

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#: D016678 STATUS: A APP DATE: 12/16/1999 BLDG PERMIT#: 0002100
APPLICANT: JUSTUS, COLIN DAY PHONE: (919) 212 - 0544
ADDRESS: 2224 LAUREL VALLEY WAY FAX#: (000) 000 - 0000
CITY: RALEIGH STATE: NC ZIP: 27604
OWNER: KOPP, ELLIOT JOSEPH & DAY PHONE: (919) 999 - 9999
ADDRESS: 9801 PENTLAND CT FAX#: (000) 000 - 0000
CITY: RALEIGH STATE: NC ZIP: 27164
HD USE CD: 101 ONE-FAMILY HOUSE ORIG PERMIT#: REC?: Y
EXIST USE: TAX MAP#: 0213
BEDROOMS: 4 BSMT: N #EMPLOYEES: 0 WATER: I WASTEWATER: I GARB DISPOSAL: N
TOWNSHIP: 02 BARTON'S CREEK JURIS: WC ZON: 80W PIN: 1800.04 94 6692 000
SUBD#: S 000 000 00 SUBD NAME: AVANLEA LOT-SEC: 7 ACRE: 1.84
IMPRV PRMT: ISSUED?: Y DATE: 02/09/2000 BY: VJM TYPE SYSTEM: III PUMP: Y
CNSTR AUTH: ISSUED?: Y DATE: 02/09/2000 BY: VJM MAINT: N OPER: N
RECEIPT#: 0050189 FEE: 290.00 OP DATE: BY:
WATR SAMPL: REQ?: Y APPROVED?: DATE: PROPRIETARY SYS:
ST#: 1121 MI: DIR: NAME: ERINS DIR: TYP: WAY
DIRECTIONS: SR 1005 N TO R ON SR 2003 TO R INTO SUB

IMPROVEMENT PERMIT

SIZE OF TANK 1200 ST 1200 PT GALS. TOTAL SQ. FT. 1200 DEPTH OF STONE PSA IN. MAX. DEPTH LINE 24 IN.

WASTEWATER: DOMESTIC ☒ INDUSTRIAL ☐

I.P. ISSUED BY

C. J. Manz

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

AUTHORIZATION CONDITIONS

Contractor To Follow Contours, See Attached Site Plan For Wastewater System Design And Well Location. 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.

OTHER CONDITIONS: ****CONTRACTOR TO ESTABLISH LAYOUT AND FOLLOW NATURAL CONTOURS, ACTUAL LAYOUT MAY SLIGHTLY CHANGE DUE TO MINOR TOPOGRAPHY CHANGES. SEPTIC TANK & PUMP TANK TO BE MINIMUM OF 15 FEET FROM FOUNDATION AND DRAINFIELD TO BE MINIMUM OF 25 FEET FROM FOUNDATION IF FOUNDATION IS TO HAVE FOOTING DRAIN ** IF NOT FOLLOW 5/15 SETBACKS. ALSO NO UTILITIES TO BE TRENCHED INTO SEPTIC SYSTEM AREA DURING ANY TIME OF CONSTRUCTION. **THIS PERMIT IS FOR AN INNOVATIVE TYPE SYSTEM A 25% REDUCTION HAS ALREADY BEEN CALCULATED IN TOTAL SQ.FT.

SIZE OF TANK 1200 ST 1200 PT GALS. TOTAL SQ. FT. 1200 DEPTH OF STONE PSA IN. MAX. DEPTH LINE 24 IN.
ST FILTER REQUIRED ☒ NUMBER OF TRENCHES 4 LENGTH OF TRENCHES 100 FT. WIDTH OF TRENCHES 3 FT.

C.A. ISSUED BY *C. J. Manz* INSTALLED BY _____ CTR. I.D. # _____

SEPTIC TANK FILTER USED _____

INNOV. APPL. #: IWWS-_____ DATE _____ INSTALLATION APPROVED BY _____

WELL SYSTEM = PRIVATE ☒ SEMI-PUBLIC ☐ //// NEW ☒ REPLACEMENT ☐ EXISTING ☐

WELL LOG INFORMATION = DEPTH _____ CASING DEPTH _____ YIELD _____ STATIC LEVEL _____

WELL CONTRACTOR _____ REG.# _____ PUMP CONTRACTOR _____ REG.# _____

CONSTRUCTION COMPLIANCE = GROUT APPROVED ☐ DATE _____ EHS _____
WCHD ID # _____ WELLHEAD APPROVED ☐ DATE _____ EHS _____
NEGATIVE BACTERIOLOGICAL RESULTS ☐ DATE _____ EHS _____
SYSTEM FINALIZED ☐ DATE _____ EHS _____

COMMENTS: _____

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.

I certify that the location of planned or existing structures are accurately shown. I understand the failure to locate structures in accordance with this plot plan may require the relocation of structures regardless of degree of completion. I hereby grant permission to Municipal/County Representatives the right of entry to make evaluations or inspections upon this property.

[Signature] 12/16/99

Signature of Owner or Authorized Agent

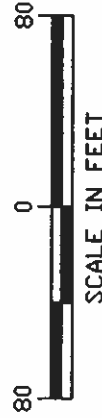


LOT 6

LOT 7

LOT 8

0002100
D-166780



Zoning QDN By MT
 Approve ✓ Date 12/16/99
 Revise 10
 Reject MBL
 Front 40 Rear 30
 Side 20 Corner --

Comments:

CONFIDENTIAL - ALL RIGHTS RESERVED - PROPERTY OF



TRIANGLE
MULTI-CAD

RALEIGH, NORTH CAROLINA 27604

DRAWING TITLE			
LOT 7 PLOT PLAN COLIN AND JOANNE JUSTUS			
DESIGNED BY	DATE	CHECKED BY	DATE
TSH	15DEC99		
SCALE	1"=80'-0"		
DRAWING NO.	TMC9926		
REV.	0		

SITE EVALUATION

(Ground Absorption Sewage Treatment and Disposal)

TAX MAP PAGE.: _____ PARCEL NO.: _____

SUBDIVISION: Avanlea

OWNER: Justin Colin

LOT NUMBER: 7 BLOCK: _____ SECTION: _____

LOCATION OF SITE: 1121 Erins Way

FACTORS	AREA 1	AREA 2	AREA 3
1. Topography Slope (%) or severely eroded (gullied) slopes	(S) PS 4-60% U	S PS gullied (U)	S PS U
2. Landscape Position (Upland Drainageway, Depression, etc.)	(S) slightly irregular U	S Natural drainage way (U)	S U
3. Soil Texture (Group & Texture)	S Group (PS) IV U	S PS	S PS
4. Soil Structure	S (PS) SBL U	S PS U	S PS U
5. Clay Mineralogy (Type & Consistence)	S friable U	S U	S U
6. Soil Wetness	S No low (PS) chroma U colors to 36"	S PS U	S PS U
7. Soil Depth (In.)	S Saprolite mixing in @ 30-32" PS U	S w.p. below 36" PS U	S PS U
8. Restrictive Horizons (In.) (Fragipans, iron pans, plintlite)	S PS U	S PS U	S PS U
9. Other (specify)	S PS U	S PS U	S PS U
10. Classification of Area	S (PS) U	S PS (U)	S PS U
11. Available Space	S (S) U	S (U)	S U
12. Site Classification	Reclassified ps. under 1969 prov. suit	Unsuitable	

Suitable

Provisionally Suitable

Unsuitable

** See diagram on back or on attached map.

Recommendations / comments _____

Septic system in Repair = Area I L.T.A.R. = 3 gal/h
Avail Space Reclassified ps under 1969 Innov. type system
to provide 25% reduction in space ~1600 ft³ to 1200 ft³

Possible modification or alternative under Wake County Regulations:

Alternative ☐ Modified ☐ None ☐

Evaluation by: _____

Clement J. Manzi RS

Date: _____

2/9/00

Verification by: _____

Date: _____

**** Note:** If engineering, geologic, soil and environmental studies indicate that a system or alternative system can be expected to function satisfactorily, the classification may be changed to provisionally suitable.

DIAGRAM

*See
Plot
P/44*