

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#: D013134 STATUS: A APP. DATE: 01/14/1999 BLDG. PERMIT#: 0992479
PIN: 2706.04 54 8655 000 TAX MAP: 0394 0016 RECORDED: Y ORIG. PERMIT#:
TOWNSHIP: 09 LITTLE RIVER JURISDICTION: WC ZONING: R30
APPLICANT: WESTOVER, DR. TED
116 ASHMORE LANE
ROCKY MOUNT, NC 27802
(919) 365 - 5000
USE: HD USE: 101 ONE-FAMILY HOUSE
EXIST USE:
DISPOSAL: N BEDROOMS: 4 BASEMENT: Y #EMPLOYEES: 0 FOUND DRAIN:
SITE: ADDRESS: 9820 DEBNAM RD
SUBDIVISION: LOT: ACRES: 50.56
DIRECTION: 64 EAST TO ZEBULON EXIT RIGHT ON HWY 96 GO TO
2ND STOPLIGHT L ON HWY 97 L ON OLD US 64 R ON
DEBNAM RD LOT ON RIGHT

IMPROVEMENT PERMIT

TANK SIZE: 1200 gal. PUMP Tank: _____ gal. SQ FT: 1260 INNOVATIVE MAX DEPTH LINE: 22 in.
WASTEWATER: INDIVIDUAL SEWAGE: DOMESTIC TYPE SYSTEM: III G PUMP: N P/M: N
DAILY FLOW: 480 gal/day DESIGN FEE REQ?: PAID?: WATER: INDIVIDUAL

COMMENTS:

IP ISSUED? Y DATE: 02/02/1999 BY: (KGD) *Everett L. Coates* (for KGD) PHONE#: 856-7434

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. **OTHER CONDITIONS:**
FOLLOW CONTOUR USE LARGE D BOX STAY 15FT OFF BASEMENT KEEP TANK AND DRAIN LINES 100FT OFF ALL WELLS

TANK SIZE: 1200 gal. PUMP TANK: _____ gal. SQ FT: 1260 INNOVATIVE MAX DEPTH LINE: 22 in.
MAINT: N OPER: N L/O: Y TRENCH#: 4 LENGTH: 105 ft. WIDTH: 36 in. DESIGNER: _____
SUBFIELDS: _____ DESIGN HEAD PRESSURE: _____ DESIGN FLOW: _____ gal/min DOSE VOLUME: _____ gal.

CA ISSUED? Y DATE: 09/09/2002 BY: (ELC) *Everett L. Coates* PHONE#: 856-5380

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Well System: WATER: INDIVIDUAL - TYPE:

WELL LOG INFORMATION: DEPTH: 355 CASING DEPTH: 35 YIELD: 50.0 STATIC LEVEL: 20

WELL CONTRACTOR: GOLDSTONS

REG.# 00272

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: Y

INSTALLED BY: _____

INSTALLATION APPROVED BY: _____

PROPRIETARY SYSTEM: E E-Z LAY PIPE

FILTER NO: _____

COMMENTS:

OPERATIONS PERMIT ISSUED? ☒

OP DATE: 10-22-02

BY: _____

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.

DATE	01/11/1999	THU
0050630-0921		\$790.00
117200-01009		\$24.00
NON-ADD IN		0000.00