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#: **D050762** STATUS: **A** APP. DATE: **03/13/2014** BLDG. PERMIT#:
PIN: **1746 54 0770 000** TAX MAP: **0413** RECORDED: **Y** ORIG. PERMIT#:
TOWNSHIP: **17 ST MATTHEWS** JURISDICTION: **WC** ZONING: **R-4** SW DEVICE: **N** S#:
APPLICANT: **JOHN BOYETTE** **(252) 205 - 0992**
1104 W NASH STRY LA **WILSON, NC 27893**
HD USE: **0006 NEW WELL** EXIST USE: **101A CONVENTIONAL ONE-FAMILY HOUSE** DESIGN FEE REQ?: PAID?:
LTAR: **0.00 0.00** BEDROOMS: **4** BASEMENT: **N** #EMPLOYEES: **0** FOUNDATION DRAIN:
SITE: ADDRESS: **4905 FORESTVILLE RD**
SUBDIVISION: **DWIGHT & CONNIE** LOT: ACRES: **2.68** EASEMENT: LOC: SYS:
DIRECTION: **HWY 540 TO BUFFALOE L ON FORESTVILLE LOT ON L**

IMPROVEMENT PERMIT

As per GS 130A-335 (f), Improvement Permit is based on a Site Plan and is void Sixty (60) months from date of issuance: ☐
As per GS 130A-335 (f), Improvement Permit is based on a Plat and is valid without expiration: ☐
Permit is subject to revocation if the site plan or plat, whichever is applicable, or the intended use changes.

TANK SIZE: _____ gal. PUMP Tank: _____ gal. GREASE TRAP: gal. SQ FT: _____ STONE DEPTH: __ in. MAX DEPTH LINE: ___ in.
WASTEWATER: **INDIVIDUAL** SEWAGE: **DOMESTIC** TYPE SYSTEM: **NA** PUMP: **N** P/M: **N** LP: TD:
DAILY FLOW: _____ gal/day WATER: **INDIVIDUAL** PRETREATMENT: FILL: DAF: DEEP: REDUCE35%:

COMMENTS:

IP ISSUED? DATE: BY: ( )_____ PHONE#: **(919)-**

AUTHORIZATION FOR WASTEWATER/WATER SYSTEM CONSTRUCTION
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE
AUTHORIZATION CONDITIONS:

Contractors shall install system on contours, see attached site plan for wastewater system design and well location. No underground utilities, water lines or sprinkler systems may be located inthe original system or repair areas. A septic tank filter with a riser 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 an Operation 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 is 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 nitrification 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.

OTHER CONDITIONS:

TANK SIZE: _____ gal. PUMP TANK: _____ gal. GREASE TRAP: gal. SQ FT: _____ STONE DEPTH: __ in. MAX DEPTH LINE: ___ in.
MAINT: **N** OPER: **N** L/O: **N** TRENCH#: ____ LENGTH: ____ ft. WIDTH: ___ in. DESIGNER: ___
SUBFIELDS: __ DESIGN HEAD PRESSURE: _ DESIGN FLOW: _____ gal/min DOSE VOLUME: ____ gal. PRETREATMENT:

CA ISSUED? **Y** DATE: **03/14/2014** BY: **(GWS)** PHONE#: **(919)-795-3148**

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USE: HD USE: **0006 NEW WELL** EXIST USE: **101A CONVENTIONAL ONE-FAMILY HOUSE**
LTAR: **0.00 0.00** BEDROOMS: **4** BASEMENT: **N** #EMPLOYEES: **0**
SITE: ADDRESS: **4905 FORESTVILLE RD**
SUBDIVISION: **DWIGHT & CONNIE** LOT: ACRES: **2.68** EASEMENT: LOC: SYS:
DIRECTION: **HWY 540 TO BUFFALOE L ON FORESTVILLE LOT ON L**

Well System: WATER: **INDIVIDUAL** - TYPE: **NEW**

WELL LOG INFORMATION: DEPTH: ____ CASING DEPTH: ___ YIELD: _____ STATIC LEVEL: _____
WELL CONTRACTOR: _____ REG.# _____ PUMP CONTRACTOR: _____ REG.# _____

Construction Compliance

GROUT APPROVED	☐	DATE _____	EHS _____
WELLHEAD APPROVED	☐	DATE _____	EHS _____
SYSTEM FINALIZED	☐	DATE _____	EHS _____

COMMENTS: **WELL SET BACKS WILL BE ENTERED AT LATER DATE. NO KNOWN CONTAMINATION SITES WITHIN 1500' OF NEW WELL AREA. MAINTAIN ALL SETBACKS IN ACCORDANCE WITH LOCAL AND STATE REGULATIONS. THIS WELL REQUIRES A WELLHEAD INSPECTION AND WATER SAMPLES APPROVAL FOR COMPLETION. 2C WELL RULES REQUIRE 35' OF CASING MINIMUM DUE TO LESS THAN 100' DISTANCE TO SEPTIC SYSTEM. CALL THIS OFFICE WITH ANY QUESTIONS OR CONCERNS PRIOR TO DRILLING**

Operation Permit

DESIGN FLOW: _____ gal./min. ACTUAL FLOW: _____ DOSE VOLUME: ____ gal. INNOVATIVE LETTER:

INSTALLED BY: _____ INSTALLATION APPROVED BY: _____
PROPRIETARY SYSTEM: TYPE SYSTEM: **NA**

COMMENTS:

OPERATIONS PERMIT ISSUED? ___ OP DATE: _____ BY: _____

Systems defined as either a Type IIIb, IIIg with a pump, IV, V or VI, in accordance with the North Carolina Administrative Code 15A NCAC 18A .1961, Table V as adopted by reference in the "Regulations Governing Wastewater Treatment and Dispersal Systems in Wake County", require Wake County Environmental Services to conduct periodic inspections on this type system, pursuant to 15A NCAC 18A .1961 (j). Fees for these inspections will be charged as per the approved Fee Schedule. In addition, all systems are to be operated and maintained as specified in 15A NCAC 18A .1961. 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.

As Built Information:

Date: _____ Benchmark: _____ Rod reading: _____ Distance to Structure: _____
ST: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Distance to Well: _____
PT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Distance to P/L: _____
GT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Pretreatment: _____
D-box/FD/PM elev.: _____ Supply Line: _____ ft. Pump/Ctrl Panel: _____ Filter: _____

Line 1:	____	____	____	____	Date: ____	Line 6:	____	____	____	____	Date: ____
Line 2:	____	____	____	____	Date: ____	Line 7:	____	____	____	____	Date: ____
Line 3:	____	____	____	____	Date: ____	Line 8:	____	____	____	____	Date: ____
Line 4:	____	____	____	____	Date: ____	Line 9:	____	____	____	____	Date: ____
Line 5:	____	____	____	____	Date: ____	Line 10:	____	____	____	____	Date: ____

ETM1: _____ CC1: _____ ETM2: _____ CC2: _____ OR: _____ AC: _____ WM: _____
Notes: _____

G. Shoemaker

New Well

WAKE COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES

APPLICATION FOR WELL PERMIT

D50039

IF THE INFORMATION IN THE APPLICATION FOR A WELL CONSTRUCTION PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THE WELL CONSTRUCTION PERMIT SHALL BECOME INVALID.

The permit is valid for 60 months from the date of issuance.

Applicant Information

Permit Number:

Applicant Name	Company		
ART KIRKWOOD	KIRKWOOD BUILDERS, INC		
Street Address	**City**	**State**	**Zip**
258 CHRISTENBURY LANE	CLAYTON	NC	27527
Contact Telephone Number	**Fax Number**	**E-Mail Address**	
919-796-3197	919-585-2156	KIRKWOODBUILDER@AOL.COM	

Property Ownership Information

Owner Name	Company		
ANTWONE YELVERTON			
Street Address	**City**	**State**	
4905 FORESTVILLE RD	RALEIGH	NC	27616
Contact Telephone Number	**Fax Number**	**E-Mail Address**	
919-389-4104			

Property Information

Street Address	City	State	Zip
4905 FORESTVILLE RD	RALEIGH	NC	27616
Subdivision Name	**Section Lot #**	**Pin Number**	
N/A			

Directions To Site:

Please check all that apply:

The proposed well will be:

- [X] 1. New potable water well (serves a private residence)
- [ ] 2. Replacement well (replaces an existing well located on the property)
- [ ] 3. Utility/Irrigation well (not connected to house or public water systems)

The proposed well will supply water for a:

- [X] 1. Private water system (serves two or fewer residential connections)
- [ ] 2. Semi-public water system (serves three to fourteen residential connections)
- [ ] 3. Special use (includes foster care, migrant housing, day care, church, etc)
- [ ] 4. Commercial/Other (specify type of facility)

Primary water source for property (existing or planned):

- [X] 1. Private well (new or existing)
- [ ] 2. Community well (list name of water service provider)
- [ ] 3. City/Municipal water (list name of city providing water)
- [ ] 4. Semi-Public well (three to fourteen connections)

Wastewater Disposal System:

- [ ] 1. Sewer
- [X] 2. Private Septic
- [ ] 3. Community Sewer

Site Conditions:

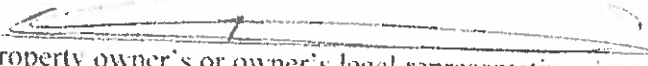
NO	Are there any existing septic systems (surface or subsurface) on this property?
NO	Are there any easements or right of ways on this property?
NO	Are there any existing wells or water lines on this property?
NO	Are there any surface water bodies or designated wetlands on this property?
NO	Are there any below ground chemical or petroleum storage tanks on this property?
NO	Are there any known landfills, waste storage on this property?
NO	Is there any known Subsurface contamination on this property?
NO	Are there any fields on this or adjacent property that are used for industrial, municipal sludge spreading or wastewater-irrigation sites?
Estimated Demand:	
	Estimated daily water use in gallons per day (excluding private well)

PLEASE ATTACH A SITE PLAN (TO SCALE) OF YOUR PROPERTY

Site plan must show: property boundaries with dimensions, easements, existing and proposed structures with dimensions, existing wells, septic/sewer lines, all other potential sources of contamination.

Site plan scale should be 1" = 20, 30, 40, 50, 60, 80 or 100'

I have read this application and certify that the information provided herein is true, complete and correct. Authorized representatives of the Wake County Department of Environmental Services are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and ensuring site accessibility so that a permitting activities can be performed.

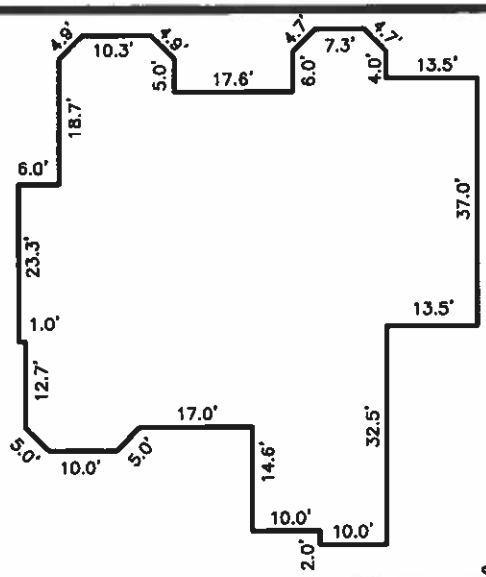


Property owner's or owner's legal representative signature

10-16-13
Date

(Must provide documentation to support claim as owner's legal representative)

Required minimum separation distances between newly permitted wells and sources of pollution:	
100 feet	Septic tank and drainfield
50 feet	Water tight sewer line
100 feet	Other sewage collection lines
100 feet	Animal feedlot or manure piles
100 feet	Fertilizer, pesticide, herbicide or other chemical storage areas
100 feet	Non hazardous waste storage, treatment or disposal lagoons
500 feet	Sanitary landfills
100 feet	Inert debris landfills
100 feet	Animal barns
50 feet	Building foundations
50 feet	Ponds lakes and reservoirs (surface water bodies that provide groundwater recharge)
25 feet	Creeks, streams and rivers
50 feet	Chemical or fuel underground storage tanks with secondary containment
100 feet	Chemical or fuel underground storage tanks without secondary containment
50 feet	All other potential sources



NUMBER	DIRECTION	DISTANCE
L1	N82°41'00"W	30.26'
L2	N00°07'52"W	103.18'
L3	N03°19'19"W	62.50'
L4	N78°24'47"E	30.15'

MINIMUM BUILDING SETBACKS
ZONING: R-4

FRONT.....30'
SIDE.....10'
REAR.....30'

N/F
THOMAS E. DAVIS
DB 10830 PG 1492
PIN 1746-55-5115

S01°05'48"E 329.86'

126.1'

ABANDON WELL

PROPOSED HOUSE LOCATION

DECK

74.9'

126.7'

N78°24'47"E

467.83'

30' PRIVATE ROAD

N/F
THOMAS W. SMITH
DB 7438 PG 212
PIN 1746-44-9953

38'

102'

50' or GREATER TO RELOCATED WELL

DB 15038 PG 914
PIN 1746-54-0770
21977 SF
2.800 AC

ASPHALT APRON

471.65'

PROPOSED DRIVE

260.1'

N82°41'00"W

OAK HILL DRIVE

N/F
CITY OF RALEIGH
DB 11043 PG 707
PIN 1746--54-8112

L4 L3 L2 L1

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

FORESTVILLE ROAD SR 2049 60' R/W (PUBLIC)

NOTES:

PUBLIC WATER SYSTEM	☐ YES ■ NO
WELL	■ YES ☐ NO
PUBLIC SEWER SYSTEM	☐ YES ■ NO
HOUSE DIMENSIONS:	68' x 77'

IMPERVIOUS SURFACE TABLE

HOUSE	3777 SF
DRIVE & WALK	5317 SF
TOTAL	9094 SF

DOES LOT HAVE STATE ROAD FRONTAGE? ■ YES ☐ NO
DOES LOT HAVE RECORDED EASEMENT? ☐ YES ■ NO

DRIVEWAY OR ACCESS DRIVE DRAINAGE CULVERT

TYPE AND SIZE _____