

WAKE COUNTY HEALTH DEPARTMENT 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.

Pin # 1733.14449049 Project # _____Tax Map No. 582 Parcel No. 241Zoning RAL Township RALOwner/Contractor: Terry HunterLocation/Address: 5609 ALTA VISTA CTPool Rd E to C Rock Dr. up Hill 3rd Rt Alta Vista S.R. #Subdivision Name: Riverview NorthLot No. 43 Section or Block No. _____

Improvement Permit

Well Permit No. **D** 4275

Operation Permit []

Date: 11-6-96

Tax Map No.

Parcel No.

Preliminary Layout

SEE ATTACHED PLOT PLAN FOR WASTEWATER
DISPOSAL SITE.

SEE CONSTRUCTION AUTHORIZATION FOR
WASTEWATER SYSTEM DESIGN.

Final Layout

Sewage System Specifications

Repair ☒ Original Permit No. _____Garbage Disposal Unit Yes [] No ☒House ☒ Mobile Home [] Business []No. of Bedrooms 3 Lot Area _____Size of Tank EXISTING gal.Wastewater: Sewage ☒ Industrial [] Comments: _____Nitrification Line 900 ft 2 (160 x 3') sq. ft.Depth of Stone: 12" Max Depth of Trenches: 24 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: Charles J. Marzi R.S.

Date: _____ Installed By: _____ Approved By: _____

Well System

Individual [] Semi-Public [] Public ☒New [] Replacement [] Repair ☒

Fee Paid: Yes [] No []

Construction Compliance Yes [] No []

Site Approved [] []

Well Head Approved [] []

Grouting Approved [] []

Date Inspected _____ Sanitarian _____

Bacteriological Results

Initial Sample: _____ Date: _____

• 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 [] []

Chlorinated [] []

Required Certificate [] []

Variance (Explain) [] []

WCHD I.D. Affixed [] []

Sample Collected [] []

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

30.203-10/15/96

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
VOID SIXTY(60) MONTHS FROM DATE OF ISSUANCE

DATE: <u>11-6-96</u>	IMPROVEMENT PERMIT NO.: <u>D 4275</u>	
TAX MAP NO.: _____	PARCEL NO.: _____	PIN NO.: <u>1733.1444 9049</u>
OWNER/CONTRACTOR: <u>Terry Hunter</u>		
LOCATION/ADDRESS: <u>5609 Alta Vista Ct</u>		
SUBDIVISION NAME: <u>River View North</u>		
LOT NO.: <u>43</u>	SECTION OR BLOCK NO.: _____	
AUTHORIZATION ISSUED BY: <u>Vincent J. Manzi TRS</u>		

PIN #:

AUTHORIZATION CONDITIONS

- 1 WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. D-4275 AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE "REGULATIONS GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL IN WAKE COUNTY" AND ANY OTHER APPLICABLE RULES AND LAWS.
- 2 THE WASTEWATER SYSTEM SHALL NOT BE COVERED OR PLACED INTO USE UNTIL INSPECTED BY THE WAKE COUNTY DEPARTMENT OF HEALTH AND AN OPERATION PERMIT ISSUED.
- 3 ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY VOID THIS AUTHORIZATION AND ASSOCIATED PERMITS.
- 4 OTHER CONDITIONS: conv. trench 3' wide 2 trenches, 160'
long. use existing Septic tank.
Contractor to establish & follow contour —
drainlines must be min 10' from property lines.
See Attached site plan.

1733.14449049

SITE PLAN

D-4275

