

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: **D 0 5 7 7 8 1**

PIN #: **1 6 2 8 0 3 5 5 9 0**

OP DATE: **1 0 / 0 5 / 2 0 1 7**

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.)

0 0 9 0 0

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 20"

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

TAH

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#: **D057781** STATUS: **A** APP. DATE: **06/14/2017** BLDG. PERMIT#: **0174217**
 PIN: **1628 03 5590 000** TAX MAP: **0** RECORDED: **Y** ORIG. PERMIT#: _____
 TOWNSHIP: **15 PANTHER BRANCH** JURISDICTION: **WC** ZONING: **R30** SW DEVICE: **N S#:** _____
 APPLICANT: **JLS HOMES** (919) 422 - 7306
 1240 OPEN FIELD DR GARNER, NC 27529
 USE: HD USE: **101A CONVENTIONAL ONE-FAMILY HOUSE** EXIST USE: _____
 LTAR: **0.30 0.30** BEDROOMS: **3** BASEMENT: **N** #EMPLOYEES: **0**
 SITE: ADDRESS: **5441 FANTASY MOTH DR**
 SUBDIVISION: **TURNER FARMS** LOT: **335** ACRES: **0.89** EASEMENT: **N** LOC: **SYS:** _____
 DIRECTION: **HWY 50 S TO GOLDEN GRAIN RD TO ROLLING FIELDS DR TO FANTASY MOTH**

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: **COMMUNITY WATER.**

Operation Permit

DESIGN FLOW: _____ gal./min. ACTUAL FLOW: _____ DOSE VOLUME: _____ gal. INNOVATIVE LETTER: _____
 INSTALLED BY: Brentley's INSTALLATION APPROVED BY: [Signature]
 PROPRIETARY SYSTEM: _____ TYPE SYSTEM: **II A**
 COMMENTS: E2 Flow
 OPERATIONS PERMIT ISSUED? Y OP DATE: 10-5-17 BY: [Signature]

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). 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 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: 10-5-17 Benchmark: TST Rod reading: 3'4" Distance to Structure: _____
 ST: 1200 gals ID#: DB STB 502 D.O.M.: 8-3-17 Elev.: 3'4" Distance to Well: _____
 PT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Distance to P/L: 210'
 GT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Pretreatment: _____
 D-box/FD/PM elev.: _____ Supply Line: 25 ft. Pump/Ctrl Panel: _____ Filter: Syntech
 Line 1: 6'3" Date: _____ Line 6: _____ Date: _____
 Line 2: 7'2 1/2" Date: _____ Line 7: _____ Date: _____
 Line 3: 8'0 1/2" Date: _____ Line 8: _____ Date: _____
 Line 4: 9'3 1/4" Date: _____ Line 9: _____ Date: _____
 Line 5: _____ Date: _____ Line 10: _____ Date: _____
 ETM1: _____ CC1: _____ ETM2: _____ CC2: _____ OR: _____ AC: _____ WM: _____
 Notes: _____

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PERMIT#: D057781 STATUS: A APP. DATE: 06/14/2017 BLDG. PERMIT#: 0174217
PIN: 1628 03 5590 000 TAX MAP: 0 RECORDED: Y ORIG. PERMIT#:
TOWNSHIP: 15 PANTHER BRANCH JURISDICTION: WC ZONING: R30 SW DEVICE: N S#:
APPLICANT: JLS HOMES (919) 422 - 7306
1240 OPEN FIELD DR GARNER, NC 27529
HD USE: 101A CONVENTIONAL ONE-FAMILY HOUSE EXIST USE: DESIGN FEE REQ?: N PAID?:
LTAR: 0.30 0.30 BEDROOMS: 3 BASEMENT: N #EMPLOYEES: 0 FOUNDATION DRAIN: Y
SITE: ADDRESS: 5441 FANTASY MOTH DR
SUBDIVISION: TURNER FARMS LOT: 335 ACRES: 0.89 EASEMENT: N LOC: SYS:
DIRECTION: HWY 50 S TO GOLDEN GRAIN RD TO ROLLING FIELDS DR TO FANTASY MOTH

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.

[X] 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 ACCEPTED STATUS MAX DEPTH LINE: 20 in.
WASTEWATER: INDIVIDUAL SEWAGE: DOMESTIC TYPE SYSTEM: II A PUMP: N P/M: N
DAILY FLOW: 360 gal/day WATER: COMMUNITY PRETREATMENT: NA
COMMENTS: INITIAL AND REPAIR MTD IS 20".

IP ISSUED? Y DATE: 06/26/2017 BY: (KLM) Kristi Marks PHONE#: (919)- 594-0035

**AUTHORIZATION FOR WASTEWATER/WATER SYSTEM CONSTRUCTION
VALIDITY CONCURRENT WITH THE IMPROVEMENT PERMIT**

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.

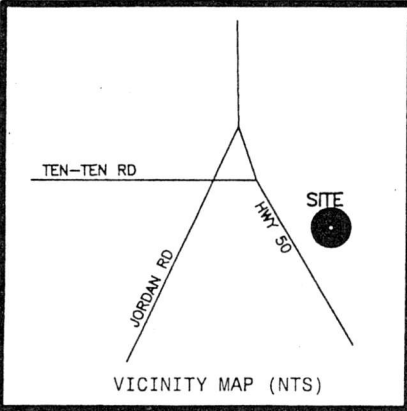
OTHER CONDITIONS: INITIAL SYSTEM IS DESIGNED AS GRAVITY FLOW TO DBOX TO FEED 4X75' LINES, FLAGGED IN FIELD. ACCEPTED STATUS MEDIA, 25% REDUCTION ALREADY TAKEN. MAINTAIN ALL SETBACKS. REPAIR SYSTEM IS DESIGNED AS GRAVITY TO FEED 4X75' LINES WHEN NEEDED IN THE FUTURE. CALL OFFICE WITH QUESTIONS PRIOR TO OR DURING INSTALLATION.

TANK SIZE: 1000 gal. PUMP TANK: ____ gal. GREASE TRAP: ____ gal. SQ FT: 900 ACCEPTED STATUS MAX DEPTH LINE: 20 in.
MAINT: N OPER: N L/O: Y TRENCH#: 4 LENGTH: 75 ft. WIDTH: 36 in. DESIGNER: ____
SUBFIELDS: ____ DESIGN HEAD PRESSURE: ____ DESIGN FLOW: ____ gal/min DOSE VOLUME: ____ gal. PRETREATMENT: NA
CA ISSUED? Y DATE: 06/26/2017 BY: (KLM) Kristi Marks PHONE#: (919)- 594-0035

YJP

AS BUILT

SCALE 1"=50'



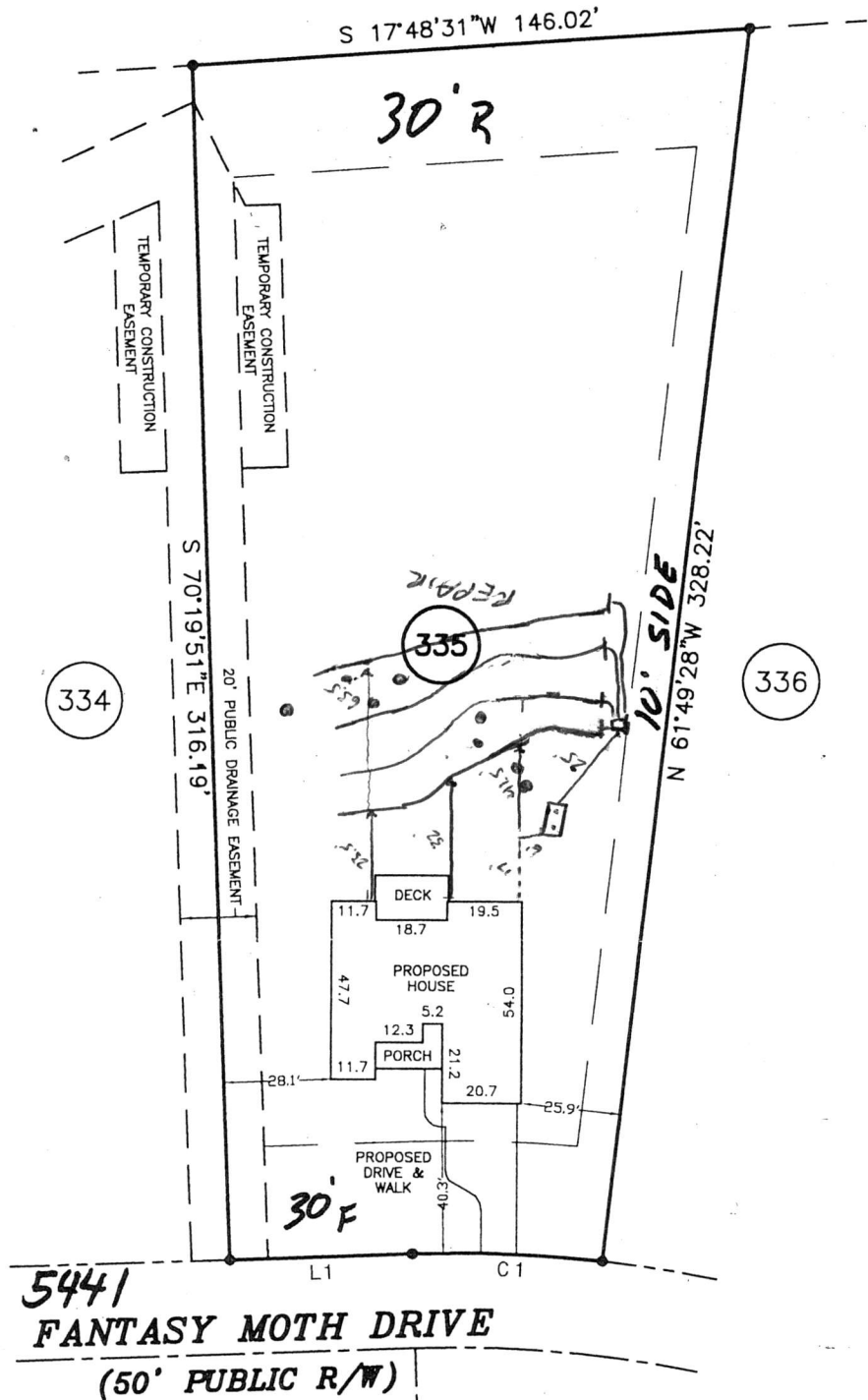
Course	Bearing	Distance
L1	N 19°40'09" E	47.84'

Curve	Radius	Length	Chord	Chord Bear.
C1	335.00'	49.74'	49.69'	N 23°55'20" E

- LEGEND
- NTS NOT TO SCALE
 - EIP EXISTING IRON PIPE
 - PP POWER POLE
 - W/M WATER METER
 - TB TELEPHONE BOX
 - IPS IRON PIPE SET
 - CP&L TRANSFORMER
 - CATV CABLE TV BOX
 - L POLE LIGHT POLE
 - OHPL OVERHEAD POWER LINE
 - F.E.S. FLARED END SECTION (PIPE)
 - RCP REINFORCED CONC. PIPE
 - B.O.C. BACK OF CURB
 - F.H. FIRE HYDRANT
 - C/O SEWER CLEAN OUT
 - EIS EXISTING IRON STAKE
 - M.H. MANHOLE
 - ECM EXISTING CONCRETE MONUMENT
 - P.K. PARKER KALON NAIL

0174217
D057781

N.C. GRID NORTH, NAD 83
(REF: B.O.M.2007, PG.2882-2884)



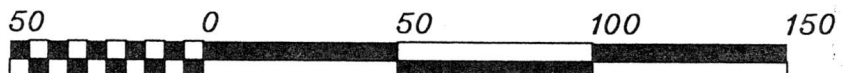
IMPERVIOUS SURFACE TABLE	
HOUSE	2364
DRIVEWAY	592
SIDEWALK	74

TOTAL IMPERVIOUS AREA	3030
TOTAL LOT AREA	38850

PERCENTAGE OF IMPERVIOUS AREA 7.8%
IMPERVIOUS SURFACE COVERAGE ALLOWED
PER M.B. 2007, Pg. 2883 IS 5148 Sq. Ft.

Am SA

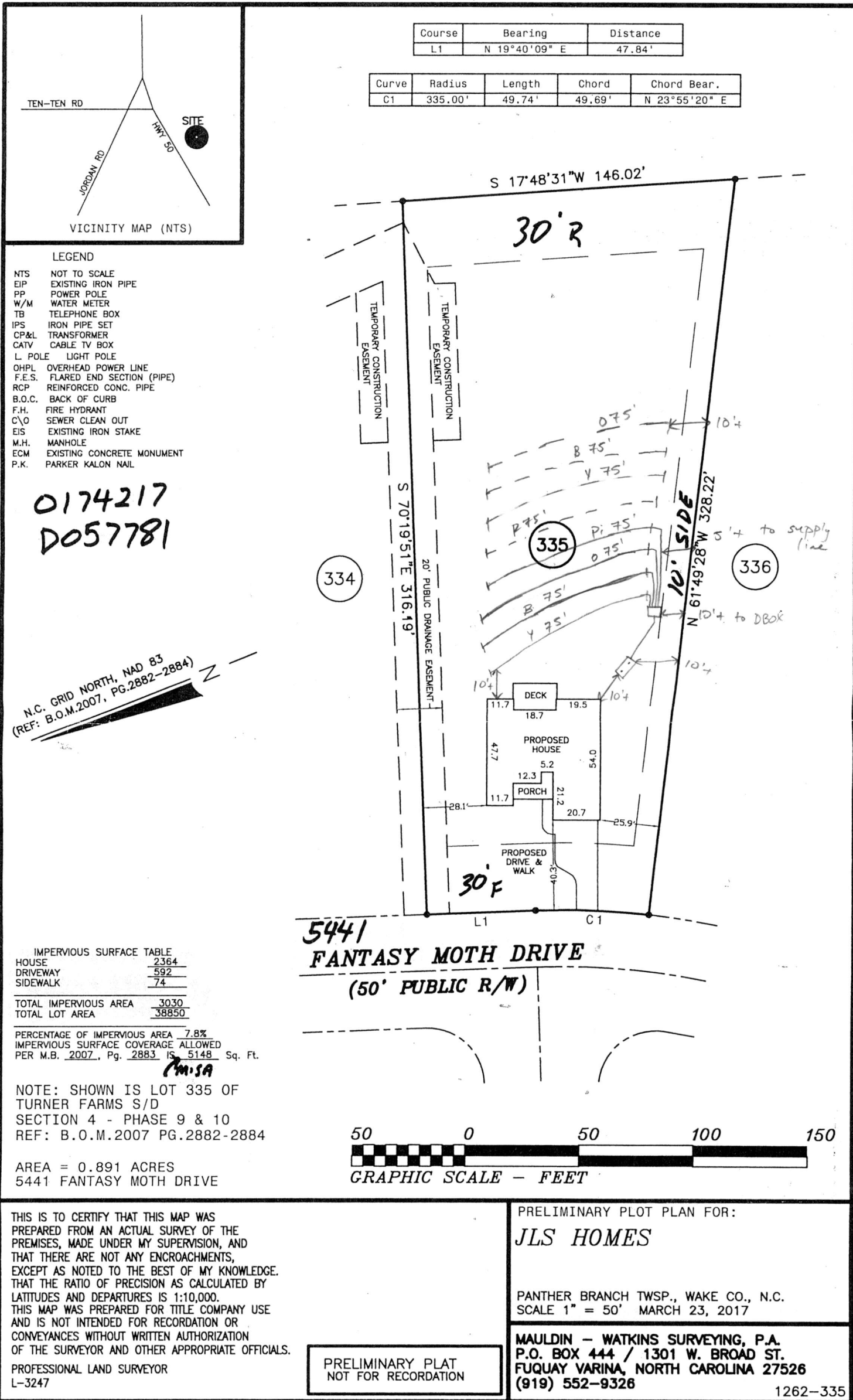
NOTE: SHOWN IS LOT 335 OF
TURNER FARMS S/D
SECTION 4 - PHASE 9 & 10
REF: B.O.M.2007 PG.2882-2884



CA

Initial
1000gal ST
gravity to DBOX
4 x 75' lines
20" M.T.D.

Repair
1000gal ST
gravity to DBOX
4 x 75' lines
20" M.T.D.



PIN # 1628035590

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 of Owner or Authorized Agent

Zoning R30 By OD4
Approve ✓ Date 6.14.17
Revise _____ Use 101A
Reject _____ MBL _____
Front 30 Rear 30
Side 10 Corner _____
Comments: