup>2</sup> P S Soil Depth 36 inches

THERE MAY BE OTHER TYPES OF SYSTEMS WHICH ARE APPLICABLE FOR THIS SITE THE APPLICANT FOR A CONSTRUCTION AUTHORIZATION MUST SPECIFY THE SYSTEM TYPE(S) TO BE CONSIDERED

OTHER PERMIT CONDITIONS WALNUT HILL FARM Lot # 7

**A CONSTRUCTION AUTHORIZATION MUST BE ISSUED PRIOR TO THE ISSUANCE OF THE BUILDING PERMIT AND BEFORE ANY CONSTRUCTION, OR SYSTEM INSTALLATION CAN COMMENCE**

**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**

2-11-02  
DATE

Alan Clapp, R.S.  
ENVIRONMENTAL HEALTH SPECIALIST

Orange County Health Department

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

SHEET \_\_\_\_\_ OF \_\_\_\_\_

PIN # \_\_\_\_\_

TMBL # \_\_\_\_\_

S. 15.0.3

PHONE 245-2360 967-9251 688-7331 227-2031  
 EXTENSION 2360 FAX 644-3006

SUBDIVISION

CRABTREE FARM

SECTION/PHASE

LOT #

7

DATE \_\_\_\_\_

PROFILES

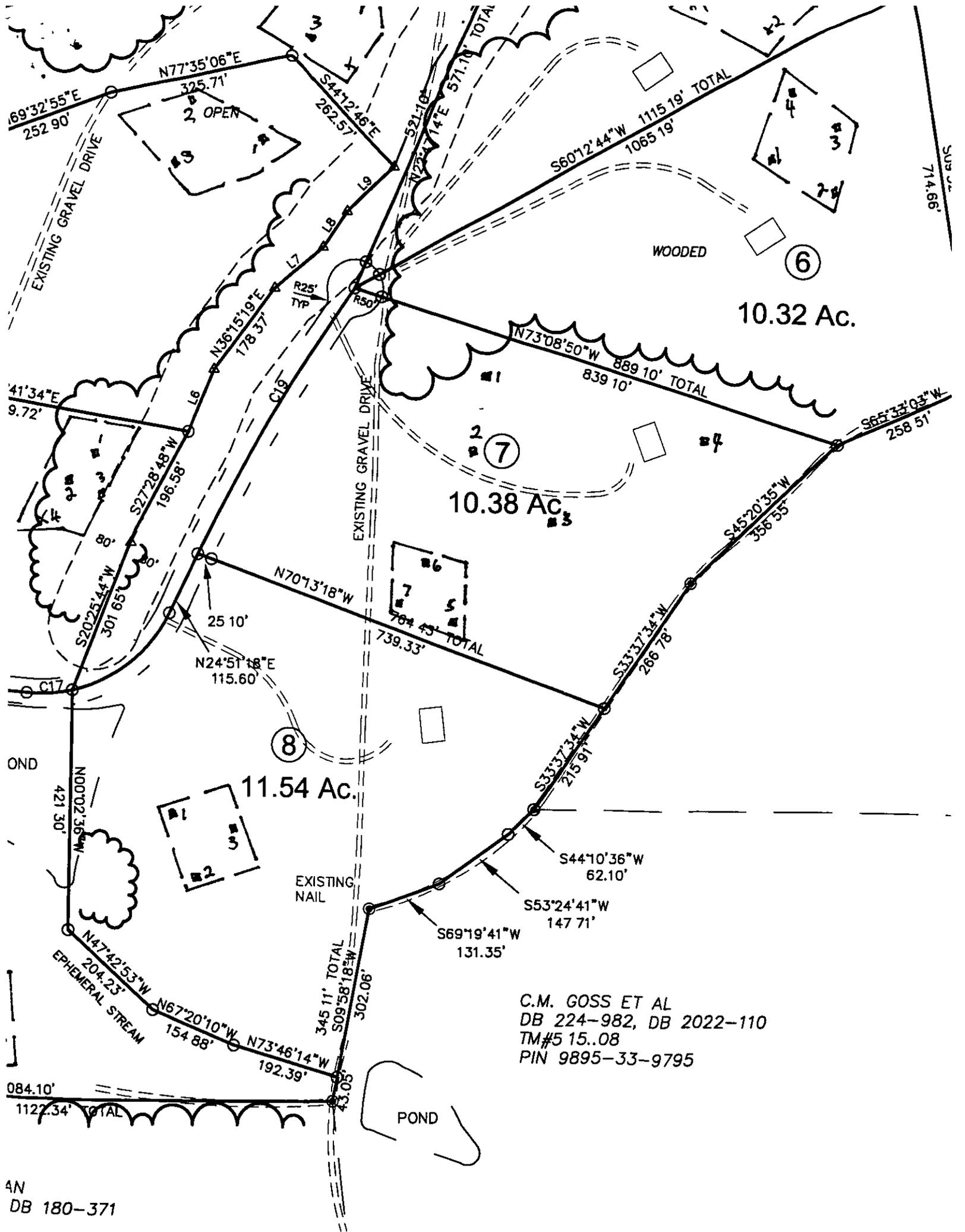
FACTORS	RULE	1	2	3	4	5	6	7	8	9	10
LANDSCAPE POSITION	1940	L	L	T	R	L	L	L			
SLOPE (%)	1940	12	12	5	10	10	10	8			
HORIZON 1 DEPTH	1943	0-10	0-10	0-9	0-12	0-10	0-7	0-7			
TEXTURE	1941 (a)(1)	scl	sd	scl	scl	scl	scl	sd			
CONSISTENCE	1941	f	f	fn	f	f	f	f			
STRUCTURE	1941 (a)(2)	gn	gn	gn	gn	gn	gn	gn			
CLAY MINERALOGY	1941 (a)(3)	s	ss	so	s	se	se	se			
HORIZON 2 DEPTH	1943	12	10	9"	12+	10-30	7-30	7-28			
TEXTURE	1941 (a)(1)	SAP	SAP	SAP	C	C	C	C			
CONSISTENCE	1941				fi	fi	fi	fi			
STRUCTURE	1941 (a)(2)				abk	abk	abk	abk			
CLAY MINERALOGY	1941 (a)(3)				e	se	se	se			
HORIZON 3 DEPTH	1943					30-38	30-37	28-36			
TEXTURE	1941 (a)(1)					s:c	s:c	s:c			
CONSISTENCE	1941					fi	fi	fi			
STRUCTURE	1941 (a)(2)					abk	abk	abk			
CLAY MINERALOGY	1941 (a)(3)					se	se	se			
HORIZON 4 DEPTH	1943										
TEXTURE	1941 (a)(1)										
CONSISTENCE	1941										
STRUCTURE	1941 (a)(2)										
CLAY MINERALOGY	1941 (a)(3)										
SOIL WETNESS	1942										
RESTRICTIVE HORIZON	1944										
SAPROLITE	1943/ 1956										
CLASSIFICATION (per profile only)	1948	U	U	U	U	PS	PS	PS			
L T A R (gpd/ft <sup>2</sup> )	1955	-	-	-	-	.075	.3	.3			

OTHER FACTORS ( 1946) PRIMARY LTAR (gpd/ft<sup>2</sup>): 3 SYSTEM TYPE III

AVAILABLE SPACE ( 1945) S REPAIR LTAR (gpd/ft<sup>2</sup>): .3 SYSTEM TYPE III

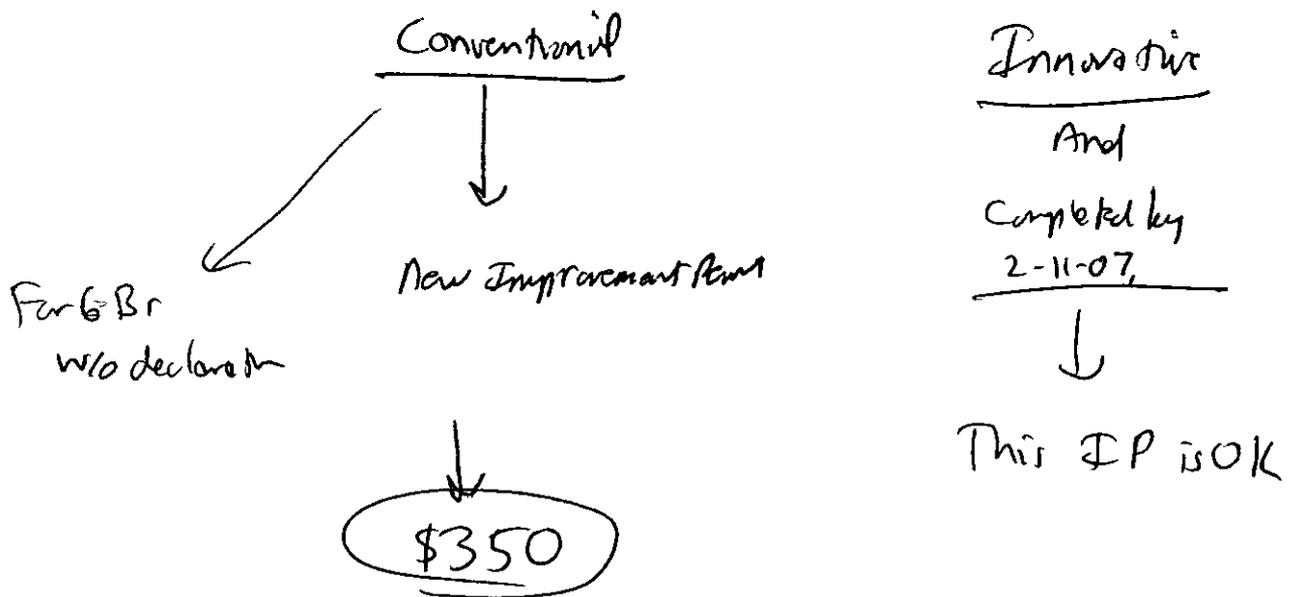
SITE CLASSIFICATION (.1948): PS OTHERS PRESENT JEFF PLOQUIN

EVALUATED BY CAC 10-5-01  
 COMMENTS



C.M. GOSS ET AL  
 DB 224-982, DB 2022-110  
 TM#5 15..08  
 PIN 9895-33-9795

# Declaration



129 E Tryon Street  
P O Drawer 1529  
Hillsborough, NC 27278  
(919) 732-2196  
FAX (919) 732-7997

**Coleman, Gledhill,  
Hargrave & Peek,  
P.C.**

From the Desk  
of  
Bnan M Ferrell  
Attorney at Law

5.15 - 44A

# Fax

<b>To:</b> Tom Konsler, R.S.	<b>From:</b> Bnan Ferrell
<b>Fax:</b> 644-3006	<b>Pages:</b> 9 (Including Cover)
<b>Phone:</b> 245-2371	<b>Date:</b> January 2, 2007
<b>Re:</b> Aberly Property	<b>cc:</b> Lance A Wootton 382-2042

Urgent     For Review     Please Comment     Please Reply     Please Recycle

● **Comments:**

Please see attached

If you do not receive all pages included in this fax, please contact Anna Carr at (919) 732-2196 Thank You

IRS CIRCULAR 230 NOTICE In order to comply with certain IRS regulations regarding tax advice, we inform you that, unless expressly stated otherwise, any tax advice contained in this communication (including any attachments) is not intended or written to be used, and cannot be used, for purposes of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein.

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LAW OFFICES

**COLEMAN, GLEDHILL, HARGRAVE & PEEK**  
A PROFESSIONAL CORPORATION

129 E TRYON STREET  
P O DRAWER 1529  
HILLSBOROUGH, NORTH CAROLINA 27278  
919-732-2196  
FAX 919-732-7997  
www.cgandh.com

FROM THE DESK OF  
BRIAN M FERRELL

January 9, 2007

VIA FACSIMILE

Tom Konsler, R S  
Orange County Health Department  
P.O Box 8181  
Hillsborough, NC 27278

**Re: Property of Julian Abery & Sheree D. Abery (a/k/a Sheree D. Long)  
TMBL 4.11..E.12**

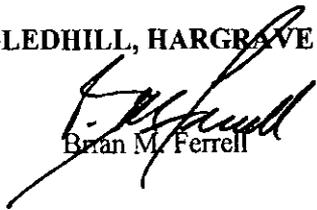
Dear Tom

The *Declaration of Covenants, Conditions and Restrictions Regarding Septic System* (the "Declaration") for the above-referenced property has been recorded in Book 4169, Page 345 of the Orange County Registry, a copy of which is attached for your review. I have reviewed a fax copy of the completed opinion letter from attorney Lance A Wootton concerning the first priority of the Declaration. The opinion letter is in proper form. I assume that the original letter from Mr Wootton was delivered to your office. Please let me know if you have not received the original opinion letter. Similarly, the original Declaration should also have been returned to you following recording in the Orange County Registry. A copy of Mr Wootton's letter is attached for your records.

Please let me know if you require anything further regarding this Declaration.

Sincerely,

**COLEMAN, GLEDHILL, HARGRAVE & PEEK, P.C.**

  
Brian M. Ferrell

Attachments

cc. Lance A Wootton, Attorney for Owner



**ORANGE COUNTY  
HEALTH DEPARTMENT**

Rosemary L. Summers,  
MPH, DrPH  
Health Director

Richard E. Whitted Human  
Services Center  
300 West Tryon Street  
Post Office Box 8181  
Hillsborough, NC 27278  
Phone (919) 245-2411  
Fax (919) 644-3007  
[www.co.orange.nc.us/health](http://www.co.orange.nc.us/health)

Animal Control Services

Central Administrative  
Services

Dental Health Services

Environmental Health Services

Health Promotion and  
Education Services

Personal Health Services

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

Phone (919) 245-2360  
FAX (919) 644-3006

Environmental Health Services

MEMORANDUM

To Brian Ferrell

From Tom Konsler *TK*

Date November 29, 2006

Re Request for Review of Declaration for Julian & Sheree Abery  
TMBL ~~411-112~~ *5. 15.. 44A*

I have received the enclosed packet for a declaration for bedroom restrictions for an existing septic system. There is reportedly no lien or mortgage on the property currently, so no subordination statement was supplied.

Please let me know if you need any other information in order to review this.  
Thanks

*8 pages attached*

Julian  
919-724-5799

Lance Weston  
919 382-3065



FILED Joyce H Pearson  
Register of Deeds Orange COUNTY NC  
BY *[Signature]*  
Deputy

13  
JW

5.15.44A

Prepared by Lance Wootton  
Return to: Orange County Health Dept  
P.O. Box 8181  
Hillsborough, NC 27278

NORTH CAROLINA  
ORANGE COUNTY

DECLARATION OF COVENANTS,  
CONDITIONS AND RESTRICTIONS  
REGARDING SEPTIC SYSTEM

This DECLARATION, made and entered into this 27 day of  
November, 2006, by [name] Julian Abernethy and wife,  
[name] Sherree P. Long aka Sherree Abernethy [address]  
1101 Walnut Hill Drive, Hillsborough, NC 27278,  
hereinafter called Declarant.

9895-24-7728

WITNESSETH:

THAT WHEREAS, the Declarant is the owner of the real property described in Article I below, and desires to construct thereon a structure requiring a ground absorption sewage disposal system (hereinafter system), which system must be approved and permitted by the Orange County Health Department (hereinafter the Health Department), and

WHEREAS, the Health Department has issued to Declarant a Construction Authorization (#CA06-00294) on 9-27, 2006 to permit the installation of a ground absorption sewage disposal system with a design capacity of 600 gallons per day to serve a residence having no more than 5 bedrooms,

WHEREAS, under existing regulations of the State of North Carolina and the Orange County Board of Health, the property described in Article I can only be permitted by the Health Department for a ground absorption sewage disposal system with a design capacity of 600 gallons per day to serve a residence having no more than 5 bedrooms and no more than N/A square feet of finished living area;

NOW THEREFORE, Declarant hereby declares that the real property described in Article I shall be held, transferred, sold, conveyed and occupied subject to the covenants, restrictions and easements herein; and, Declarant hereby further declares that the

restrictions, covenants and easements herein run with the land and shall be binding on all parties and persons claiming under Declarant and shall be for the benefit of and in limitation on all future owners and residents of said property, this Declaration of Covenants, Conditions and Restrictions being designed to achieve the purposes set out in Article II below.

#### ARTICLE I

The real property subject to this Declaration is described as follows.

See Exhibit A

The above-described property shall hereinafter be referred to as the property.

#### ARTICLE II

1. The restrictions and covenants contained herein are for the purpose of protecting the health of Declarant, all parties and persons claiming under Declarant and the general public.

2. The system, including a repair area, is located on the property described in ARTICLE I and particularly where shown on the Health Department Construction Authorization, a copy of which is located and may be inspected at the offices of the Health Department, 306 Revere Road, Hillsborough, North Carolina.

3. Subject to paragraph 5 of this Article, use of that portion of the ARTICLE I property whereon the system and the repair area are located is further restricted to the erection, construction, installation, preparation, use, operation, maintenance, inspection, repair, replacement and improvement of the system or a repair system. No building or structure except a ground absorption sewage disposal system shall be erected, constructed, implanted or replaced on that portion of the ARTICLE I property whereon the system and the repair area are located.

Approved as to form and substance for the Orange County Health Department.

Don Karl R.S. (SEAL)  
Registered Sanitarian

Representative of Orange County Health Department

See Attached Subordination Statement

STATE OF NORTH CAROLINA

COUNTY OF Durham

I, Lance A Wootton, a Notary Public for said County and State, do hereby certify that Julian Aberg & Sherree D Long AKA Sherree Aberg personally appeared before me this 27 day and acknowledged the due execution of the foregoing instrument.

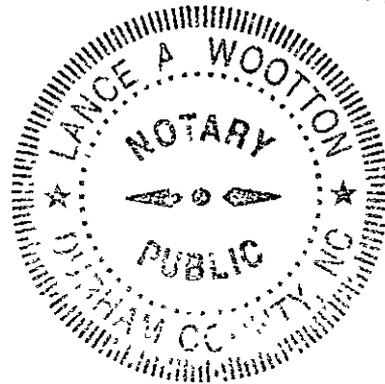
Witness my hand and official seal, this the 27 day of November, 2006.

(Official Seal)

[Signature]  
NOTARY PUBLIC

My commission expires:

April 21, 2007.



STATE OF NORTH CAROLINA

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public for said County and State, do hereby certify that \_\_\_\_\_ personally appeared before me this \_\_\_\_\_ day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Official Seal)

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires:

\_\_\_\_\_, 20\_\_\_\_.

4. Subject to paragraph 5 of this Article, a residence constructed on the property may not contain more than the number of bedrooms authorized in the above-referenced Construction Authorization nor may the residence be occupied by more than 10 residents unless a new Construction Authorization is issued by the Health Department authorizing the installation of a system that can accommodate the flow associated with a residence containing a greater number of bedrooms.

5. The restrictions set forth in paragraph 3 of this Article are intended to remain in force only so long as, under applicable state or county regulations, such portion of the property is required to be set aside to serve the system or to be available as a repair area. If a new Construction Authorization is issued authorizing the installation of a system and a repair area in a different portion of the property, then the restrictions contained herein shall cease to apply to the portion of the property identified in the previously issued Authorization and shall apply instead to the portion of the property identified in the then currently applicable Authorization. If the property is subsequently connected to a public sewer system, then the restrictions contained herein shall become null and void.

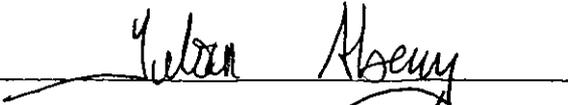
### ARTICLE III

The restrictions herein shall be binding from the date of this instrument until such time as a RELEASE OF RESTRICTIONS or AMENDMENT OF RESTRICTIONS is filed for registration in the office of the Orange County Register of Deeds, which RELEASE or AMENDMENT must be executed and acknowledged by the then current owner of the property AND an authorized official of the Health Department.

### ARTICLE IV

These restrictions shall operate as covenants running with the land for the benefit of the general public, and any and all persons who now own, or may hereafter own any part or parcel of the ARTICLE I property, and such persons (the general public by action of the Health Department) are specifically given the right to enforce these restrictions through any proceedings at law or in equity against any person or persons violating or threatening to violate such restrictions and to recover any damages suffered from any violation thereof or to restrain violations.

IN WITNESS WHEREOF, the Declarants have hereunto set their hands and affixed their seals to this Declaration of Covenants, Conditions and Restrictions Regarding Septic System, this the day and year first above written.

  
\_\_\_\_\_  
(SEAL)

  
\_\_\_\_\_  
(SEAL)

STATE OF NORTH CAROLINA

COUNTY OF Alamance

I, Barbara B. Stokes, a Notary Public for said County and State, do hereby certify that Tom Kessler, personally came before me this day and acknowledged that he is A Registered Sanitarian of Orange County Health Department and acknowledged, on behalf of Orange County Health Department, the due execution of the foregoing instrument.

Witness my hand and official seal, this the 29 day of November, 2006.

(Official Seal)

Barbara B. Stokes  
NOTARY PUBLIC

My commission expires:

October 17, 2011.



EXHIBIT 'A'

BEING all of Lot 7R of the Recombination Survey for Doug Crabtree, as per plat thereof recorded in Plat Book 96, Page 50, Orange County Registry

PIN 9895-24-7728

Received 11/30 @ 10:28 PM

Submitted to LandRecords 10:28 AM / PM

Returned from LandRecords 10:31 AM / PM

LAW OFFICES  
COLEMAN, GLEDHILL, HARGRAVE & PEEK  
A PROFESSIONAL CORPORATION

129 E TRYON STREET  
P O DRAWER 1529  
HILLSBOROUGH, NORTH CAROLINA 27278  
919-732-2196  
FAX 919 732-7997  
www.cgandh.com

FROM THE DESK OF  
BRIAN M FERRELL

November 30, 2006

VIA FACSIMILE

Tom Konsler, R S  
Orange County Health Department  
P O. Box 8181  
Hillsborough, NC 27278

Re: Property of Julian Abery & Sheree D. Abery (a/k/a Sheree D. Long)  
TMBL ~~4-11-12~~ 5.15.44A

Dear Tom

I have reviewed the *Declaration of Covenants, Conditions and Restrictions Regarding Septic System* (the "Declaration") for the above-referenced property that was attached to your November 29, 2006 request for review. The Declaration is in proper form. The last thing we will need to review is the fully completed letter from attorney Lance Wootton concerning the first priority of the septic system declaration after the Declaration is recorded. I have received a draft letter to this effect from Mr. Wootton, and with the exception of completing the recording information, the opinion letter is in proper form.

Please let me know if you have any questions

Sincerely,

COLEMAN, GLEDHILL, HARGRAVE & PEEK, P.C.



Brian M. Ferrell

cc. Lance A. Wootton, Esq., Attorney for Owner

*Gave OK by  
Phone to  
Julian  
Abery*

