

**WAKE COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES WASTEWATER PERMIT**

NO PERMIT(S) FOR CONSTRUCTION, LOCATION OR RELOCATION ACTIVITY SHALL BE ISSUED UNTIL AN  
AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION AUTHORIZATION HAS BEEN ISSUED

**\*PERMIT VOID IF NOT IN COMPLIANCE WITH ZONING REGULATIONS AND/OR IF SITE IS ALTERED OR  
INTENDED USE CHANGED\***

**CONSTRUCTION AUTHORIZATION PERMIT****PERMIT # WREP-010812-2018****APPLICATION DATE:** 12/13/2018**BLDG. PERMIT#:****PIN:** 0658868020**RECORDED:** Yes**TOWNSHIP:** 06 - Holly Springs**JURISDICTION:** Holly Springs**ZONING:****APPLICANT:** Bradley Batch**BUSINESS PHONE:****HOME PHONE:** (919) 819-3570**MOBILE PHONE:****HD USE:** 0001 REPAIR/EXISTING SYSTEM**EXISTING USE:** 101A CONVENTIONAL ONE-FAMILY HOUSE**SITE ADDRESS:** 4521 BRIARGLEN LN**SUBDIVISION:** Natures Reach**LOT:** 4**ACRES:** 1.79**DIRECTIONS:**

Contractors shall install system on contour. See attached SITE PLAN for wastewater system design and well location. No underground utilities, water lines or sprinklers systems may be located in the original system, or permit areas. A septic tank filter with two risers 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 Operations 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 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 nitrifications 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.

**CONSTRUCTION AUTHORIZATION PERMIT VALID FOR:** Five Years**CONSTRUCTION AUTHORIZATION PERMIT: CA STATUS:** Issued**BY:** Kristi Marks**DATE:** 12/13/2018**CA VALID FOR:** Five Years**DESIGN FLOW:** 360 GALLONS**BASEMENT:** No**BASEMENT FIXTURES:** No**SEPTIC TANK:** 1000 GALLONS**SEPTIC TANK FILTER:** Yes**DOSING PUMP TANK:****DOSING PUMP TANK FILTER:****GREASE TRAP:****GREASE TRAP FILTER:****RECIRCULATION PUMP TANK:****RECIRCULATION PUMP TANK FILTER:****PROPOSED SYSTEM:****EXISTING SYSTEM:** Yes**DRAINFIELD SQ. FT:****AGGREGATE DEPTH:****MAX. TRENCH DEPTH:****DISTRIBUTION DEVICE:****TRENCH #:****TRENCH LENGTH:****TRENCH WIDTH:****TOTAL TRENCH LENGTH:****CENTER SPACING:****MINIMUM SOIL COVER:****PRETREATMENT:****APPROVAL #:**

**SUBFIELDS #:**

**PUMP TDH:**

**PUMP DESIGN FLOW:**

**ZONE VALVE:** No

**ASDMS REQUIRED:**

**LINE OF CREDIT REQUIRED:**

**OPERATOR REQUIRED:**

**P.E. SIGN OFF/ASBUILT REQUIRED:**

**TRIPARTY AGREEMENT REQUIRED:**

**SPECIFIC CONSTRUCTION AUTHORIZATION REQUIREMENTS:**

PROPERLY ABANDON EXISTING ST - LOCATION SHOWN ROUGHLY ON CA SITE PLAN, AS BUILT INCLUDED ON PAGE 2.  
PUMP, CRUSH, AND FILL.

INSTALL NEW 1000 GAL ST WITH RISERS AND FILTER. MAINTAIN ALL SETBACKS OFF PROPERTY LINES AND HOUSE.  
RE-CONNECT TO EXISTING SYSTEM. REPLACE DBOX IF NEEDED DURING ST INSTALL.

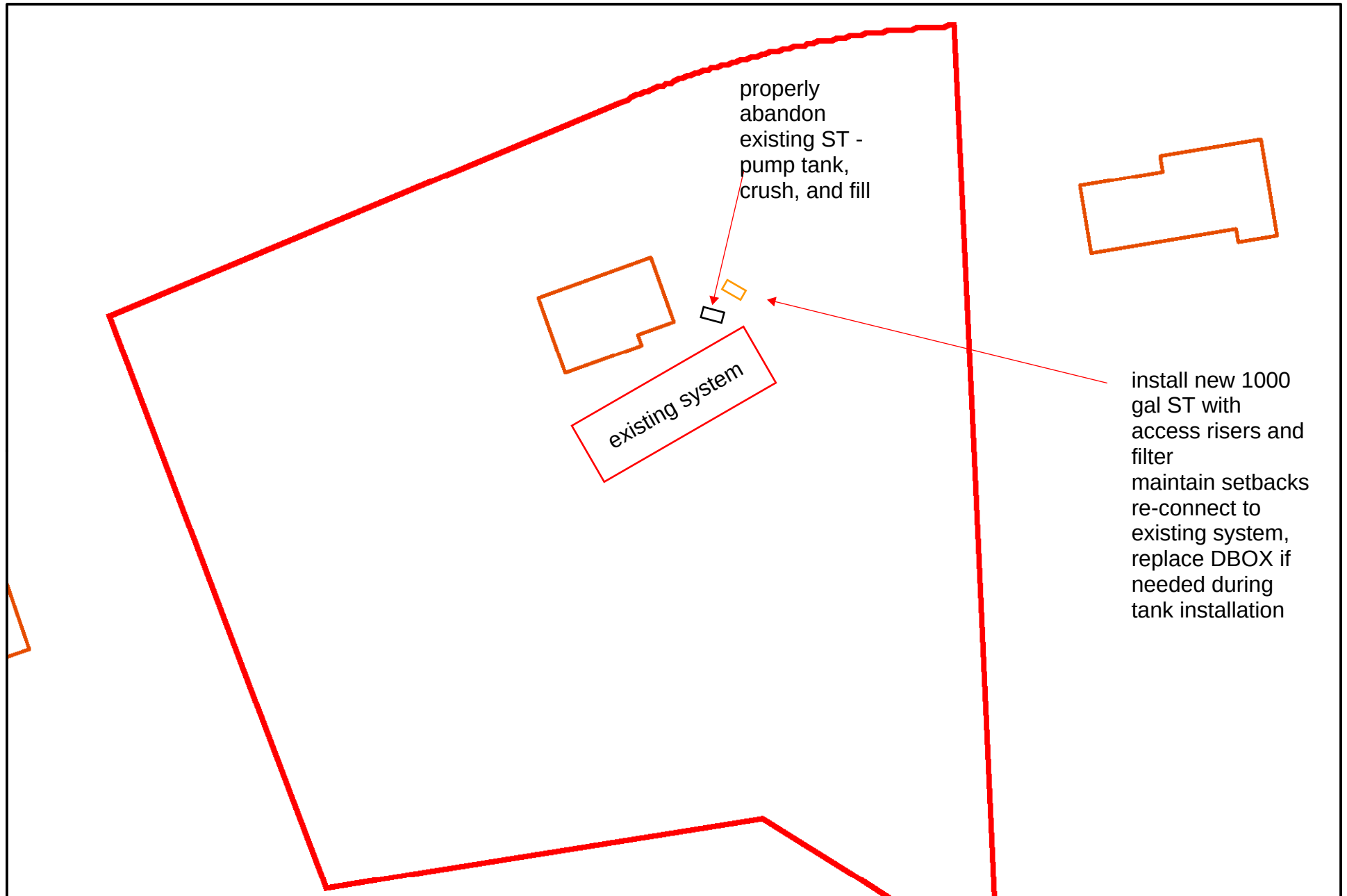
INSPECTION OF EXISTING TANK ABANDONMENT AND NEW TANK INSTALL REQUIRED. CALL OFFICE THE MORNING OF  
INSTALLATION TO SCHEDULE INSPECTION.

**Issued By:**

*Kristina Marks*

**Date:** 12/13/2018

# WREP-010812-2018 TANK Repair CA Site Plan



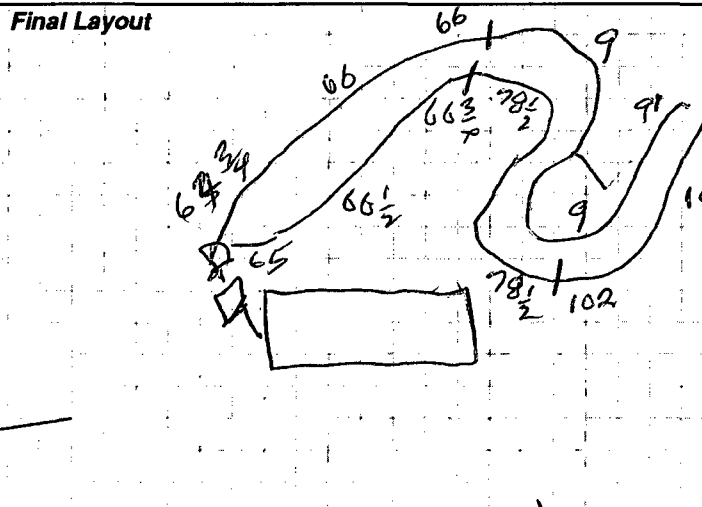
0 25 50 100 ft  
1 inch = 50 feet

## Disclaimer

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330

Tax Map No.



186

Parcel No.

82

Nitrification Line 1100 213' X 183' sq. ft.  
Depth of Stone: 12" [☒] Max Depth of Trenches: 29 in.  
Riser and Baffle Required [☒] Pump Required [☐]  
☒ Permit void if not in compliance with zoning regulations  
☒ Permits may be voided if site is altered or intended use changed  
Layout by: W. Paul Burr PS

Repair [ ] Original Permit No. \_\_\_\_\_  
Garbage Disposal Unit Yes [ ] No [ ☒ ]  
House [ ☒ ] Mobile Home [ ] Business [ ]  
No. of Bedrooms 3 Lot Area 1.79 Acres  
Size of Tank 1000 gal.  
Comments:

Date: 7-30-93 Installed By: ODEL JOHNSON Approved By: Ron Dull

|            |                                         |                    |                          |        |
|------------|-----------------------------------------|--------------------|--------------------------|--------|
|            |                                         | <b>Well System</b> |                          |        |
| Individual | <input checked="" type="checkbox"/>     | Semi-Public        | <input type="checkbox"/> | Public |
| New        | <input checked="" type="checkbox"/>     | Replacement        | <input type="checkbox"/> | Repair |
| Fee Paid:  | Yes <input checked="" type="checkbox"/> | No                 | <input type="checkbox"/> |        |

| Construction Compliance | Yes                                 | No                       |
|-------------------------|-------------------------------------|--------------------------|
| Site Approved           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Well Head Approved      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Grouting Approved       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

7/13/93  
Date Inspected

### **Bacteriological Results**

Initial Sample: Wig Date: 9/12  
 \* Re-Sample #1 \_\_\_\_\_ Date: \_\_\_\_\_  
 \* Re-Sample #2 \_\_\_\_\_ Date: \_\_\_\_\_  
 \* Re-chlorination as required ☐ Yes ☐ No  
 \* Fees for all resamples \_\_\_\_\_

**All checks payable to: Wake County Health Department**

| Final Inspection     | Yes                                 | No                                  |
|----------------------|-------------------------------------|-------------------------------------|
| Required Slab        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Chlorinated          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Required Certificate | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Variance (Explain)   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| WCHD I.D. Affixed    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Sample Collected     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

**Comments:**

**Well Installed By:**

*Date System Finalized*

Sanitarian

This report is based in part on information provided by the homeowner or his/her representative in the application submitted for this permit. The sanitarian is not responsible for false or misleading information contained in the application. The sanitarian 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 sanitarian warrants that the septic tank system will continue to function satisfactorily in the future or that the water supply will remain potable.

**COPY TO HEALTH DEPARTMENT**