

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#: D037717 STATUS: A APP. DATE: 08/04/2006 BLDG. PERMIT#: 0070404
PIN: 1639.03 21 8234 000 TAX MAP: 0772 0000 RECORDED: Y ORIG. PERMIT#:
TOWNSHIP: 16 ST MARYS JURISDICTION: WC ZONING: R30
APPLICANT: D&S PROPERTIES LLC
2117 HWY 70 E
GARNER, NC 27529
(919) 772 - 2220
USE: HD USE: 112 MOBILE HOME
EXIST USE:
DISPOSAL: BEDROOMS: 3 BASEMENT: N #EMPLOYEES: 0 FOUND DRAIN: Y
SITE: ADDRESS: 4721 ALONZO RD
SUBDIVISION: HILLINGTON WEST LOT: 118 ACRES: 0.79
DIRECTION: WHITE OAK TO HICKS RD TO ALONZO RD PROPERTY ON
LFT

IMPROVEMENT PERMIT

TANK SIZE: 1000 gal. PUMP Tank: ____ gal. SQ FT: 840 INNOVATIVE MAX DEPTH LINE: 24 in.
WASTEWATER: INDIVIDUAL SEWAGE: DOMESTIC TYPE SYSTEM: III G PUMP: N P/M: N
DAILY FLOW: 360 gal/day DESIGN FEE REQ?: PAID?: WATER: COMMUNITY

COMMENTS:

IP ISSUED? Y DATE: 09/14/2006 BY: (AMH) Adrienne H. Herring PHONE#: 422-3751

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 in the 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:**

INSTALL SYSTEM AS SHOWN ON SITE PLAN. DO NOT GRADE OR FILL IN SEPTIC OR REPAIR AREA. CALL PRIOR TO INSTALLATION WITH ANY QUESTIONS.

TANK SIZE: 1000 gal. PUMP TANK: ____ gal. SQ FT: 840 INNOVATIVE MAX DEPTH LINE: 24 in.
MAINT: N OPER: N L/O: Y TRENCH#: 4 LENGTH: 70 ft. WIDTH: 36 in. DESIGNER: ____
SUBFIELDS: ____ DESIGN HEAD PRESSURE: ____ DESIGN FLOW: ____ gal/min DOSE VOLUME: ____ gal.

CA ISSUED? Y DATE: 09/14/2006 BY: (AMH) Adrienne H. Herring PHONE#: 422-3751

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Well System: WATER: COMMUNITY - 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:

Operation Permit

DESIGN FLOW: _____ gal./min. ACTUAL FLOW: _____ INNOVATIVE LETTER: _____

INSTALLED BY: Harold Strickland INSTALLATION APPROVED BY: Ernest L. Porter
 PROPRIETARY SYSTEM: _____ FILTER NO: Polylok
 COMMENTS: _____

OPERATIONS PERMIT ISSUED? Y OP DATE: 9-21-06 BY: Ernest L. Porter

 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: 9-21-06 Benchmark: Top of ST outlet end Rod reading: 3.8 Distance to Structure: 6'
 ST: 1000 gals ID#: STB 894 D.O.M.: 5-3-06 Elev.: 106.0' Distance to Well: NA
 PT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____
 D-box/PD/PM elev.: 4.7 Supply Line: _____ ft. Pump/Control Panel: _____
 Line 1: 5.3 5.4 _____ Date: _____ Line 6: _____ Date: _____
 Line 2: 6.1 6.1 _____ Date: _____ Line 7: _____ Date: _____
 Line 3: 7.5 7.5 _____ Date: _____ Line 8: _____ Date: _____
 Line 4: 7.8 7.8 _____ Date: _____ Line 9: _____ Date: _____
 Line 5: _____ Date: _____ Line 10: _____ Date: _____
 Distance to P/L: 10' Notes: All pipes b/w tank & lines > 1/8 in./ft

DRAWING NO.
06-131

