

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 1050270

PIN #: 1752729754

OP DATE: 1010212014

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 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.)

01125

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#: **D050270** STATUS: **A** APP. DATE: **11/25/2013** BLDG. PERMIT#: **0141533**
 PIN: **1752 72 9754 000** TAX MAP: **0639 0000** RECORDED: **Y** ORIG. PERMIT#: _____
 TOWNSHIP: **10 MARKS CREEK** JURISDICTION: **WC** ZONING: **R30** SW DEVICE: **N S#:** _____
 APPLICANT: **RICKY MOZINGO** (919) 302 - 7211
2300 RICKLYNN CT WENDELL, NC 27591
 USE: HD USE: **101A CONVENTIONAL ONE-FAMILY HOUSE** EXIST USE: _____
 LTAR: **0.32 0.32** BEDROOMS: **4** BASEMENT: **N** #EMPLOYEES: **0**
 SITE: ADDRESS: **4821 SWEET CHESTNUT LN**
 SUBDIVISION: **MIAL PLANTATION** LOT: **64** ACRES: **1.00** EASEMENT: **N** LOC: **SYS:** _____
 DIRECTION: **POOLE RD E TO GRASSHOPPER R CARL WILLIAMS SUB ON R**

Well System: WATER: COMMUNITY TYPE:

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: _____ ACTUAL FLOW: _____ DOSE VOLUME: _____ gal. INNOVATIVE LETTER: _____
 INSTALLED BY: Brian H. Murphy INSTALLATION APPROVED BY: Adelaine RTHS
 PROPRIETARY SYSTEM: EZ-1203 HG TYPE SYSTEM: **II A**

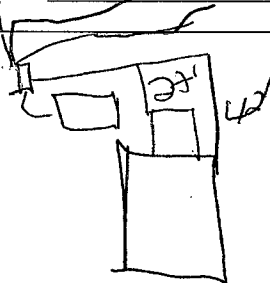
COMMENTS:

OPERATIONS PERMIT ISSUED? Y OP DATE: 10/2/14 BY: Adelaine RTHS

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: 10/1/14 Benchmark: Top 11 Rod reading: 2'3 Distance to Structure: _____
 ST: 1200 gals ID#: Mills 857 D.O.M.: 7-30-14 Elev.: 100.0' 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.: 31.3 Supply Line: 10 ft. Pump/Ctrl Panel: _____ Filter: _____
 Line 1: 410' _____ Date: _____ Line 6: _____ Date: _____
 Line 2: 510' _____ Date: _____ Line 7: _____ Date: _____
 Line 3: 71' _____ Date: _____ Line 8: _____ Date: _____
 Line 4: 81' _____ Date: _____ Line 9: _____ Date: _____
 Line 5: 91' _____ Date: _____ Line 10: _____ Date: _____
 ETM1: _____ CC1: _____ ETM2: _____ CC2: _____ OR: _____ AC: _____ WM: _____
 Notes: _____



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#: **D050270** STATUS: **A**

PIN: **1752 72 9754 000**

TOWNSHIP: **10 MARKS CREEK**

APPLICANT: **NICKY MOZINGO**

2300 RICKLYNN CT

APP. DATE: **11/25/2013**

TAX MAP: **0639 0000**

JURISDICTION: **WC**

(919) 302 - 7211

WENDELL, NC 27591

BLDG. PERMIT#: **0141533**

RECORDED: **Y** ORIG. PERMIT#:

ZONING: **R30** SW DEVICE: **N S#:**

HD USE: **101A CONVENTIONAL ONE-FAMILY HOUSE** EXIST USE:

DESIGN FEE REQ?: **PAID?:**

LTAR: **0.32 0.32** BEDROOMS: **4** BASEMENT: **N** #EMPLOYEES: **0** FOUNDATION DRAIN: **Y**

SITE: ADDRESS: **4821 SWEET CHESTNUT LN**

SUBDIVISION: **MIAL PLANTATION** LOT: **64** ACRES: **1.00** EASEMENT: **N** LOC: **SYS:**

DIRECTION: **POOLE RD E TO GRASSHOPPER R CARL WILLIAMS SUB ON R**

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: **1200** gal. PUMP Tank: gal. GREASE TRAP: gal. SQ FT: **1125** ACCEPTED STATUS MAX DEPTH LINE: **18** in.

WASTEWATER: **INDIVIDUAL** SEWAGE: **DOMESTIC** TYPE SYSTEM: **II A** PUMP: **N** P/M: **N** LP: **TD:**

DAILY FLOW: **480** gal/day WATER: **COMMUNITY** PRETREATMENT: **NA** FILL: **DAF:** DEEP: **REDUCE35%:**

COMMENTS:

IP ISSUED? **Y** DATE: **05/01/2014** BY: (AMH) *Adrienne Hollaway* PHONE#: (919)-422-3751

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: INSTALL SYSTEM AS SHOWN ON SITE PLAN. CALL PRIOR TO INSTALLATION WITH ANY QUESTIONS. DO NOT GRADE IN SYSTEM AREA. EASEMENT MUST REMAIN MARKED UNTIL AFTER FINAL INSTALLATION FOR OP TO BE ISSUED.

TANK SIZE: **1200** gal. PUMP TANK: gal. GREASE TRAP: gal. SQ FT: **1125** ACCEPTED STATUS MAX DEPTH LINE: **18** in.

MAINT: **N** OPER: **N** L/O: **N** TRENCH#: **5** LENGTH: **75** ft. WIDTH: **36** in. DESIGNER: **S&EC**

SUBFIELDS: DESIGN HEAD PRESSURE: DESIGN FLOW: gal/min DOSE VOLUME: gal. PRETREATMENT: **NA**

CA ISSUED? **Y** DATE: **05/01/2014** BY: (AMH) *Adrienne Hollaway* PHONE#: (919)-422-3751 **CHW 5/2/14**

919-302-7211

AS BUILT

AS BUILT
PLAN
Lot 64

Pin: 1152929754

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

[Signature]

Owner or Authorized Agent

1" = 50'

996 AC
X 43560

Zoning B30 By SJL
Approve ✓ Date 11.25.13
Revise _____ Use RIA
Reject _____ MRL _____
Front 30 Rear 30
Side 10 Corner _____
Comments _____

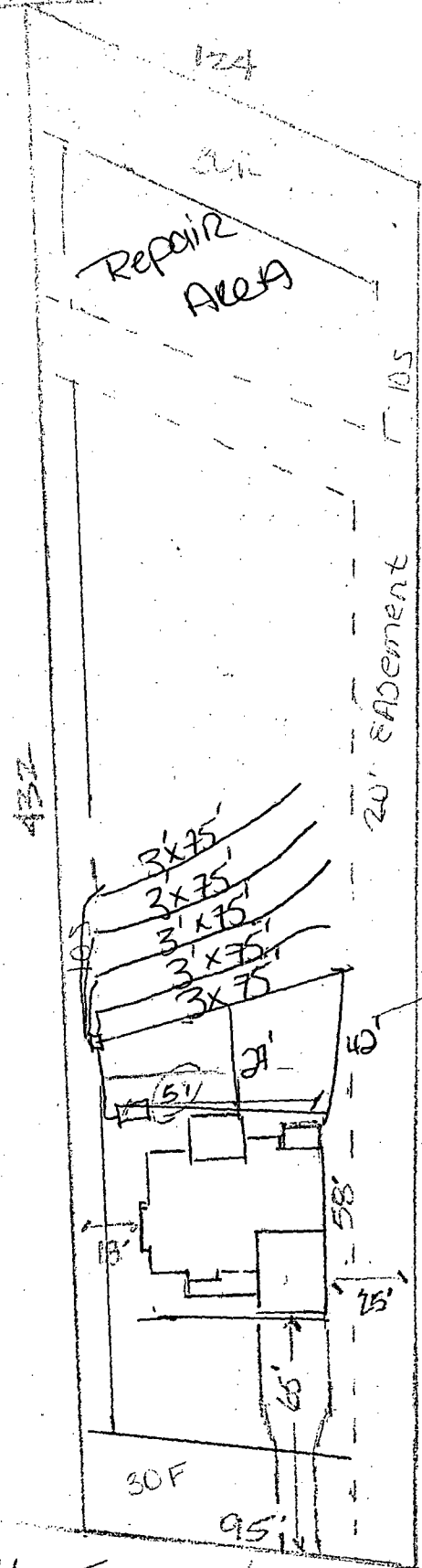
1860 Home
580 Garage
300 Porches
1300 Drive/Walk

0141533
D50270

4040
/ 43386

109 %
HLSN - 30 %

AS BUILT



4821 Sweet Chestnut Lane

Risky Mazing CA Site Plan
919-302-7211

MIAL
PLANTATION
Lot 64

Pin: 1752729754

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

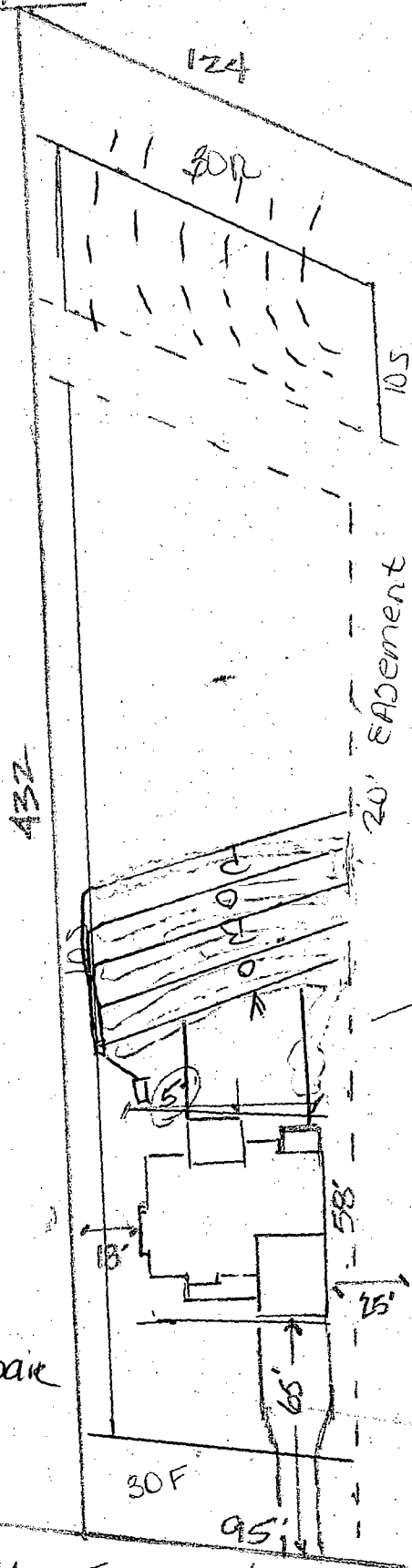
[Signature]
Signature of Owner or Authorized Agent

Zoning B30 By SJL
Approve ☒ Date 11.25.13
Revise _____ Use DIA
Reject _____ MBL
Front 30 Rear 30
Side 10 Corner _____
Comments:

0141533
D50270

CA Site Plan

5x75x3 Accepted Status
System
Gravity to D-box
18" Trench Depth
Pressure Manifold Repair



1" = 50'

.996 AC
X 43560

1860 Home
580 Garage
300 Porches
1300 Drive/Walk

4040 / 43386

.09 %
MISA- 30%

209
0039
Milan
Curtis Dean
Const.

4821 Sweet Chestnut Lane