

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#: D034673 STATUS: A APP. DATE: 08/08/2005 BLDG. PERMIT#:
PIN: 1723.20 90 3497 000 TAX MAP: 0582 0126 RECORDED: Y ORIG. PERMIT#:
TOWNSHIP: 17 ST MATTHEWS JURISDICTION: RAX ZONING: R6
APPLICANT: GARRISON, ROBERT (WC HOUSING)
PO BOX 550
RALEIGH, NC 27610
(919) 856 - 6326
USE: HD USE: 0001 REPAIR/EXISTING SYSTEM
EXIST USE: 101 ONE-FAMILY HOUSE
DISPOSAL: BEDROOMS: 2 BASEMENT: N #EMPLOYEES: 0 FOUND DRAIN: N
SITE: ADDRESS: 4410 POPLAR DR
SUBDIVISION: OLEY BRIDGES LOT: 13 ACRES: 0.27
DIRECTION: POOLE RD, CROSS 440, R ON OLD POOLE, R ON
BETHEL, L ON MARTHA, FIRST R, L ON POPLAR,
HOUSE ON R

IMPROVEMENT PERMIT

TANK SIZE: 1000 gal. PUMP Tank: gal. SQ FT: 840 STONE DEPTH: 12 in. MAX DEPTH LINE: 36 in.
WASTEWATER: INDIVIDUAL SEWAGE: DOMESTIC TYPE SYSTEM: II A PUMP: N P/M: N
DAILY FLOW: 240 gal/day DESIGN FEE REQ?: PAID?: WATER: INDIVIDUAL

COMMENTS:

IP ISSUED? DATE: BY: () PHONE#:

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:**

PUMP AND CRUSH OLD TANK AND INSTALL NEW TANK FIRST DAY. EXCAVATE END OF EXISTING LINE AND PUMP OUT WATER. ALLOW TO DRY AT LEAST OVERNIGHT. EXCAVATE OLD LINE AND OVER DIG AT LEAST 6 INCHES TO FRESH SURFACE. MIX OLD GRAVEL WITH EXCAVATED SOIL AND USE TO BACK-FILL OVER BED. CALL WITH QUESTIONS BEFORE BEGINNING INSTALLATION.

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MAINT: N OPER: N L/O: N TRENCH#: 1 LENGTH: 140 ft. WIDTH: 72 in. DESIGNER:
SUBFIELDS: DESIGN HEAD PRESSURE: DESIGN FLOW: gal/min DOSE VOLUME: gal.

CA ISSUED? Y DATE: 08/08/2005 BY: (ELC) *Everett L. Coates* PHONE#: 856-5380

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Well System: WATER: INDIVIDUAL - TYPE: EXISTING

WELL LOG INFORMATION: DEPTH: _____ CASING DEPTH: _____ YIELD: _____ STATIC LEVEL: _____
WELLI 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: _____
PROPRIETARY SYSTEM: _____
COMMENTS: _____

INSTALLATION APPROVED BY: Adrienne Holloway
FILTER NO: _____

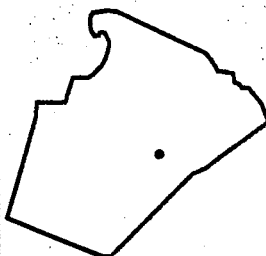
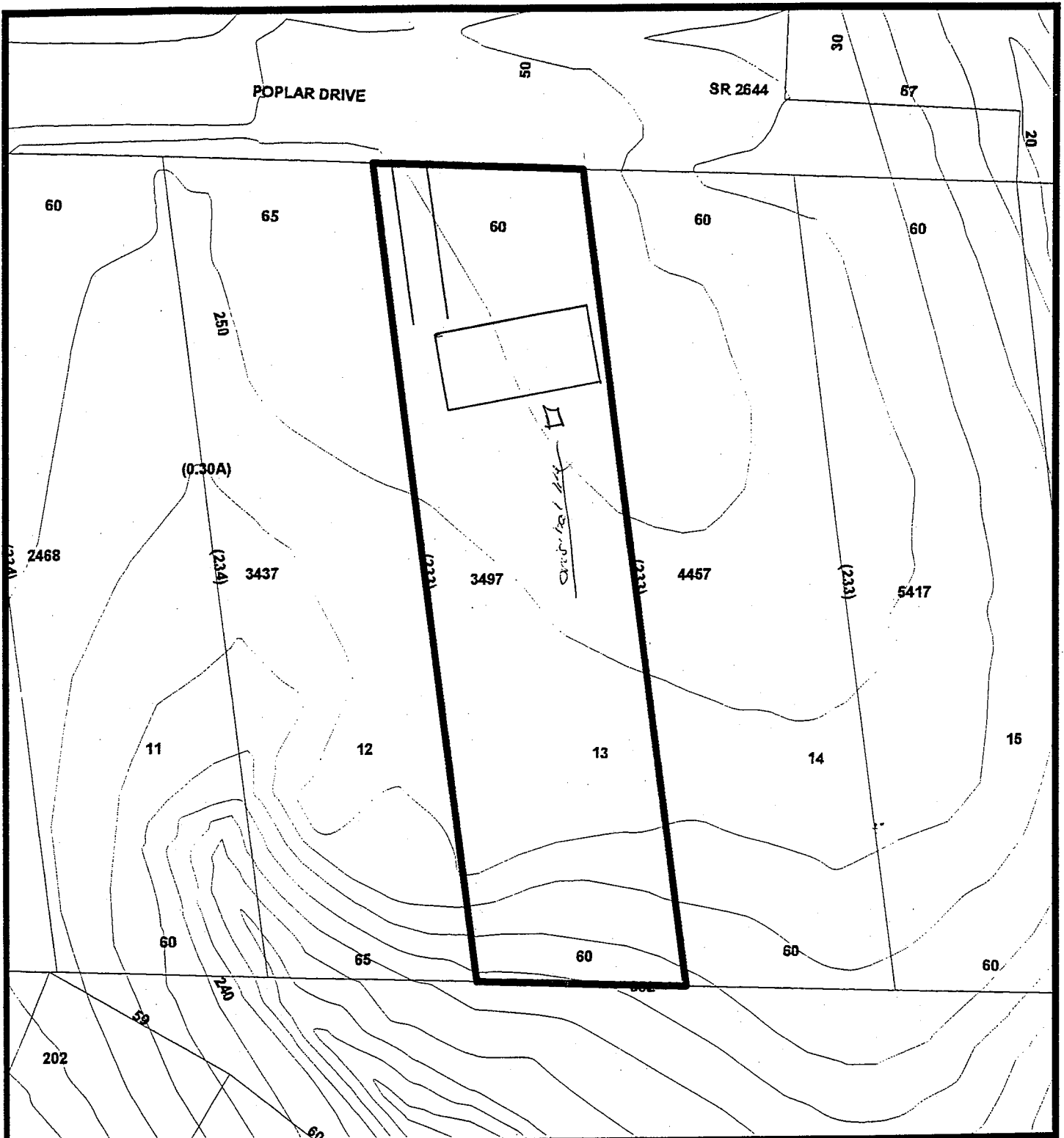
OPERATIONS PERMIT ISSUED? _____ OP DATE: _____ BY: _____

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.

As Built Information:

Date: 11/15/05 Benchmark: _____ Rod reading: _____ Distance to Structure: _____
ST: 1000 gals ID#: MCP 814 D.O.M.: 9-21-05 Elev.: _____ Distance to Well: _____
PT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____
D-box/FD/PM elev.: _____ Supply Line: _____ ft. Pump/Control Panel: _____
Line 1: _____ Date: _____
Line 2: _____ Date: _____
Line 3: _____ Date: _____
Line 4: _____ Date: _____
Line 5: _____ Date: _____
Distance to P/L: _____ Notes: Roots clogged area below tank -

water could not reach lines - per EIC, roots
cleaned out + pipe + gravel reinstalled. New tanks
installed. AMIT

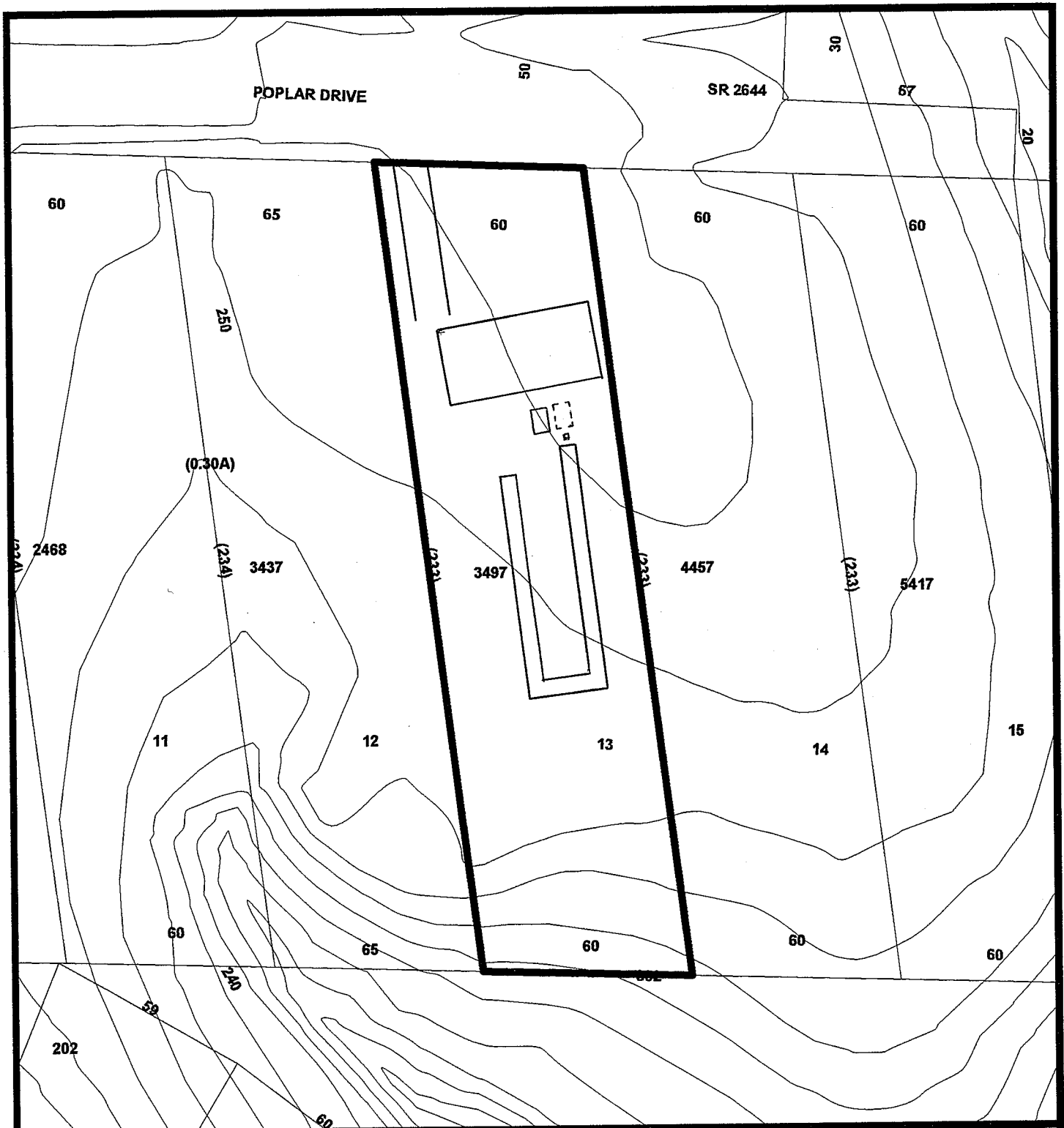


D-34673

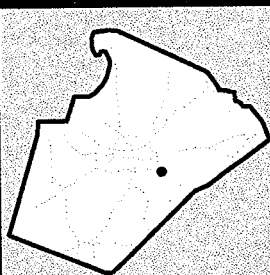
As-Built

See CA notes on permit.
No new lines installed
Tank replaced. *CHP*





**Environmental
Services**



D34673
Construction Authorization
Site Plan

