

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 # 060801-19-2348 Project # 0967300

Tax Map No. _____ Parcel No. _____

Zoning Wake Township Holly Springs

Owner/Contractor: Artisan Homes

Location/Address: 4332 Basal Creek
off Sunset Lake Rd

Improvement Permit D1533

Well Permit No. _____

Operation Permit [X]

Date: 5-3-96

S.R. # _____

Subdivision Name: Sunset Lake

Lot No. 39240

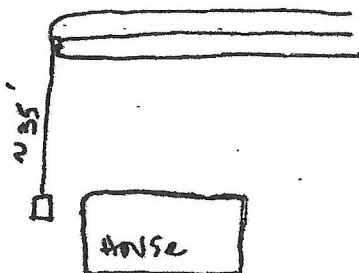
Section or Block No. _____

Preliminary Layout

* See Site Plan for
Location of septic
system and well site

Final Layout

BTS 1250 8-23-82



Sewage System Specifications

Repair [] Original Permit No. _____

Garbage Disposal Unit Yes [] No [X]

House [X] Mobile Home [] Business []

No. of Bedrooms 4 Lot Area _____

Size of Tank _____ 1700 gal.

Wastewater: Sewage [X] Industrial [] Comments: _____

Nitrification Line 4(3x100) 1200 sq. ft.

Depth of Stone: 12" [X] Max Depth of Trenches: 30 in.

Riser and Baffle Required [X] 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: Edward L. Jackson R.S.

Date: 9-26-96 Installed By: SHANE Holland Approved By: Clem Jole

Well System

Individual [X] Semi-Public [] Public []

New [X] Replacement [] Repair []

Fee Paid: Yes [X] 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

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0001333

PIN #: 0668192267

OP DATE: 0912611996

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

- ☐ ☐ ☐
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SIZE

- 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.)

01200

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

B.W 8/26/14

CURVE	ARC	RADIUS	CHORD LENGTH	CHORD BEARING
C1	101.60	50.00	85.00	S 13 16' 45" E

HOUSE, GARAGE, & DRIVE DIMENSIONS & LOCATION PROVIDED BY:

NES BELLAMY

Zoning E-40 By MV

Approved ✓ Date 12/3/91

Private _____ Use 10

Reject _____ MKL 110

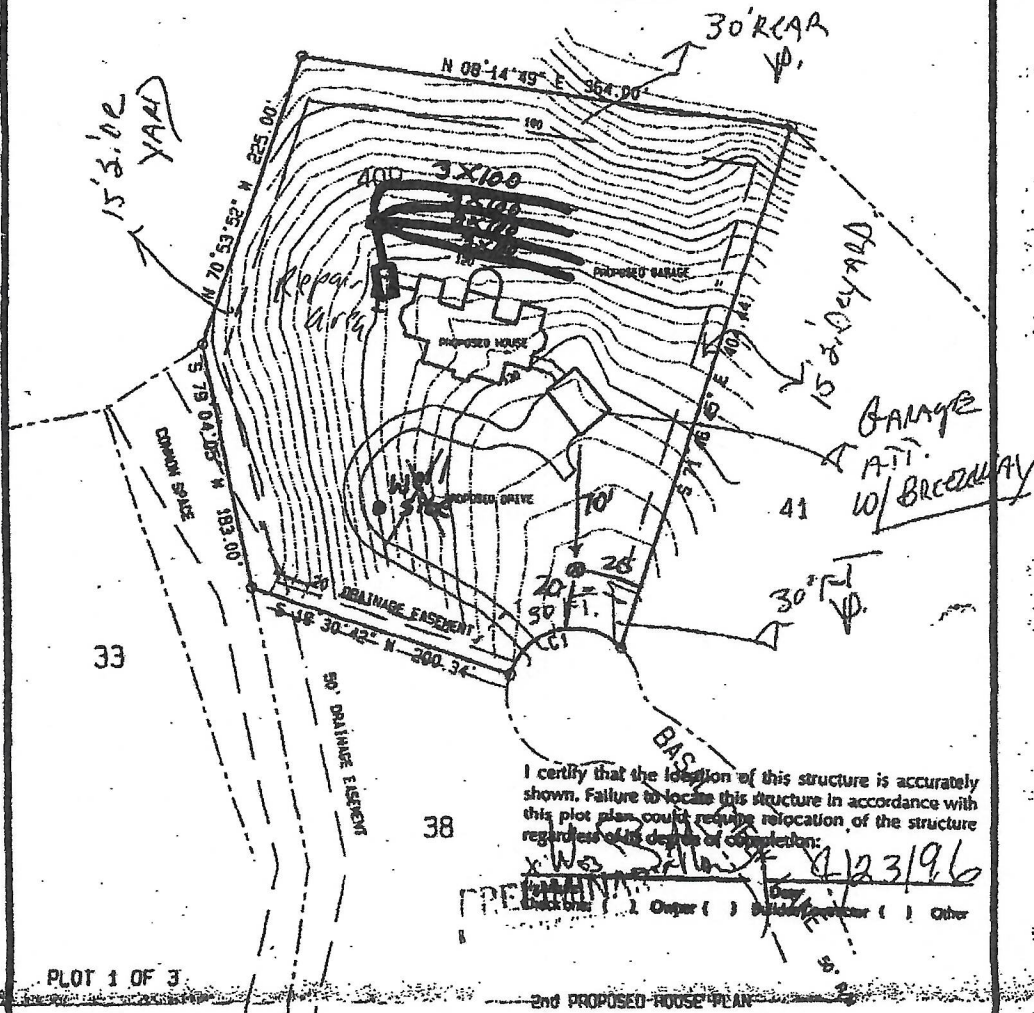
Program 1991-92 Box 30

Side 15 Corner 30

Comments

VICINITY MAP
NOT TO SCALE

SUNSET LAKE



PLOT 1 OF 3

2nd PROPOSED HOUSE PLAN

THIS IS A PHYSICAL SURVEY ONLY.		DOES NOT MEET GS47-30:		NOT FOR RECORDATION	
BOOK OF MAPS 1776 PAGE 609		DEEDBOOK PAGE		WAKE COUNTY	
LOT 40R PHASE THREE			SUNSET LAKE SUBDIVISION		
I HEREBY CERTIFY THAT THIS MAP IS CORRECT AND THAT THE BUILDING FOUNDATION LIES WHOLLY ON THE LOT AND THAT THERE ARE NO ENCROACHMENTS ON SAID LOT EXCEPT AS NOTED.					
SURV'D		DRAWN SEAN		CHK'D.	
		JOBA		DATE: 09 APRIL 1998	
				SCALE: 1" = 100'	
LEONARD H. SULLIVAN, JR. LAND SURVEYOR 1143-D EXECUTIVE CIRCLE CARY, NORTH CAROLINA 27511 TELEPHONE: 919/ 488-4730			SURVEY FOR: ARTISAN HOMES		
			WOLLY SPRINGS TOWNSHIP, WAKE COUNTY, NORTH CAROLINA		

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

VOID SIXTY(60) MONTHS FROM DATE OF ISSUANCE

0962306

TE: 5-3-96

IMPROVEMENT PERMIT NO.: D-1533

X MAP NO.: _____ PARCEL NO.: _____ PIN NO.: 0668.01-19-2748

OWNER/CONTRACTOR:

Artisian

LOCATION/ADDRESS:

4332 Basal Creek

SUBDIVISION NAME:

Sunset Lake

LOT NO.: 39 & 40

SECTION OR BLOCK NO.: _____

AUTHORIZATION ISSUED BY:

Edward Z. Jackson R.S.

AUTHORIZATION CONDITIONS

- 1 WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. D-1533 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: See Site Plan & Permit