WAKE COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES WELL AND SEWAGE SITE LOCATION PERMIT
NO PERMIT(S) FOR CONSTRUCTION, LOCATION OR RELOCATION ACTIVITY SHALL BE ISSUED
UNTIL AN AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION HAS BEEN ISSUED
PERMIT VOID IF NOT IN COMPLIANCE WITH ZONING REGULATIONS AND/ OR IF SITE IS ALTERED OR INTENDED USE CHANGED

PERMIT#: **D058804** STATUS: **A** APP. DATE: **11/29/2017** BLDG. PERMIT#: **0181783**
PIN: **1718 09 2178 000** TAX MAP: **0** RECORDED: **Y** ORIG. PERMIT#:
TOWNSHIP: **02 BARTON"S CREEK** JURISDICTION: **WC** ZONING: **R80W** SW DEVICE: **N** S#:
APPLICANT: **HOMESTEAD BUILDING COMPANY** **(919) 556 - 8472**
PO BOX 848 **WAKE FOREST, NC 27588**
HD USE: **101A CONVENTIONAL ONE-FAMILY HOUSE** EXIST USE: DESIGN FEE REQ?: PAID?:
LTAR: **0.30 0.30** BEDROOMS: **4** BASEMENT: **N** #EMPLOYEES: **0** FOUNDATION DRAIN: **N**
SITE: ADDRESS: **5109 AVALAIRE OAKS DR**
SUBDIVISION: **AVALAIRE** LOT: **37** ACRES: **1.10** EASEMENT: **N** LOC: SYS:
DIRECTION: **US1 TO DURANT TO AVALAIRE OAKS**

IMPROVEMENT PERMIT

[ ] As per GS 130A-335 (f), Improvement Permit is based on a Site Plan and is void Sixty (60) months from date of issuance.
[X] As per GS 130A-335 (f), Improvement Permit is based on a Plat and is valid without expiration.
Permit is subject to revocation if the site plan or plat, whichever is applicable, or the intended use changes.

***Maximum depth of line is calculated using the downhill *side of the trench and includes slope correction.**

TANK SIZE: **1200** gal. PUMP Tank: _____ gal. GREASE TRAP: gal. SQ FT: **1200** **ACCEPTED STATUS** **MAX DEPTH LINE: 22** in.
WASTEWATER: **INDIVIDUAL** SEWAGE: **DOMESTIC** TYPE SYSTEM: **II A** PUMP: **N** P/M: **N**
DAILY FLOW: **480** gal/day WATER: **COMMUNITY** PRETREATMENT: **NA**

COMMENTS: **IP BASED ON CONSULTANTS DESIGN FOR A 4 BEDROOM 480GPD GRAVITY ACCEPTED STATUS SYSTEM WITH 0.3LTAR AND A 22 INCH TRENCH DEPTH. REFER TO CA COMMENTS.**

IP ISSUED? **Y** DATE: **01/16/2018** BY: (JNG) _____ PHONE#: **(919)-397-8670**

AUTHORIZATION FOR WASTEWATER/WATER SYSTEM CONSTRUCTION
VALIDITY CONCURRENT WITH THE IMPROVEMENT PERMIT
AUTHORIZATION CONDITIONS:

Contractors shall install system on contours, see attached site plan for wastewater system design and well location. No underground utilities, water lines or sprinkler systems may be located in the original system or repair areas. A septic tank filter with a riser for access is required. The wastewater system shall not be covered or placed into use until inspected by the Wake County Department of Environmental Services and an Operation Permit issued. An Accepted Status System may be used in place of conventional system, if it can be placed in the permitted/authorized trench footprint (except reduction in line length and/or number as allowed for in approval) and the installation is in accordance with the accepted system approval, without unauthorized product alteration. If permit required use of an Accepted Status System, substitution with another accepted status system may be made, as long as no changes are necessary in the location of each nitrification line (including any increase in line length), trench depth or effluent distribution method. If changes are necessary, prior approval by this office is required before system installation. **Maximum depth of line is calculated using the downhill side of the trench and includes slope correction.**

OTHER CONDITIONS: **REFER TO CONSULTANTS DESIGN PLAN FOR INSTALLATION. INITIAL SYSTEM IS EQUAL LENGTH LINES OF 3-100 FOOT EACH / 2-50 FOOT EACH WITH A FLOW DIVIDER - ACCEPTED STATUS. REPAIR SYSTEM IS A SUBSURFACE DRIP SYSTEM. THE SYSTEM IS DESIGNED BY CONSULTANT AND MUST BE INSTALLED PER DESIGN. INSTALL ON CONTOUR AND MAINTAIN ALL SETBACKS. IF FLAGS ARE MISSING, CALL DESIGNER/CONSULTANT TO REFLAG. ANY CHANGE OR VARIATION FROM DESIGN MUST BE APPROVED BY THE DESIGNER AND THE WAKE COUNTY ENVIRONMENTAL SERVICES PRIOR TO SYSTEM INSTALLATION. DO NOT REMOVE SOIL IN THE INITIAL OR REPAIR AREA. CALL WITH QUESTIONS PRIOR TO OR DURING INSTALLATION IF NEEDED.**

TANK SIZE: **1200** gal. PUMP TANK: _____ gal. GREASE TRAP: gal. SQ FT: **1200** **ACCEPTED STATUS** **MAX DEPTH LINE: 22** in.
MAINT: **N** OPER: **N** L/O: **Y** TRENCH#: **5** LENGTH: **400** ft. WIDTH: **36** in. DESIGNER: ___
SUBFIELDS: __ DESIGN HEAD PRESSURE: _ DESIGN FLOW: _____ gal/min DOSE VOLUME: ____ gal. PRETREATMENT: **NA**

CA ISSUED? **Y** DATE: **01/26/2018** BY: (JNG) _____ PHONE#: **(919)-397-8670** 2/9/18 SCF

CA contains Parts A, B

WAKE COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES WELL AND SEWAGE SITE LOCATION PERMIT
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UNTIL AN AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION HAS BEEN ISSUED
PERMIT VOID IF NOT IN COMPLIANCE WITH ZONING REGULATIONS AND/ OR IF SITE IS ALTERED OR INTENDED USE CHANGED

PERMIT#: **D058804** STATUS: **A** APP. DATE: **11/29/2017** BLDG. PERMIT#: **0181783**
PIN: **1718 09 2178 000** TAX MAP: **0** RECORDED: **Y** ORIG. PERMIT#:
TOWNSHIP: **02 BARTON"S CREEK** JURISDICTION: **WC** ZONING: **R80W** SW DEVICE: **N** S#:
APPLICANT: **HOMESTEAD BUILDING COMPANY** **(919) 556 - 8472**
PO BOX 848 **WAKE FOREST, NC 27588**
USE: HD USE: **101A CONVENTIONAL ONE-FAMILY HOUSE** EXIST USE:
LTAR: **0.30 0.30** BEDROOMS: **4** BASEMENT: **N** #EMPLOYEES: **0**
SITE: ADDRESS: **5109 AVALAIRE OAKS DR**
SUBDIVISION: **AVALAIRE** LOT: **37** ACRES: **1.10** EASEMENT: **N** LOC: SYS:
DIRECTION: **US1 TO DURANT TO AVALAIRE OAKS**

Well System: WATER: **COMMUNITY** - TYPE:

WELL LOG INFORMATION: DEPTH: ____ CASING DEPTH: ___ YIELD: _____ STATIC LEVEL: _____
WELL CONTRACTOR: _____ REG.# _____ PUMP CONTRACTOR: _____ REG.# _____
Construction Compliance
GROUT APPROVED ☐ DATE _____ EHS _____
WELLHEAD APPROVED ☐ DATE _____ EHS _____
SYSTEM FINALIZED ☐ DATE _____ EHS _____
COMMENTS: **COMMUNITY**

Operation Permit

DESIGN FLOW: _____ gal./min. ACTUAL FLOW: _____ DOSE VOLUME: ____ gal. INNOVATIVE LETTER:
INSTALLED BY: _____ INSTALLATION APPROVED BY: _____
PROPRIETARY SYSTEM: TYPE SYSTEM: **II A**
COMMENTS:

OPERATIONS PERMIT ISSUED? ___ OP DATE: _____ BY: _____

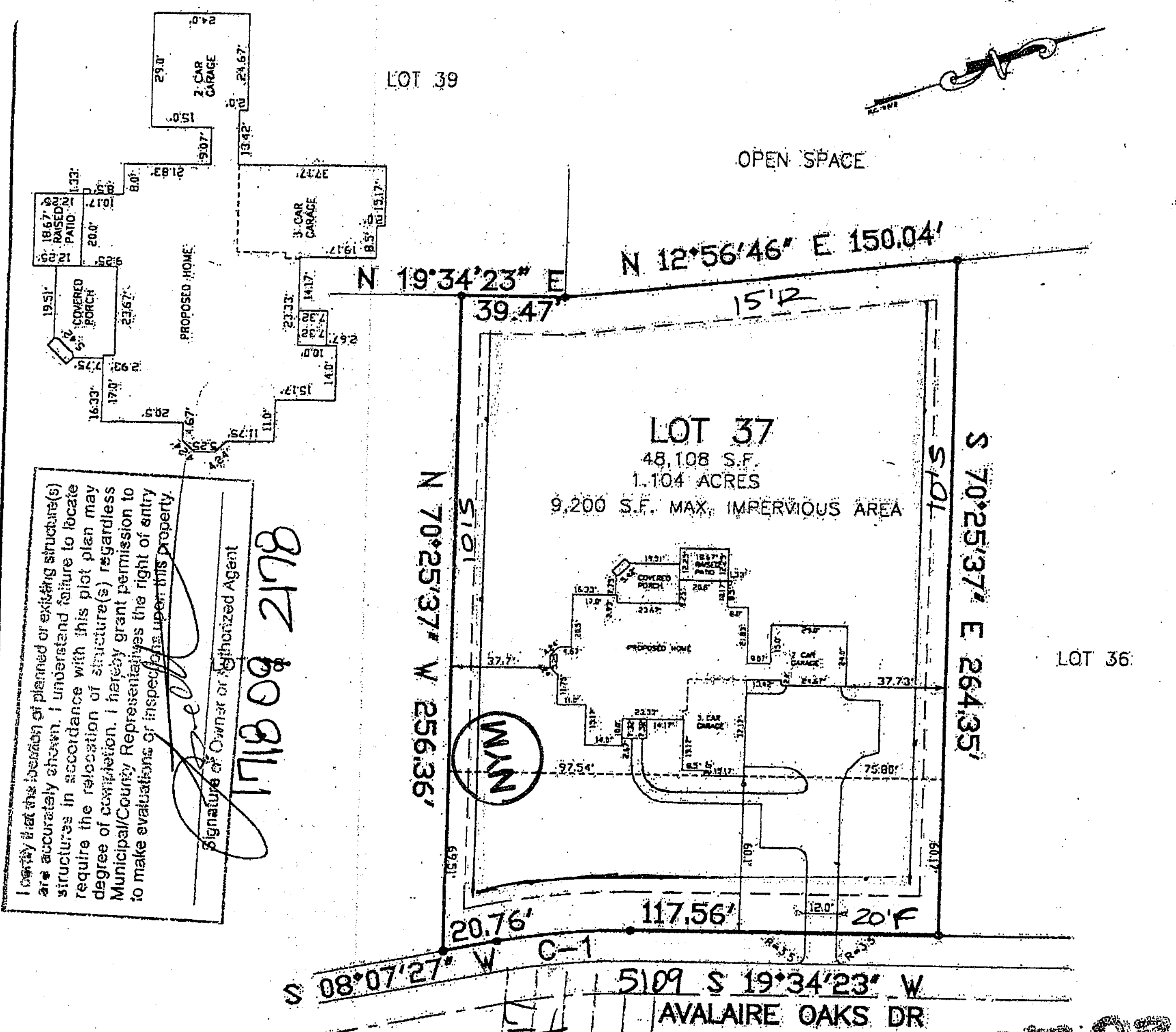
Systems defined as either a Type IIIb, IIIg with a pump, IV, V or VI, in accordance with the North Carolina Administrative Code 15A NCAC 18A .1961, Table V as adopted by reference in the "Regulations Governing Wastewater Treatment and Dispersal Systems in Wake County", require Wake County Environmental Services to conduct periodic inspections on this type system, pursuant to 15A NCAC 18A .1961 (j). Fees for these inspections will be charged as per the approved Fee Schedule. In addition, all systems are to be operated and maintained as specified in 15A NCAC 18A .1961. This permit is based in part on information provided by the homeowner or his/her representative in the application submitted for this permit. The Environmental Health Specialist is not responsible for false or misleading information contained in the application. The Environmental Health Specialist is also not responsible for concealed conditions on the property or for statements in this report that may have resulted from false or misleading statements provided to him in the application. Neither Wake County nor the Environmental Health Specialist warrants that the septic tank system will continue to function satisfactorily in the future or that the water supply will remain potable.

As Built Information:

Date: _____ Benchmark: _____ Rod reading: _____ Distance to Structure: _____
ST: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Distance to Well: _____
PT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Distance to P/L: _____
GT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Pretreatment: _____
D-box/FD/PM elev.: _____ Supply Line: _____ ft. Pump/Ctrl Panel: _____ Filter: _____
Line 1: _____ _____ _____ _____ Date: _____ Line 6: _____ _____ _____ _____ Date: _____
Line 2: _____ _____ _____ _____ Date: _____ Line 7: _____ _____ _____ _____ Date: _____
Line 3: _____ _____ _____ _____ Date: _____ Line 8: _____ _____ _____ _____ Date: _____
Line 4: _____ _____ _____ _____ Date: _____ Line 9: _____ _____ _____ _____ Date: _____
Line 5: _____ _____ _____ _____ Date: _____ Line 10: _____ _____ _____ _____ Date: _____
ETM1: _____ CC1: _____ ETM2: _____ CC2: _____ OR: _____ AC: _____ WM: _____
Notes: _____

CA Part A / Refer to Part B

PROPERTY IS___ IS NOT ___ LOCATED IN A SPECIAL FLOOD HAZARD AREA AS DESIGNATED ON FEDERAL EMERGENCY MANAGEMENT AGENCY (F.E.M.A.) FLOOD INSURANCE RATE MAP NUMBER_______________ ZONE_______



C-1
L=50.95'
R=255.0'
S 13°50'55" W 50.87'

0181783
D058804

Zoning R8OW
Approve ✓
Date 11-29-17
Use 10A
MBL
Revise
Reject
Front 20
Rear 15
Side 10
Corner
Comments: Set cluster

ZONING R-40W
CLUSTER SUBDIVISION
SETBACKS
FRONT 15'
SIDE 7.5'
REAR 15'

R8OW

PROPOSED IMPERVIOUS AREAS

HOME	5,438	S.F.
MIS	50	S.F.
WALK & DR	2,901	S.F.
TOTAL	8,389	S.F.

MISA 9200

PRELIMINARY PLAT, NOT FOR RECORDATION, CONVEYANCE OR SALE

BUILDER TO VERIFY HOUSE DIMENSIONS

AVALAIRE SUBDIVISION

PHASE ONE REVISED 10/21/17
MOVED HOME BACK TO 60'

LOT 37 BLOCK______

RECORDED IN BOOK OF MAPS 2016 PAGE 1989 WAKE COUNTY, N. C.

I, JOHN Y. PHELPS, JR. HEREBY CERTIFY THAT THIS MAP IS CORRECT AND THAT THE BUILDINGS LIE WHOLLY ON THE LOT AND THAT THERE ARE NO ENCROACHMENTS OF OTHER BUILDINGS ON SAID LOT UNLESS SHOWN OTHERWISE. THIS MAP IS NOT FOR RECORDING.

NORTH CAROLINA PROFESSIONAL SEAL L-1319 LAND SURVEYOR JOHN Y. PHELPS

JOHN Y. PHELPS, JR. RLS # 1319

PLOT PLAN

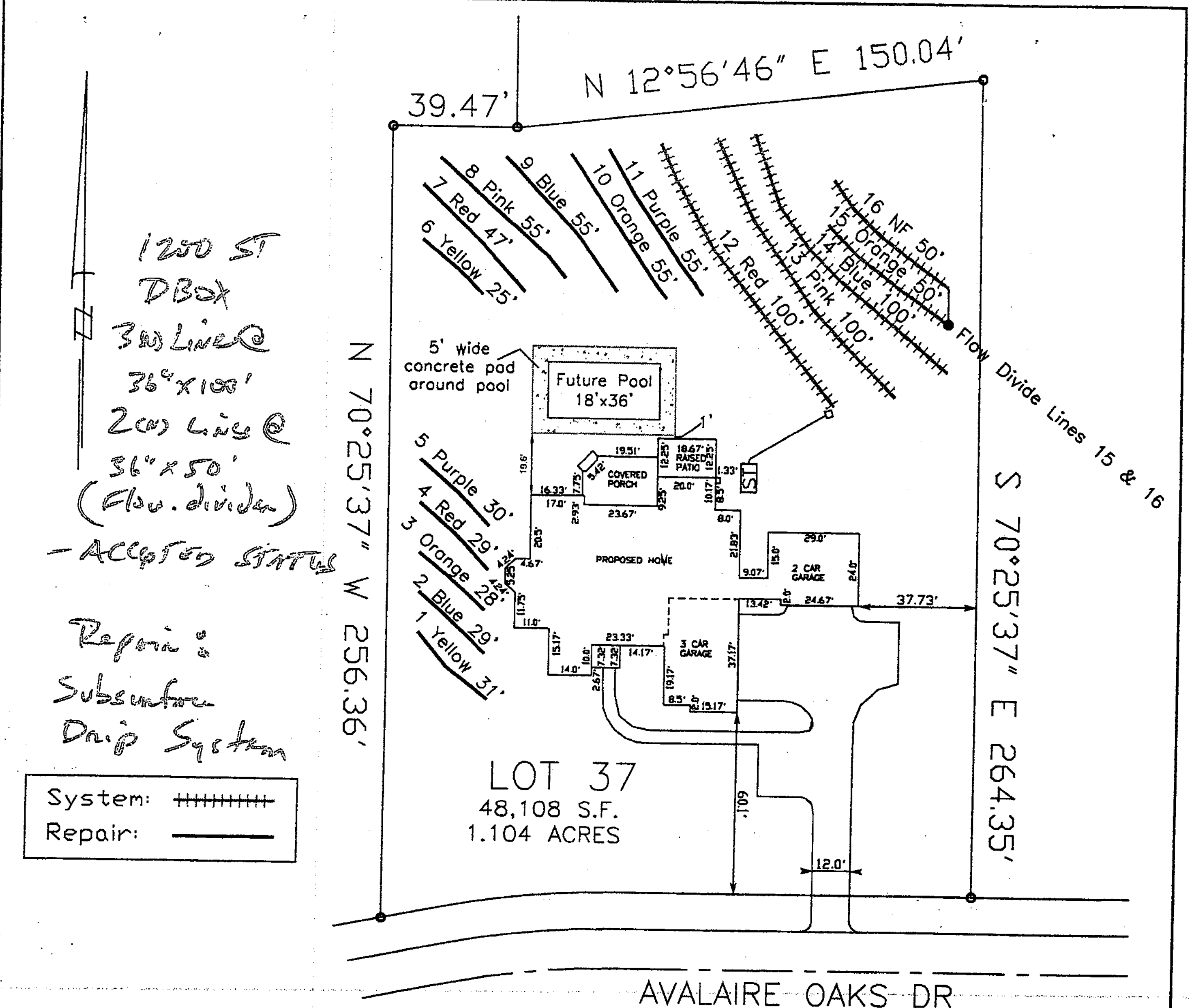
HOMESTEAD BUILDING CO.

5109 AVALAIRE OAKS DR
BARTON'S CREEK TOWNSHIP, WAKE CO., N.C.

SCALE 1"=60'
DATE 10/01/17
AS-37

JOHN Y. PHELPS, JR.
PROFESSIONAL LAND SURVEYOR
5110 BUR OAK CIRCLE
RALEIGH, NORTH CAROLINA 27612 (919) 787-3658

(A. Part B



*Keep Tanks and Drain lines 10' from property lines.
*Not a Survey
*Not a guarantee of a septic permit.
*Keep supply lines >5' from property lines.
*Some lines are flagged longer in the field than lengths indicated above.
*No cutting within septic area.
*No foundation drains.

System: Gravity to D-Box
Lines: 12-16, (400')
Accepted Status System
0.3 Soil LTAR
24" Trench Bottom

Repair: Subsurface Drip
Lines: 1-11, (>1,600')
Subsurface Drip System
0.15 Soil LTAR
24" Trench Bottom

GRAPHIC SCALE
1" = 50'
50 0 50 100

CCSC

Central Carolina Soil Consulting, PLLC
1900 South Main Street, Suite 110
Wake Forest, North Carolina 27587
Phone (919)569-6704 Fax (919)569-6703

4-Bedroom Septic Layout
Lot 37, Avalaire Subdivision
Wake County, North Carolina

Job# : 2154	
Drawn By : JR	
Date : 12/14/2017	
Revision:	

0181783

WAKE COUNTY COMMUNITY SERVICES

INSPECTIONS/DEVELOPMENT PLANS/PERMITS
WAKE COUNTY OFFICE BUILDING
RALEIGH, NORTH CAROLI
PHONE (919) 856-6222 FAX (919) 856-6229

PERMIT#: 0181783 STATUS: A APP DATE: 02/14/2018 FINALIZED: BY:
APPL: HOMESTEAD BUILDING COMPANY TYP: G LIC#: 0 54542 ELEC TICKT#: P/E
PRMT TYP: LND Y BLDG Y FIR WTRQ SWST DEED RF: 16667 0050 17 FARM EXMPT:
TWP: 02 BARTON"S CREEK MAP-PARCEL: 0 PIN#: 1718 09 2178 000
CITY: ZONING DIST: R80W OWNER: HOMESTEAD BUILDING COMPAN
SUBD FILE#: PHASE: SUB NAME: AVALAIRE LOT-SEC: 37
SUBD IMPROVEMENT#: 14 PLAT REF: 2016 1989 ACRES: 1.10
CENSUS TR: 538 08 TOPFLR: U FIRPLC: P TEMP POLE: Y IMPROV VAL: 700000
USE CODE: 101 A CONVENTIONAL ONE-FAMILY HOUSE SQ-FT: 7586 STORY: 2 STORY
EXIST USE: ORIG PERMIT#:
RECPT: FEE: 1703.00 RECOVRY FUND: Y FEE EXEMPT: ROOMS: 04 BDRMS: 04
HEALTH#: D058804 WATER: C COMM SEWER: I PRIV PUMP: N OP: BY:
BSMT: N GARB DISPOSAL: N # OF EMPLOYEES: FOOD HANDLING:
MAKE/MODEL SERIAL# UL/HUD# YR SIZE COLOR
MB/HOME DATA: X
BD/ADJ REQUIRED: DATE: CASE#: ACTION:
LOCATION: 5109 AVALAIRE OAKS DR
COMMENT: US1 TO DURANT TO AVALAIRE OAKS (2ST SFD 4BR 5.5B
A 2GAR F/R/POR 2PFAB FROP UNFROG UNFIN STOR)

CONTRACTOR TYPE	NAME	LIC#
BUILDING	HOMESTEAD BUILDING COMPANY	054542
ELECTRICAL	ROMANOFF	U12915
MECHANICAL	CASEY SERVICES	H10540
PLUMBING	EVANS PLUMBING	P07035

LOT AREA_____SQ. FT. FRONT YARD DEPTH **20** FT. CORNER YARD DEPTH FT.

LOT WIDTH_____SQ. FT. SIDE YARD DEPTH **10** FT. REAR YARD DEPTH **15** FT

PLANS APPROVED **DATE**

MNM ***02/14/18*** **PROCESSED BY:** ***NJM***

THE APPLICANT AGREES TO COMPLY WITH ALL BUILDING REGULATIONS AND OTHER LAWS APPLICABLE TO THE USE OF THE STRUCTURE AND FACILITIES REFERRED TO HEREIN. THE PERMIT ISSUED FOR WORK SHALL EXPIRE BY LIMITATION SIX MONTHS AFTER THE DATE OF ISSUANCE IF THE WORK AUTHORIZED HAS NOT BEEN COMMENCED . IF AFTER COMMENCEMENT THE WORK IS DISCONTINUED FOR A PERIOD OF 12 MONTHS, THE PERMIT THEREFORE SHALL IMMEDIATELY EXPIRE. NO WORK AUTHOURIZED BY ANY PERMIT THAT HAS EXPIRED SHALL THEREFORE BE PERFORMED UNTIL A NEW PERMIT HAS BEEN SECURED.

SIGNATURE DATE

WAKE COUNTY
NORTH CAROLINA
Environmental Services

TEL 919 856 7400

Water Quality Division
336 Fayetteville St. • P.O. Box 550 • Raleigh, NC 27602

Purpose: This forms is to be completed when making changes to a pending or active Well, Septic, or Building Permit.

D# 058804 **BUILDING PERMIT #** 0181783 **PIN #** 1718092178

Change of **Bedrooms** from ... _____ to _____
*Site Plan May Be Required

Change **Applicant Name** to _____
*Attach Owner Authorization

Change of **Applicant Address** to _____

_____

Change of **Applicant Phone Number** to _____

Change of **Building Footprint** _____
* Site Plan Will Be Required

Foundation Drain ☐ Yes ☑ No
* No Site Plan Required

Change **# of Employees** _____
* Business, Schools, Daycares, etc.

Change of **Basement: Add Basement** _____ or **Remove Basement** _____

Comments No Foundation on the west side / Left side + NORTHEAST CORNER / RIGHT REAR SIDE + NORTH SIDE / REAR 2 CAR GARAGE

Project (Site) Address 5709 AVALARE OAKS

Applicant Signature _____ Date 1-25-18

Wake County Permit Processor _____ Date 1-26-18

☐ Sent to Plan Review Staff

Note: Any change made where a Wake County Building Permit is involved requires that this document be forwarded through the Wake County Building Permits Department. All other revision forms can be forwarded to Environmental Services representatives on the 1st floor. Be aware revision fee may be required before processing can begin.