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#: D037748 STATUS: C APP. DATE: 08/09/2006 BLDG. PERMIT#: 0070472
PIN: 0675.04 82 4739 000 TAX MAP: 0886 0085 RECORDED: Y ORIG. PERMIT#:
TOWNSHIP: 12 MIDDLE CREEK JURISDICTION: WC ZONING: R30
APPLICANT: 3CLEOD, TROY T. & PATSY
1415 ATKINS RD
FUQUAY-VARINA, NC 27526
(919) 639 - 4876
USE: HD USE: 112 MOBILE HOME
EXIST USE: 112 MOBILE HOME
DISPOSAL: BEDROOMS: 3 BASEMENT: N #EMPLOYEES: 0
SITE: ADDRESS: 10000 WALTER-MYATT RD
SUBDIVISION: MCLEOD PROP LOT: 02 ACRES: 5.06
DIRECTION: HWY 55 TOWARD ANGIER TL KENNEBEC RD TL WALTER
MYATT RD NEAR BRIDGE(1ST MOBILE HOME(EXISTING)
HOUSE TO BE BUILT -- RELOCATION PERMIT)

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: _____ INNOVATIVE LETTER:

INSTALLED BY: _____ INSTALLATION APPROVED BY: _____
PROPRIETARY SYSTEM: FILTER NO: _____
COMMENTS:

OPERATIONS PERMIT ISSUED? ___ OP DATE: 7/26/06 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: _____ Benchmark: _____ Rod reading: _____ Distance to Structure: _____
ST: _____ gals ID#: _____ D.O.M.: _____ 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 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: ____
Distance to P/L: _____ Notes: _____

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PERMIT#: **D037748** STATUS: **C** APP. DATE: **08/09/2006** BLDG. PERMIT#: **0070472**
PIN: **0675.04 82 4739 000** TAX MAP: **0886 0085** RECORDED: **Y** ORIG. PERMIT#:
TOWNSHIP: **12 MIDDLE CREEK** JURISDICTION: **WC** ZONING: **R30**
APPLICANT: **3CLEOD, TROY T. & PATSY**
1415 ATKINS RD
FUQUAY-VARINA, NC 27526
(919) 639 - 4876
USE: HD USE: **112 MOBILE HOME**
EXIST USE: **112 MOBILE HOME**
DISPOSAL: BEDROOMS: **3** BASEMENT: **N** #EMPLOYEES: **0** FOUND DRAIN: **N**
SITE: ADDRESS: **10000 WALTER MYATT RD**
SUBDIVISION: **MCLEOD PROP** LOT: **02** ACRES: **5.06**
DIRECTION: **HWY 55 TOWARD ANGIER TL KENNEBEC RD TL WALTER MYATT RD NEAR BRIDGE(1ST MOBILE HOME(EXISTING) HOUSE TO BE BUILT -- RELOCATION PERMIT)**

IMPROVEMENT PERMIT

TANK SIZE: **EXIST** gal. PUMP Tank: _____ gal. SQ FT: **900** STONE DEPTH: **in.** MAX DEPTH LINE: ___ in.
WASTEWATER: **INDIVIDUAL** SEWAGE: **DOMESTIC** TYPE SYSTEM: **II A** PUMP: **N** P/M: **N**
DAILY FLOW: **360** 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

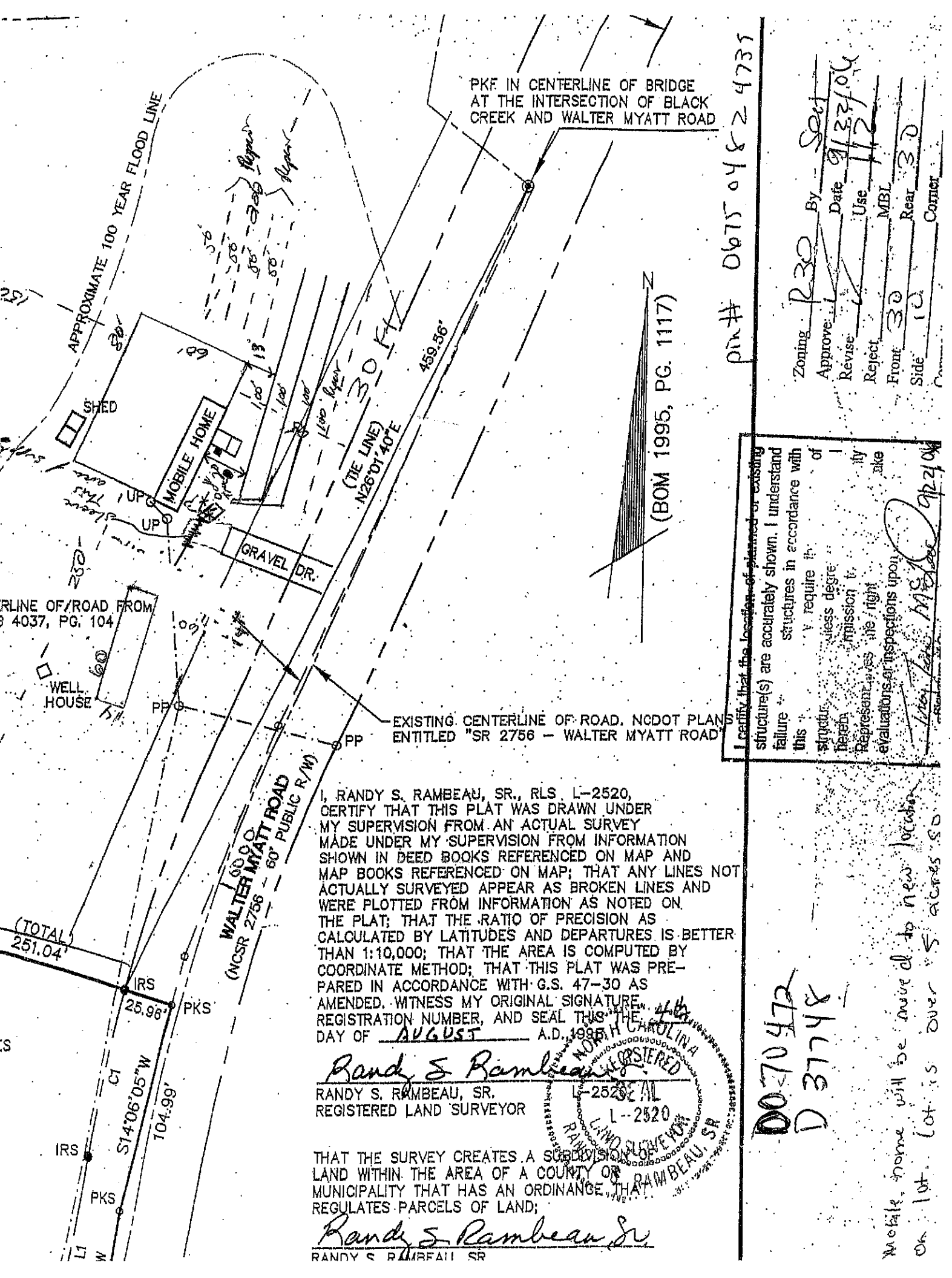
AUTHORIZATION CONDITIONS:

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:**

EXISTING SYSTEM IS APPROVED FOR THE MOBIL HOME RELOCATION. THE SUPPLY LINE FROM THE HOME TO THE SEPTIC TANK SHALL BE SLEEVED IN DUCTIL IRON OR THE EQUIVOLANT WHERE IT CROSSES THE DRIVE.

TANK SIZE: **EXIST** gal. PUMP TANK: _____ gal. SQ FT: **900** STONE DEPTH: **in.** MAX DEPTH LINE: ___ in.
MAINT: **N** OPER: **N** L/O: **N** TRENCH#: **3** LENGTH: **100** ft. WIDTH: **36** in. DESIGNER: ___
SUBFIELDS: __ DESIGN HEAD PRESSURE: _ DESIGN FLOW: _____ gal/min DOSE VOLUME: ____ gal.

CA ISSUED? Y DATE: **09/26/2006** BY: (**KGH**)_____ PHONE#: **856-7341**



I, RANDY S. RAMBEAU, SR., RLS L-2520, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION FROM INFORMATION SHOWN IN DEED BOOKS REFERENCED ON MAP AND MAP BOOKS REFERENCED ON MAP; THAT ANY LINES NOT ACTUALLY SURVEYED APPEAR AS BROKEN LINES AND WERE PLOTTED FROM INFORMATION AS NOTED ON THE PLAT; THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS BETTER THAN 1:10,000; THAT THE AREA IS COMPUTED BY COORDINATE METHOD; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER, AND SEAL THIS THE 4th DAY OF AUGUST A.D., 1998.

Randy S Rambeau

RANDY S. RAMBEAU, SR.
REGISTERED LAND SURVEYOR

NORTH CAROLINA REGISTERED L-2520 LAND SURVEYOR RANDY S. RAMBEAU, SR.

THAT THE SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND;

Randy S Rambeau Sr.

RANDY S. RAMBEAU, SR.

I certify that the location of planned or existing structure(s) are accurately shown. I understand failure to require structures in accordance with this ordinance may result in the denial of a permit for the structure(s) shown hereon. I understand that the issuance of a permit does not represent a guarantee or assurance that the structure(s) will not be subject to flooding or flood damages. I also understand that I may be required to provide additional information and/or make changes to the site plan to meet the requirements of the Flood Damage Prevention Ordinance. I understand that I may be required to provide evaluations or inspections upon completion of the project.

Date 9/21/98

Zoning R30 By Soc
Approved
Revised
Reject
Front 30 Rear 30
Side 10 Corner

PIN# 0675-04-2-4735

D0-70472
D-3742

Mobile home will be moved to new location on 1 lot. It is over 5 acres so