

WAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES WELL PERMIT

***PERMIT VOID IF NOT IN COMPLIANCE WITH ZONING REGULATIONS AND/OR IF SITE IS ALTERED
OR INTENDED USE CHANGED***

WELL CONSTRUCTION AUTHORIZATION

PERMIT #: GW-171662-2026

APPLICATION DATE: 05/20/2026

SITE INFORMATION:

PIN: 1798815767

SITE ADDRESS: 4260 PORTOLA DR
ZEBULON, 27597

SUBDIVISION: SHADOW RIDGE SUB

LOT: 28

ACRES: 1

TOWNSHIP: 09 - Little River

JURISDICTION: R-30

ZONING:

APPLICANT: Cates Building Inc

PHONE NUMBER: (910) 778-7902

OWNER:

PROPOSED USE:

EXISTING USE:

PERMIT CONDITIONS & COMMENTS:

Due to the underlying geology at this site, Wake County requires testing of this well for Gross Alpha* activity to screen for radiological contaminants. In addition, Wake County recommends a test for radon in water.

*GROSS ALPHA TESTING NOTE: Please allow 8 to 12 weeks for gross alpha testing. Initial gross alpha testing takes 3 to 4 weeks. If the initial test exceeds drinking water standards (which happens in approximately 1 in 5 cases), installation of treatment is required along with confirmation testing of the treated water, requiring an additional 3 to 4 weeks for the confirmation test. If the initial treatment system installed is insufficient, additional corrective action and testing will be required.

Well Setbacks:

1. 64' from location of septic tank.
2. 29' from edge of public drainage easement.
3. 25' from perimeter of house foundation.
4. 32' from front property line.
5. 10' from side property line.

* Well driller must verify all distance requirements before drilling.

OTHER CONDITIONS:

SCOPE: SATISFIED?:

COMMENTS:

See attached site plan for well location and wastewater system design. If changes are necessary, prior approval by Wake County Health & Human Services is required before installation. The testing required under this permit does not include all possible contaminants. Private wells are not routinely monitored by a utility or other agency. Continued monitoring of private wells and testing for contaminants other than those required for the certificate of completion or certificate of occupancy is the responsibility of the well owner. Neither Wake County nor the Environmental Health Specialist warrants the quantity or quality of water produced by this well

This construction authorization permit expires on 05/26/2031.

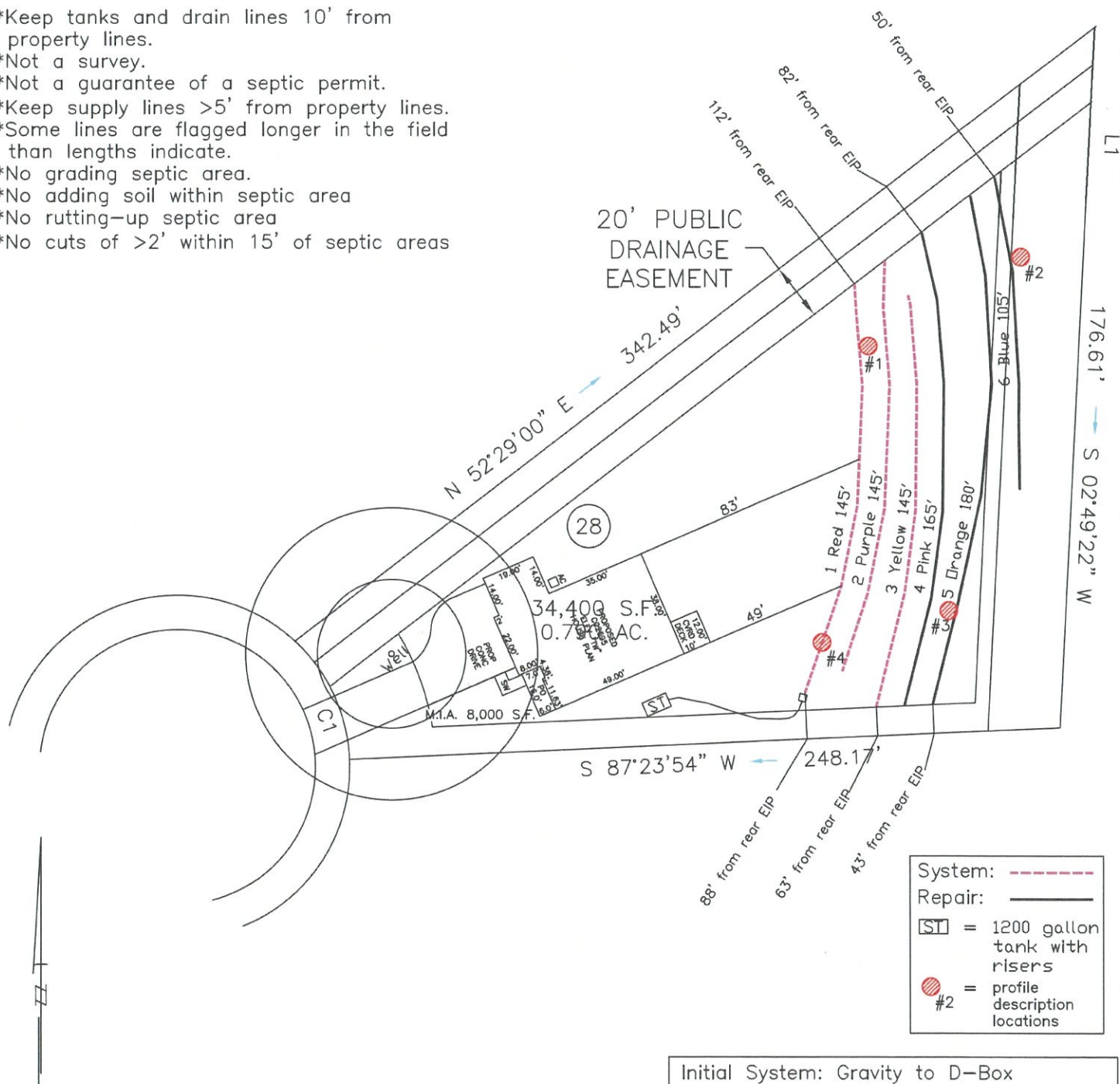
PERMIT ISSUED: 05/27/2026

ISSUED BY: Glen Shoemaker

SIGNATURE:

Glen C. Shumaker

- *Keep tanks and drain lines 10' from property lines.
- *Not a survey.
- *Not a guarantee of a septic permit.
- *Keep supply lines >5' from property lines.
- *Some lines are flagged longer in the field than lengths indicate.
- *No grading septic area.
- *No adding soil within septic area
- *No rutting-up septic area
- *No cuts of >2' within 15' of septic areas



Initial System: Gravity to D-Box
 Lines: 1-3, (435')
 Accepted Status System (25% reduction)
 0.325 Soil LTAR
 18" Trench Bottom on the downhill side

Repair System: Gravity to Serial Dist.
 Lines: 4-6, (450')
 Accepted Status System (25% reduction)
 0.325 Soil LTAR
 22" Trench Bottom on the downhill side



Central Carolina Soil Consulting, PLLC
 1900 South Main Street, Suite 110
 Wake Forest, North Carolina 27587
 Phone (919)569-6704 Fax (919)569-6703

4-Bedroom Septic Layout
 Lot 28, Shadow Ridge Subdivision
 Wake County, North Carolina

Job#: 4230
 Drawn By: PC
 Date: 03/13/2026
 Revision:
 Revision:



CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)

County: Wake Pre-Construction Conference Required: Yes ☐ No ☒
 PIN/Lot Identifier: 4260 PORTOLA DR, (Lot 28 Shadow Ridge S/D)
 Issued To: Cates Building Company
 Property Location: 4260 PORTOLA DR
 AOWE/PE Plans/Evaluations Provided: Yes ☒ No ☐ If yes, name and license number of AOWE/PE: Jason Hall, AOWE #10004E
 Facility Type: Single Family
 Number of bedrooms: 4 Number of Occupants: <8 Other: _____
☒ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use
 Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ No
 Crawl Space? ☒ Yes ☐ No Slab Foundation? ☐ Yes ☒ No
 Type of Wastewater System* Ilb, Accepted (Initial) Ilb, Accepted (Repair)

*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII

Design Daily Flow: 480 GPD Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process WW
 Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ Yes ☒ No
 (if yes, please provide engineering documentation)
 Effluent Standard: ☒ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW
 Type of Water Supply: ☒ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____

Installation Requirements/Conditions

Septic Tank Size: 1200 gallons Total Trench/Bed Length: 435 feet Trench/Bed Spacing: 9 feet on center
 Trench/Bed Width: 36 inches LTAR: .325 gpd/ft² Usable Depth to LC (Initial)*: 32" *Limiting condition
 Additional Soil Cover: na inches Slope Corrected Maximum Trench/Bed Depth†: 18 inches † Measured on the downhill side of the trench
 Pump Tank Size (if applicable): _____ gallons Requires more than 1 pump? ☐ Yes ☒ No
 Pump Requirements: _____ ft. TDH vs. _____ GPM Grease Trap Size (if applicable): _____ gallons
 Distribution Method: ☐ Serial ☒ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other: _____
 Artificial Drainage Required: Yes ☐ No ☒ If yes, please specify details: _____

Legal Agreements (If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)

Multi-party Agreement Required [.0204(g)]: ☐ Yes ☒ No Declaration of Restrictive Covenants: ☐ Yes ☒ No
 Easement, Right-of-Way, or Encroachment Agreement Required [.0301(b)]: ☐ Yes ☒ No
 Management Entity Required: ☐ Yes ☒ No Minimum O&M Requirements: _____

Permit conditions:

Do not grade or fill septic area.
 No water softener discharge to the septic tank.
 Divert all drains, and gutters
 Fence off entire septic area

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

AOWE/PE Print Name: Jason Hall
 AOWE/PE Signature: [Signature]

Date: 03/11/2026

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a3)

See attached site sketch





This Section for Local Health Department Use Only

Initial submittal received: 3/18/2026 by HMG
Date Initials

G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This

Construction Authorization is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing: _____

Copies of this were sent to the AOWE/PE and the Applicant on _____
Date

State Authorized Agent: _____ Date: _____

☒ Complete

State Authorized Agent: *Heather B. [Signature]* Date of Issuance: 4/6/2026

This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: 4/5/2031

See attached site sketch

	Public Health Onsite Water Protection
	This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed AOWE/PE plans attached here. Applicant is responsible for adhering to all State and Local rules, regulations and laws.
<i>Heather B. [Signature]</i>	04/06/2026

Re-submittal of Construction Authorization

LHD USE ONLY: This CA resubmittal received: _____ by _____
Date Initials

The following items are being resubmitted pursuant to G.S. 130A-335(a5) for issuance of the Construction Authorization:

I, _____ hereby attest that the information required to be included with this re-submittal
Authorized Onsite Wastewater Evaluator (Print Name)
is accurate and complete to the best of my knowledge and that the proposed Construction Authorization meets all applicable federal, State, and local laws, regulations, rules, and ordinances.

Signature of Authorized On-Site Wastewater Evaluator

Date

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Construction Authorization

The review for completeness of this Construction Authorization re-submittal was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

Copies of this were sent to the AOWE/PE and the Applicant on _____
Date

State Authorized Agent: _____

Date: _____

☐ Complete

State Authorized Agent: _____

Date: _____