

PIN #: 0647147920

OP DATE: 10/15/1998

SYSTEM USE:

☒ House
☐ Mobile Home
☐ Business
☐ Other

SEWAGE TYPE:

☒ Domestic
☐ Industrial

PUMP/SIPHON?:

☐ Yes
☒ No

PRESSURE MANIFOLD:

☐ Yes
☒ No

SYSTEM TYPE:

☐ I
☐ II
☒ III
☐ IV
☐ V
☐ VI
☐ Other

SUB TYPE:

☐	A
☐	B
☐	C
☐	D
☐	E
☐	F
☒	G

NBR BEDROOMS:

☐ 1
☐ 2
☒ 3
☐ 4
☐ 5
☐ 6
☐ Other

MAINT. SCHEDULE:

☐ Yes
☒ No

CERT. OPERATOR

☐ Yes.

☒ No.

GT	ST	PT	SIZE	D
☐	☐		750	
☐	☐	☐	900	☐
☐	☒	☐	1,000	
☐	☐	☐	1,200	
☐	☐	☐	1,500	
☐	☐	☐	1,800	
☐	☐	☐	2,100	
☐	☐	☐	2,500	
☐	☐	☐	3,000	
☐	☐	☐	4,000	
☐	☐	☐	5,000	
☐	☐	☐	8,000	
☐	☐	☐	10,000	
☐	☐	☐	Other	
☒		☒	None/NA GT or PT	

DRAINFIELD SIZE(SQ. FT.)

DRAIN TYPE:

☐ Stone
☒ EZ Flow
☐ Infiltrator
☐ Biodiffuser
☐ Cultec
☐ Drip
☐ Hancor
☐ Large Dia. Pipe
☐ Multi-Pipe
☐ Other

MAX DEPTH (IN.):

☐ 12 in. or less
☐ 18 in. or less
☐ 24 in. or less
☒ 26 in. or less
☐ 28 in. or less
☐ 30 in. or less
☐ 32 in. or less
☐ 36 in. or less
☐ Other

STONE DEPTH (IN.):

☐ 8 in. or less
☒ 12 in. or less
☐ 18 in. or less
☐ 24 in. or less
☐ Other

TRENCHES:

☒ Individual
☐ Bed

TRENCH WIDTH (IN.):

☐ 12 in. or less
☐ 18 in.
☐ 24 in.
☒ 36 in.
☐ 6 ft. or less
☐ 9 ft. or less
☐ Other

~~Handwritten signature~~

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#: D009313 STATUS: A APP DATE: 02/13/1998 BLDG PERMIT#: 0982647
 APPLICANT: WALTERS, KENNETH DAY PHONE: (919) 847 - 7772
 ADDRESS: 11021 MASON RIDGE DR FAX#: (919) 676 - 1662
 CITY: RALEIGH STATE: NC ZIP: 27614
 OWNER: WALTERS, KENNETH R & VICT DAY PHONE: (919) 847 - 7772
 ADDRESS: SAME FAX#: (919) 676 - 1662
 CITY: RALEIGH STATE: NC ZIP: 27614
 HD USE CD: 101 ONE-FAMILY HOUSE ORIG PERMIT#: REC?: Y
 EXIST USE: TAX MAP#: 0817
 BEDROOMS: 3 BSMT: N #EMPLOYEES: 0 WATER: I WASTEWATER: I GARB DISPOSAL: N
 TOWNSHIP: 06 HOLLY SPRINGS JURIS: WC ZON: R30 PIN: 0647.03 14 7920 000
 SUBD#: S 000 000 00 SUBD NAME: OLIVER CREEK LOT-SEC: 53 ACRE: 1.16
 IMPRV PRMT: ISSUED?: Y DATE: 04/07/1998 BY: JRD TYPE SYSTEM: II PUMP:
 CNSTR AUTH: ISSUED?: Y DATE: 04/07/1998 BY: JRD DATE EXPIRED: 04/07/2003
 RECEIPT#: 0025078 FEE: 290.00 OP DATE: BY:
 WATR SAMPL: REQ?: Y APPROVED?: DATE: PROPRIETARY SYS:
 ST#: 6233 MI: DIR: NAME: HILBERT RIDGE DIR: TYP: DR
 DIRECTIONS: HWY 55 TO HOLLY SPRGS RD-RT SR1115-FL SR1101-RT
 SR1125-POWELL RD LFT INTO SUBDIV

103 STB
BTS 1000

EE-222 LAV

IMPROVEMENT PERMIT

SIZE OF TANK 1000 ST PT GALS. TOTAL SQ. FT. 900 DEPTH OF STONE 12 IN. MAX. DEPTH LINE 25 IN.

WASTEWATER: DOMESTIC ☒ INDUSTRIAL ☐

I.P. ISSUED BY

John R. Davis Jr.

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: Trenchbottoms no deeper than 25" on upslope side of trench

SIZE OF TANK 1000 ST PT GALS. TOTAL SQ. FT. 900 DEPTH OF STONE 12 IN. MAX. DEPTH LINE 25 IN.

ST FILTER REQUIRED ☒ NUMBER OF TRENCHES 3 LENGTH OF TRENCHES 100 FT. WIDTH OF TRENCHES 3 FT.

C.A. ISSUED BY

John R. Davis Jr.

INSTALLED BY

Johnny Jones

CTR. I.D. #

SEPTIC TANK FILTER USED ☒

INNOV. APPRL. #: 1WWS-

DATE 10-15-98

INSTALLATION APPROVED BY

[Signature]

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

WELL LOG INFORMATION = DEPTH 200 CASING DEPTH 50 YIELD 20 STATIC LEVEL 20

WELL CONTRACTOR Identical REG.# PUMP CONTRACTOR REG.#

CONSTRUCTION COMPLIANCE = GROUT APPROVED ☒

DATE 9/11/98 EHS

WCHD ID # 8436 WELLHEAD APPROVED ☒

DATE 10/16/98 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. 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.

~~Zoning R-30 By Sh. Holland
 Approve _____ Date 2-11-98
 Revise _____ Use 101
 Reject _____ MBL _____
 Front 30 Rear 30
 Side 10 Corner _____
 Comments: per zoning code~~

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

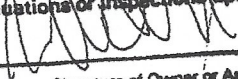
8/12/76
B. B. B. 4/7/76

Signature of Owner or Authorized Agent

A hand-drawn site plan of a property, likely a residential lot, with various areas and measurements. The plan is oriented with a north arrow pointing towards the top right. The property is bounded by a street on the left, labeled "6333 41st Rd". The street frontage is marked as "30' FRONT". The property is divided into several sections. A "Well Site" is located near the top left corner. A "Repair Area" is marked in the center. Two other areas are labeled "Area 1" and "Area 2". Measurements include "173", "2100", "10500", "87", "331", and "30' REAR". A dashed line indicates a boundary or path, with a "50'" measurement. A "30' FRONT" measurement is also shown. The plan includes a north arrow and a scale bar.

Pin# 06470347420

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



Signature of Owner or Authorized Agent

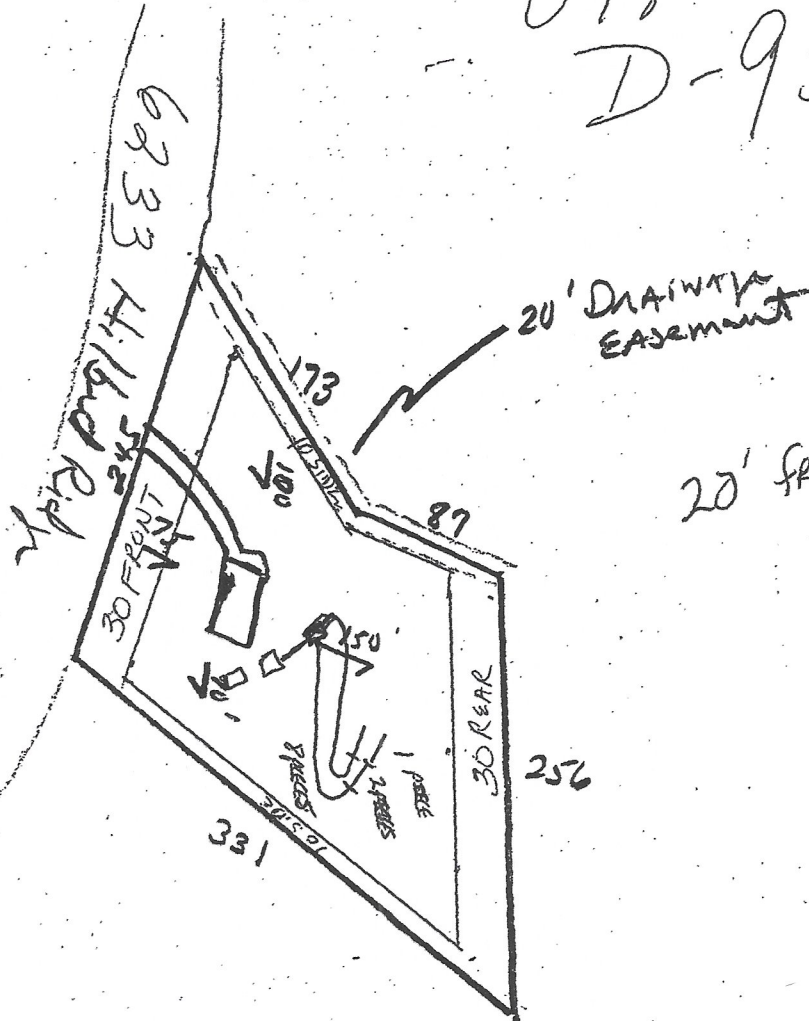
Lat #53 Silver Creek
 MB 1996 Page 115
 6233 Hilburt Ridge Dr

Lat 53

0982647

D-9313

N



20' FROM tank
to d-box

PIN#064703147920

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

Signature of Owner or Authorized Agent

Zoning R-30 By Challand
 Approve _____ Date 2-11-98
 Revise _____ Use 101
 Reject _____ MBL _____
 Front 30 Rear 30
 Side 10 Corner _____
 Comments: gas orange and



WAKE COUNTY

Human Services

Environmental Health Division

I Ken Witters hereby request the chamber system or polystyrene aggregate system called EE 22 Tray to be used in my sewage disposal system. I understand that I will be granted a 25% reduction in the amount of

required drainfield for my property. My property is located at Oliver Creek

Lot 53
R. W. Witters Owner

10-15-98 Date