

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0029634

PIN #: 0799169005

OP DATE: 1011212004

SYSTEM USE:

- ☒ House
☐ Mobile Home
☐ Business
☐ Other

SEWAGE TYPE:

- ☒ Domestic
☐ Industrial

PUMP/SIPHON?:

- ☐ Yes
☒ No

PRESSURE MANIFOLD:

- ☐ Yes
☒ No

SYSTEM TYPE:

- ☐ I
☐ II
☒ III
☐ IV
☐ V
☐ VI
☐ Other

SUB TYPE:

- ☐ A
☐ B
☐ C
☐ D
☐ E
☐ F
☒ G

NBR BEDROOMS:

- ☐ 1
☐ 2
☐ 3
☐ 4
☒ 5
☐ 6
☐ Other

MAINT. SCHEDULE:

- ☐ Yes
☒ No

CERT. OPERATOR

- ☐ Yes
☒ No

GT ST PT

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ |
| ☐ | ☒ | ☐ |
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| ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ |
| ☒ | ☐ | ☒ |

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.)

01500

DRAIN TYPE:

- ☐ 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
☐ Other

STONE DEPTH (IN.):

- ☐ 8 in. or less
☒ 12 in. or less
☐ 18 in. or less
☐ 24 in. or less
☐ Other

TRENCHES:

- ☒ Individual
☐ Bed

TRENCH WIDTH (IN.):

- ☐ 12 in. or less
☐ 18 in.
☐ 24 in.
☒ 36 in.
☐ 6 ft. or less
☐ 9 ft. or less
☐ Other

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#: D029634 STATUS: A APP. DATE: 02/26/2004 BLDG. PERMIT#: 0042463
PIN: 0799.01 16 9005 000 TAX MAP: 0239 0000 RECORDED: Y ORIG. PERMIT#:
TOWNSHIP: 02 BARTON'S CREEK JURISDICTION: WC ZONING: R40W
APPLICANT: SKYWATER BUILDING CO.
162 MINE LAKE CT
RALEIGH, NC 27615
(919) 846 - 7597
USE: HD USE: 101 ONE-FAMILY HOUSE
EXIST USE:
DISPOSAL: BEDROOMS: 5 BASEMENT: N #EMPLOYEES: 0
SITE: ADDRESS: 2901 ALLANSFORD LA
SUBDIVISION: STONEMOOR LOT: 36 ACRES: 1.11
DIRECTION: NORTH ON CREEDMOOR RD PAST 540 TL ON NORWOOD RD
TL INTO STONEMOOR ALLANSFORD IS 2ND COURT ON L

Well System: WATER: COMMUNITY - 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: Y

INSTALLED BY: not recorded INSTALLATION APPROVED BY: EGJ
PROPRIETARY SYSTEM: E-EZ LAY PIPE FILTER NO: _____
COMMENTS: _____

OPERATIONS PERMIT ISSUED? Y OP DATE: 10/12/04 BY: EGJ

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 2: _____ Date: _____
Line 3: _____ Date: _____
Line 4: _____ Date: _____
Line 5: _____ Date: _____
Distance to P/L: _____ Notes: _____

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IMPROVEMENT PERMIT

TANK SIZE: 1500 gal. PUMP Tank: ____ gal. SQ FT: 1500 INNOVATIVE MAX DEPTH LINE: 24 in.
WASTEWATER: INDIVIDUAL SEWAGE: DOMESTIC TYPE SYSTEM: III G PUMP: N P/M: N
DAILY FLOW: 600 gal/day DESIGN FEE REQ?: PAID?: WATER: COMMUNITY

COMMENTS:

IP ISSUED? Y DATE: 04/27/2004 BY: (GWS) Glen C. Ahrensmaier RS PHONE#: 856-5375

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. **OTHER CONDITIONS:**
THE INITIAL SYSTEM IS 4 LINES AT 130'. SYSTEM FLAGED OUT IN FIELD. 25% REDUCTION ALREADY TAKEN FOR INNOVATIVE PRODUCT. INSTALL SYSTEM AS SHOWN ON SITE PLAN (ON CONTOUR). RECOMMEND THAT PROPERTY LINES BE FLAGED TO INSURE 10' SETBACK. SIDE WALLS OF TRENCHES MUST BE SCARIFIED. NO UNDERGROUND UTILITIES, WATER LINES, SPRINKLER SYSTEM, GRADING, FILL MATERIAL, STRUCTURES, OR CONSTRUCTION EQUIPMENT IN OR ON INITIAL SYSTEM AND REPAIR AREA. PLEASE CALL PRIOR TO INSTALLATION IF THERE ARE ANY QUESTIONS.

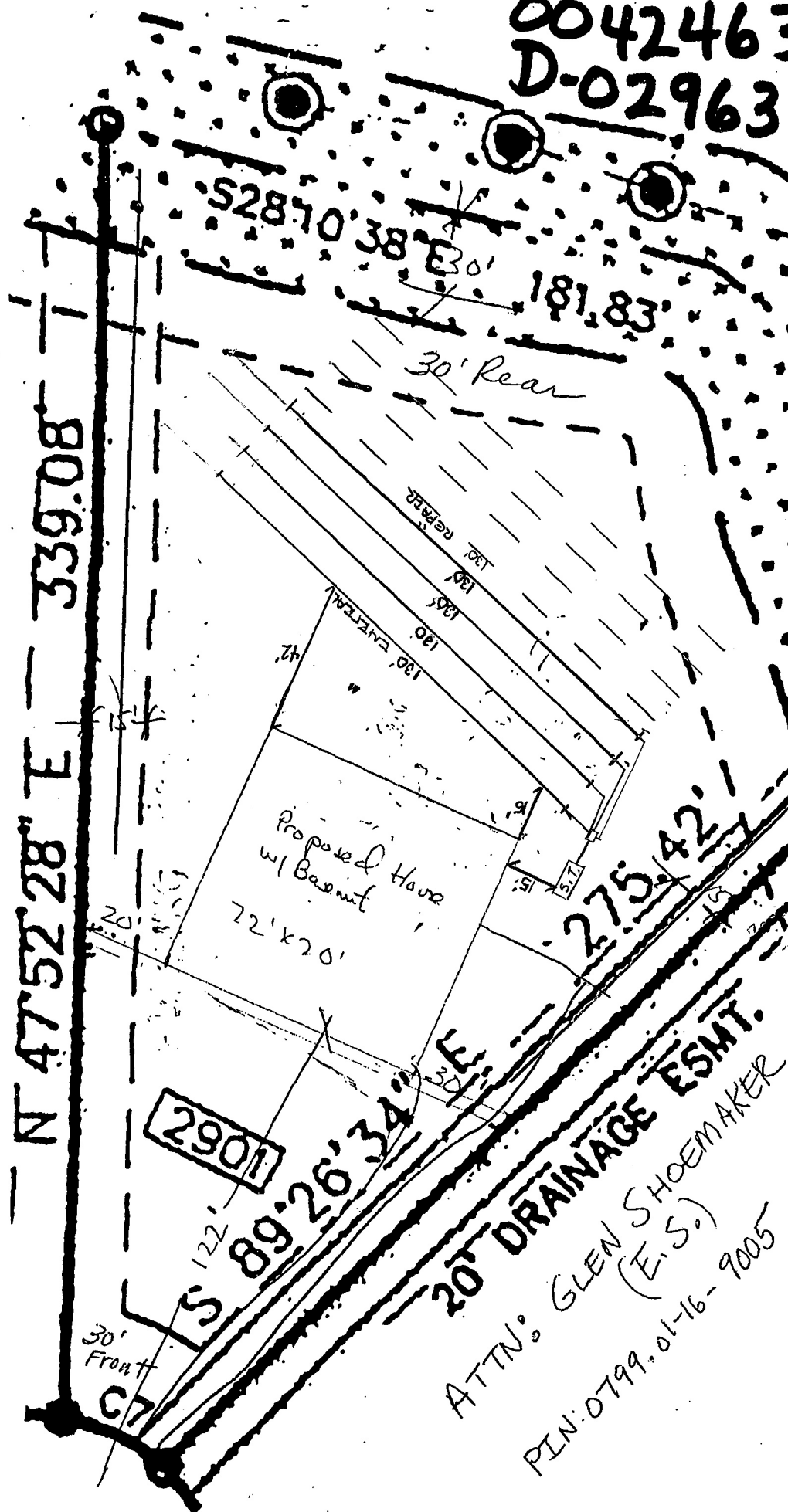
TANK SIZE: 1500 gal. PUMP TANK: ____ gal. SQ FT: 1500 INNOVATIVE MAX DEPTH LINE: 24 in.
MAINT: N OPER: N L/O: Y TRENCH#: 4 LENGTH: 130 ft. WIDTH: ____ in. DESIGNER: ____
SUBFIELDS: ____ DESIGN HEAD PRESSURE: _ DESIGN FLOW: ____ gal/min DOSE VOLUME: ____ gal.

CA ISSUED? Y DATE: 04/27/2004 BY: (GWS) Glen C. Ahrensmaier RS PHONE#: 856-5375

0042463
D-029634

I certify that the location of planned or existing structures is accurately shown. I understand that failure to locate structures in accordance with this plan may require the relocation of structure(s) regardless of degree of completion. I hereby grant permission to Municipal/County Reviewer to make inspections upon this property.

[Signature]
Signature of Owner or Authorized Agent
3-11-04



Reviewed by *[Signature]* Date 3-11-04
Use 101
MBL
Front 30' Rear 30' Corner
Side 15'
Comments: SFD (SEPTIC ONLY)

Skywater Building Co.
Lot 36 Stonemoor
Wake County

Scale 1" = 40'

Proposed Impervious

House and garage 3193 SF
Parking pad 900 SF
Driveway 1380 SF
Porches and deck 800 SF
Total 6273 SF

Impervious Allowed 7425 SF

ATTN: GLEN SHOEMAKER
(E.S.)
PIN: 0799.01-16-9005