WAKE COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES WASTEWATER PERMIT

NO PERMIT(S) FOR CONSTRUCTION, LOCATION OR RELOCATION ACTIVITY SHALL BE ISSUED UNTIL AN AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION AUTHORIZATION HAS BEEN ISSUED

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

OPERATIONS PERMIT

PERMIT # WREP-092035-2022 **APPLICATION DATE:** 11/04/2022 **BLDG. PERMIT#:**

PIN: 0798562273 **RECORDED:** Yes

TOWNSHIP: 02 - Bartons Creek **JURISDICTION:** Wake County **ZONING:** R-40W

APPLICANT: Robert Distefano
2404 BEECHVIEW CT

BUSINESS PHONE:
HOME PHONE:
MOBILE PHONE: (919) 847-5105

HD USE: 0001 REPAIR/EXISTING SYSTEM **EXISTING USE:** 101A CONVENTIONAL ONE-FAMILY HOUSE

SITE ADDRESS: 2404 BEECHVIEW CT

SUBDIVISION: HERITAGE POINT SUB **LOT:** 65 **ACRES:** 1.26

DIRECTIONS: Take Capital Blvd to US 70/Glenwood Ave, Merge onto NC 50/Creedmore Rd, Right on Southampton Dr., Left on Stage Ford, Right on Beechview.

Systems defined as either type III-b, III-g 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 Dispersal Systems in Wake County", requires Wake County Environmental Services to conduct periodic inspections of the system type 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 and/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/her 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.

OPERATION PERMIT VALID FOR: No Expiration
INSTALLED BY: DURHAM JR, JACK B - 2462 - IV
PROPRIETARY SYSTEM: TANK - Septic/Pump Tank Replacement **PRETREATMENT SYSTEM:**
SYSTEM TYPE INSTALLED: II B
OPERATION PERMIT: STATUS: Issued **ISSUED BY:** Amanda Cabiness **ISSUED DATE:** 06/14/2023

SEPTIC TANK: David Brantley & Sons - STB-323 - 1250 gallons **DATE OF MANUFACTURE:** 03/09/2023 **FILTER:** Polylok - PL-68
GREASE TRAP: **DATE OF MANUFACTURE:** **FILTER:**
DOSING PUMP TANK: **DATE OF MANUFACTURE:** **FILTER:**
CC1: **ETM1:** **CC2:** **ETM2:**
RECIRCULATION TANK: **DATE OF MANUFACTURE:**
CC1: **ETM1:** **CC2:** **ETM2:**

SEPTIC TANK ELEVATION: 4.00 **GREASE TRAP ELEVATION:** **DOSING PUMP TANK ELEVATION:**

RECIRCULATION TANK ELEVATION: **DISTRIBUTION DEVICE ELEVATION:** 6

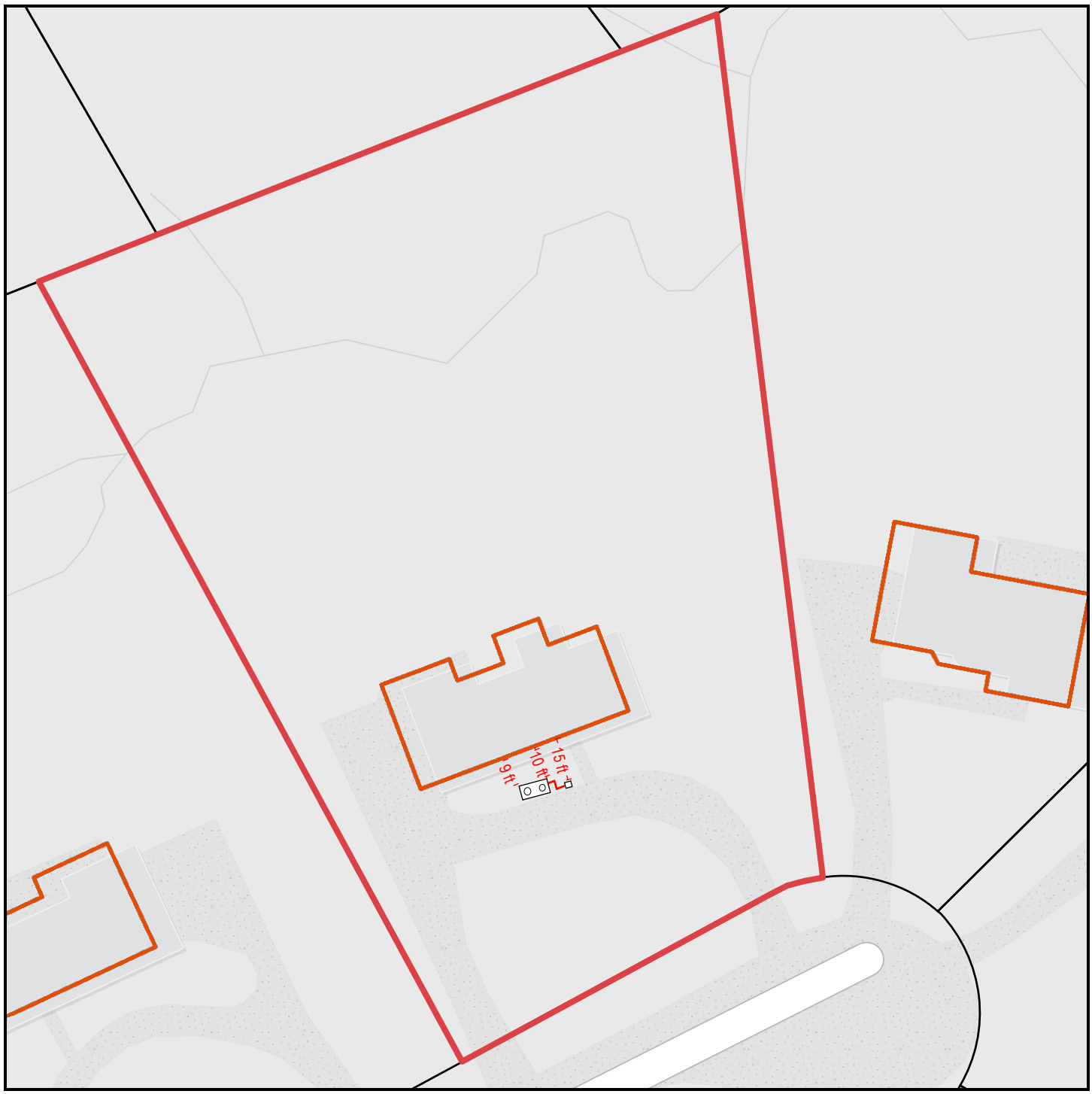
INSTALLED TRENCH DEPTH	INSTALLED AGGREGATE DEPTH	INSTALLED TRENCH LENGTH	INSTALLED TRENCH BOTTOM ELEVATION

ACTUAL PRESSURE HEAD: **ACTUAL FLOW RATE:** **ACTUAL DOSE VOLUME:** 0

SPECIFIC OPERATION REQUIREMENTS:

THIS SYSTEM IS DESIGNED FOR A 4 BEDROOM SINGLE FAMILY DWELLING WITH A DAILY DESIGN FLOW OF 480 GALLONS PER DAY.

ISSUED BY:  **DATE:** 06/14/2023



2404 Beechview Ct

WREP-092035-2023

OPERATION PERMIT

AHC - 6/14/2023

N

0 25 50 100 ft

1 inch equals 50 feet

Disclaimer

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Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: B0159688 PIN #: 0798562273

OP DATE: 11128119799

SYSTEM USE:
- [x] House
- [ ] Mobile Home
- [ ] Business
- [ ] Other

SEWAGE TYPE:
- [x] Domestic
- [ ] Industrial

PUMP/SIPHON?:
- [ ] Yes
- [x] No

PRESSURE MANIFOLD:
- [ ] Yes
- [x] No

SYSTEM TYPE:
- [ ] I
- [x] II
- [ ] III
- [ ] IV
- [ ] V
- [ ] VI
- [ ] Other

SUB TYPE:
- [x] A
- [ ] B
- [ ] C
- [ ] D
- [ ] E
- [ ] F
- [ ] G

NBR BEDROOMS:
- [ ] 1
- [ ] 2
- [ ] 3
- [x] 4
- [ ] 5
- [ ] 6
- [ ] Other

MAINT. SCHEDULE:
- [ ] Yes
- [x] No

CERT. OPERATOR
- [ ] Yes
- [x] No

GT	ST	PT	SIZE
☐	☐		750
☐	☐	☐	900
☐	☐	☐	1,000
☐	☒	☐	1,200
☐	☐	☐	1,500
☐	☐	☐	1,800
☐	☐	☐	2,100
☐	☐	☐	2,500
☐	☐	☐	3,000
☐	☐	☐	4,000
☐	☐	☐	5,000
☐	☐	☐	8,000
	☐	☐	10,000
☐	☐	☐	Other
☒		☒	None/NA GT or PT

DRAINFIELD SIZE(SQ. FT.)

01200

DRAIN TYPE:
- [x] Stone
- [ ] EZ Flow
- [ ] Infiltrator
- [ ] Biodiffuser
- [ ] Cultec
- [ ] Drip
- [ ] Hancor
- [ ] Large Dia. Pipe
- [ ] Multi-Pipe
- [ ] Other

MAX DEPTH (IN.):
- [ ] 12 in. or less
- [ ] 18 in. or less
- [ ] 24 in. or less
- [ ] 26 in. or less
- [ ] 28 in. or less
- [ ] 30 in. or less
- [ ] 32 in. or less
- [ ] 36 in. or less
- [x] Other

STONE DEPTH (IN.):
- [ ] 8 in. or less
- [ ] 12 in. or less
- [x] 18 in. or less
- [ ] 24 in. or less
- [ ] Other

TRENCHES:
- [ ] Individual
- [x] Bed

TRENCH WIDTH (IN.):
- [ ] 12 in. or less
- [ ] 18 in.
- [ ] 24 in.
- [ ] 36 in.
- [x] 6 ft. or less
- [ ] 9 ft. or less
- [ ] Other

2/10/15

* PERMIT VOID IF NOT IN COMPLIANCE WITH ZONING REGULATIONS

0607985622 73

TAX MAP NO. 280
PARCEL NO. 13

WAKE COUNTY HEALTH DEPARTMENT
SEPTIC TANK LAYOUT AND PERMIT

PERMIT NO. B 15968

OWNER OR CONTRACTOR _____ DATE _____

LOCATION 2404 BEECHVIEW CT.

_____ S. R. NO. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

GARBAGE DISPOSAL UNIT YES ☐ NO ☐

HOUSE ☐ MOBILE HOME ☐ BUSINESS ☐

NO. BEDROOMS _____ LOT AREA _____

SIZE OF TANK _____ gal.

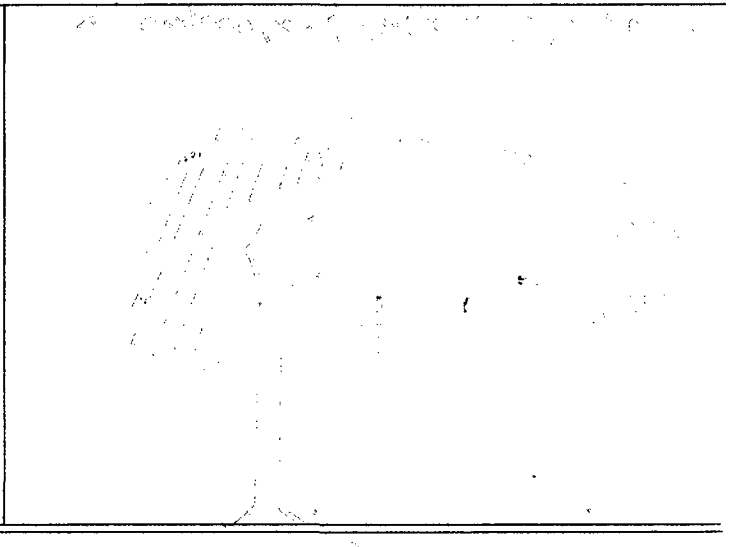
NITRIFICATION LINE 200'X6' sq. ft.

DEPTH OF STONE IN LINES: 12" ☐ 18" ☐

WATER SUPPLY: INDIVIDUAL ☐ PUBLIC ☐

* PERMIT VOID 12 MONTHS FROM DATE OF ISSUANCE.

LAYOUT BY _____



DATE _____ INSTALLED BY _____ APPROVED BY _____