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#: **D050481** STATUS: **A** APP. DATE: **01/23/2014** BLDG. PERMIT#: **I011429**
PIN: **1744 11 6180 000** TAX MAP: **0528 0239** RECORDED: **Y** ORIG. PERMIT#: **GC4383**
TOWNSHIP: **17 ST MATTHEWS** JURISDICTION: **KNI** ZONING: SW DEVICE: **N** S#:
APPLICANT: **RENFROW, J H** **(919) 594 - 2716**
1306 LYNNWOOD RD **KNIGHTDALE, NC 27545**
HD USE: **0001 REPAIR/EXISTING SYSTEM** EXIST USE: DESIGN FEE REQ?: PAID?:
LTAR: **0.40 0.30** BEDROOMS: **3** BASEMENT: **N** #EMPLOYEES: **0** FOUNDATION DRAIN: **Y**
SITE: ADDRESS: **1306 LYNNWOOD RD**
SUBDIVISION: LOT: ACRES: **0.92** EASEMENT: **N** LOC: SYS:
DIRECTION: **E MORGAN ST TO NEW BERN AVE R ON HODGE RD L ON LYNNWOOD RD**

IMPROVEMENT PERMIT

As per GS 130A-335 (f), Improvement Permit is based on a Site Plan and is void Sixty (60) months from date of issuance: ☐
As per GS 130A-335 (f), Improvement Permit is based on a Plat and is valid without expiration: ☐
Permit is subject to revocation if the site plan or plat, whichever is applicable, or the intended use changes.

TANK SIZE: **1000** gal. PUMP Tank: _____ gal. GREASE TRAP: gal. SQ FT: **900** STONE DEPTH: ___ in. MAX DEPTH LINE: ___ in.
WASTEWATER: **INDIVIDUAL** SEWAGE: **DOMESTIC** TYPE SYSTEM: **II A** PUMP: **N** P/M: **N** LP: TD:
DAILY FLOW: **360** gal/day WATER: **INDIVIDUAL** PRETREATMENT: **NA** FILL: DAF: DEEP: REDUCE35%:

COMMENTS:

IP ISSUED? DATE: BY: ( ) NA PHONE#: (919)-

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: **PROPERLY ABANDON EXISTING SEPTIC TANK. INSTALL 1000GAL SEPTIC TANK WITH RISERS AND FILTER. CONNECT TO EXISTING SEPTIC SYSTEM. REPLACE DBOX ONLY IF NEEDED. CALL WITH QUESTIONS AND FOR INSPECTION.**

TANK SIZE: **1000** gal. PUMP TANK: _____ gal. GREASE TRAP: gal. SQ FT: **900** STONE DEPTH: ___ in. MAX DEPTH LINE: ___ in.
MAINT: **N** OPER: **N** L/O: **N** TRENCH#: ____ LENGTH: ____ ft. WIDTH: ___ in. DESIGNER: ___
SUBFIELDS: ___ DESIGN HEAD PRESSURE: ___ DESIGN FLOW: _____ gal/min DOSE VOLUME: ____ gal. PRETREATMENT: **NA**

CA ISSUED? **Y** DATE: **01/23/2014** BY: **(CHH)** Christa H Heyn RS# PHONE#: **(919)-868-2564**

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APPLICANT: **RENFROW, J H** **(919) 594 - 2716**
1306 LYNNWOOD RD **KNIGHTDALE, NC 27545**
USE: HD USE: **0001 REPAIR/EXISTING SYSTEM** EXIST USE:
LTAR: **0.40 0.30** BEDROOMS: **3** BASEMENT: **N** #EMPLOYEES: **0**
SITE: ADDRESS: **1306 LYNNWOOD RD**
SUBDIVISION: LOT: ACRES: **0.92** EASEMENT: **N** LOC: SYS:
DIRECTION: **E MORGAN ST TO NEW BERN AVE R ON HODGE RD L ON LYNNWOOD RD**

Well System: WATER: INDIVIDUAL - TYPE: EXISTING

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: _____ DOSE VOLUME: ___ gal. INNOVATIVE LETTER:
INSTALLED BY: BEANTLE'S INSTALLATION APPROVED BY: Christa H. Hayes REHS
PROPRIETARY SYSTEM: EXISTING TOT TYPE SYSTEM: II A
COMMENTS:
OPERATIONS PERMIT ISSUED? V OP DATE: 2-6-14 BY: Christa H. Hayes REHS

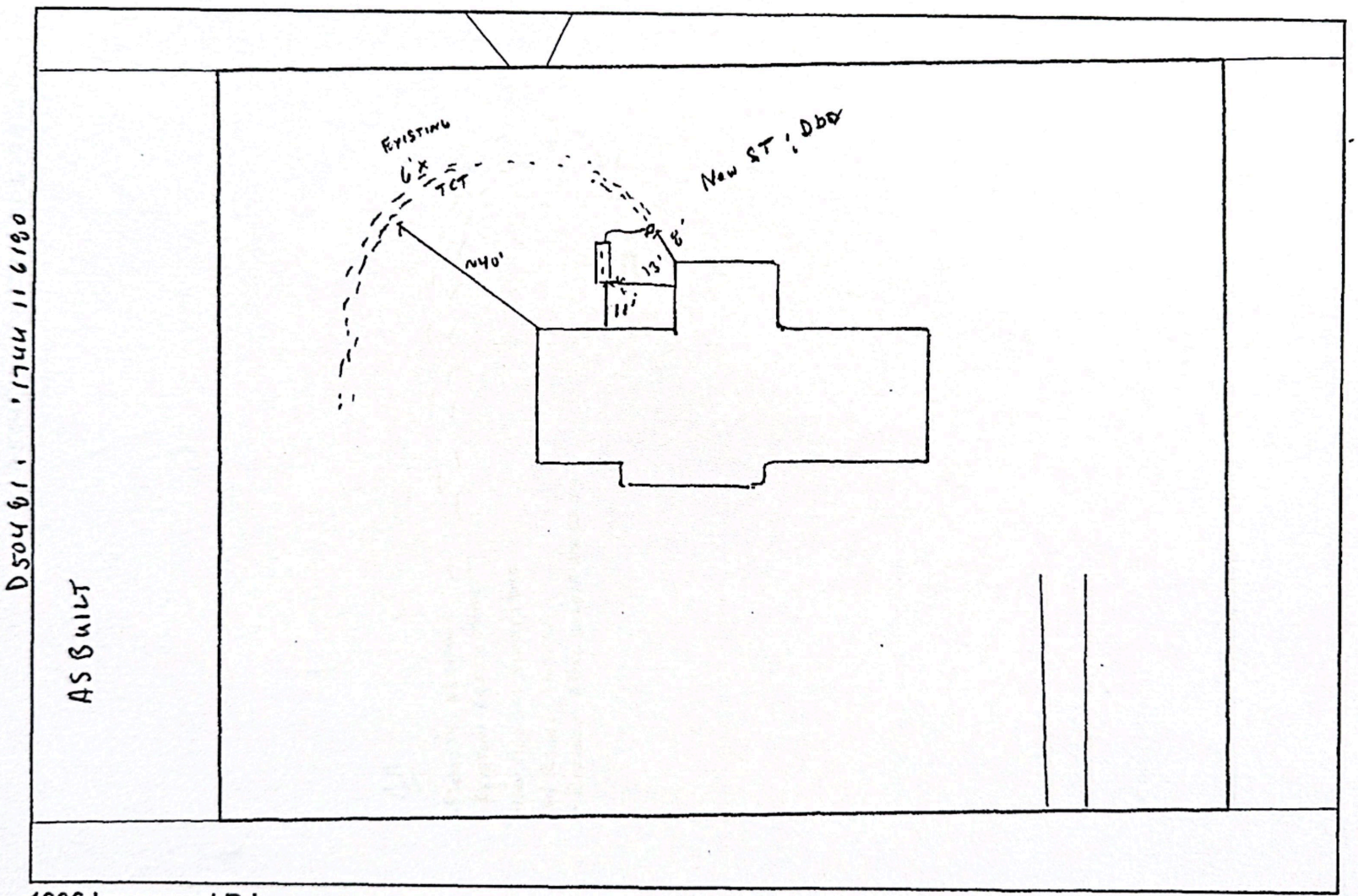
Systems defined as either a Type IIIb, IIIg with a pump, IV, V or VI, in accordance with the North Carolina Administrative Code 15A NCAC 18A .1961, Table V as adopted by reference in the "Regulations Governing Wastewater Treatment and Dispersal Systems in Wake County", require Wake County Environmental Services to conduct periodic inspections on this type system, pursuant to 15A NCAC 18A .1961 (j). 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 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: 2-6-14 Benchmark: _____ Rod reading: _____ Distance to Structure: _____
ST: 1000 gals ID#: INGRAM C D.O.M.: _____ Elev.: 4'8" Distance to Well: _____
PT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Distance to P/L: _____
GT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Pretreatment: _____
D-box/FD/PM elev.: 5'3" Supply Line: 9' ft. Pump/Ctrl Panel: NA Filter: SIMTECH

Line 1:	___	___	___	___	Date: ___	Line 6:	___	___	___	___	Date: ___
Line 2:	___	___	___	___	Date: ___	Line 7:	___	___	___	___	Date: ___
Line 3:	___	___	___	___	Date: ___	Line 8:	___	___	___	___	Date: ___
Line 4:	___	___	___	___	Date: ___	Line 9:	___	___	___	___	Date: ___
Line 5:	___	___	___	___	Date: ___	Line 10:	___	___	___	___	Date: ___

ETM1: _____ CC1: _____ ETM2: _____ CC2: _____ OR: _____ AC: _____ WM: _____
Notes: _____



1306 Lynnwood Rd

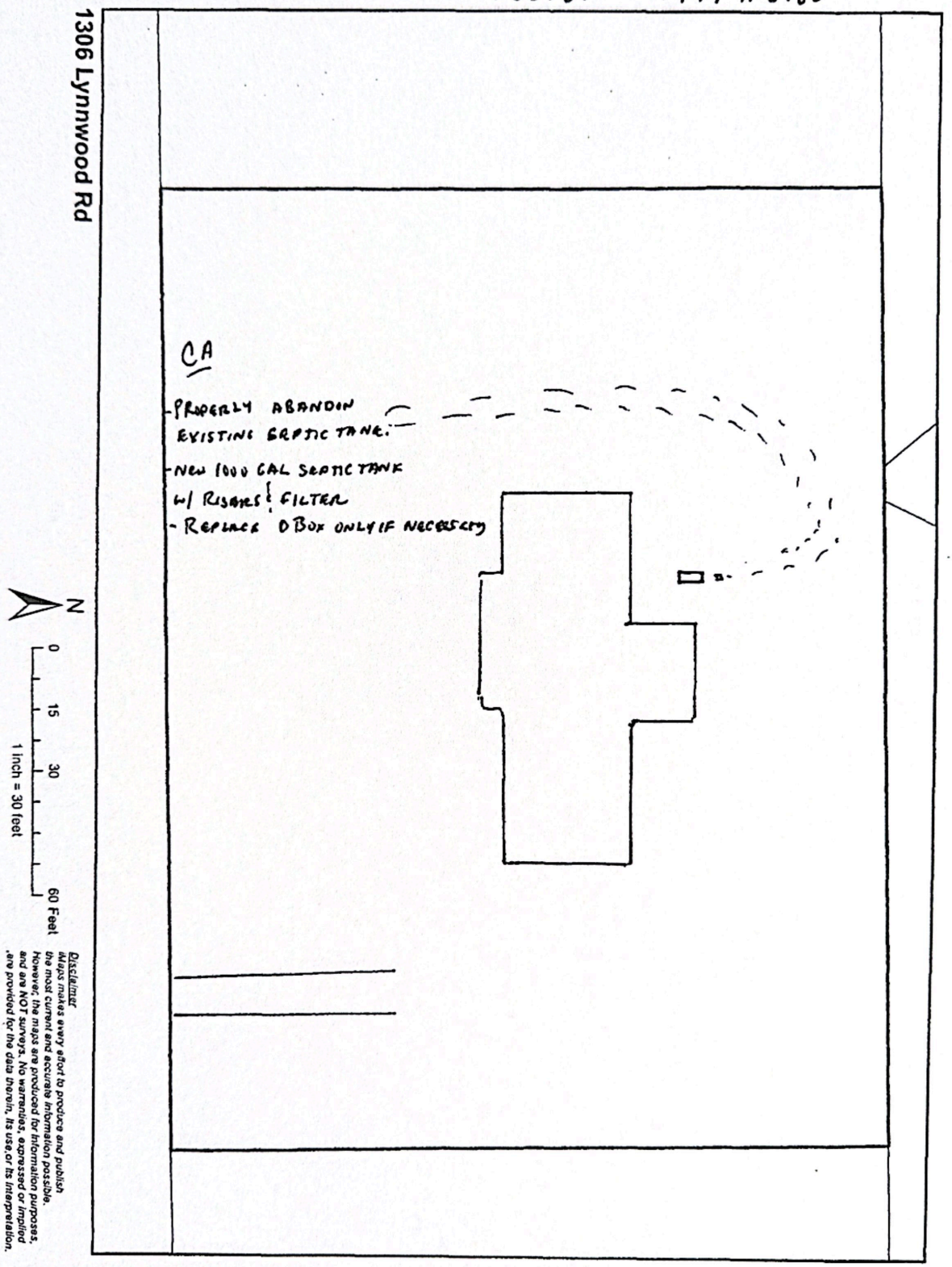
N

0 15 30 60 Feet

1 inch = 30 feet

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