

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0019630

PIN #: 0696362014

OP DATE: 1112012002

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

DRAINFIELD SIZE(SQ. FT.)

DRAIN TYPE:

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|------------------|
| ☐ | ☐ | ☐ | 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 |

00900

- ☐ 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

0696 36 2014

PERMIT#: D019630 STATUS: A APP. DATE: 10/09/2000 BLDG. PERMIT#: 0011179
PIN: ~~0696-04-10-7800-000~~ TAX MAP: 0857 0012 RECORDED: Y ORIG. PERMIT#:
TOWNSHIP: 15 PANTHER BRANCH JURISDICTION: WC ZONING: R30
APPLICANT: STANCIL BUILDERS INC
466 STANCIL RD
ANGIER, NC 27501
(919) 639 - 2073
USE: HD USE: 101 ONE-FAMILY HOUSE
EXIST USE:
DISPOSAL: N BEDROOMS: 3 BASEMENT: N #EMPLOYEES: 0
SITE: ADDRESS: 7209 TREVORWOOD DR
SUBDIVISION: KENDALL HILL LOT: 17 ACRES: 0.57
DIRECTION: 401 S TO L SR 1006 CROSS N C 42 HWY SUB WILL BE
ON L

Well System: WATER: COMMUNITY - TYPE: IRRIGATION

WELL LOG INFORMATION: DEPTH: _____ CASING DEPTH: _____ YIELD: _____ STATIC LEVEL: _____
WELLI 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: Stancil Builders

INSTALLATION APPROVED BY: [Signature]

PROPRIETARY SYSTEM: E E-Z LAY PIPE

FILTER NO: _____

COMMENTS:

OPERATIONS PERMIT ISSUED? ☒

OP DATE: 11/22/02

BY: [Signature]

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.

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0696 36 2014

PERMIT#: D019630 STATUS: A

APP. DATE: 10/09/2000

BLDG. PERMIT#: 0011179

PIN: ~~0696-01-16-7800-000~~

TAX MAP: 0857 0012

RECORDED: Y ORIG. PERMIT#:

TOWNSHIP: 15 PANTHER BRANCH

JURISDICTION: WC

ZONING: R30

APPLICANT: STANCIL BUILDERS INC

466 STANCIL RD

ANGIER, NC 27501

(919) 639 - 2073

USE: HD USE: 101 ONE-FAMILY HOUSE

EXIST USE:

DISPOSAL: N BEDROOMS: 3 BASEMENT: N #EMPLOYEES: 0 FOUND DRAIN:

SITE: ADDRESS: 7209 TREVORWOOD DR

SUBDIVISION: KENDALL HILL LOT: 17 ACRES: 0.57

DIRECTION: 401 S TO L SR 1006 CROSS N C 42 HWY SUB WILL BE
ON L

IMPROVEMENT PERMIT

TANK SIZE: 1000 gal. PUMP Tank: ____ gal. SQ FT: 900 INNOVATIVE MAX DEPTH LINE: 28 in.

WASTEWATER: INDIVIDUAL SEWAGE: DOMESTIC TYPE SYSTEM: III G PUMP: N P/M: N

DAILY FLOW: 360 gal/day DESIGN FEE REQ?: PAID?: WATER: COMMUNITY

COMMENTS:

IP ISSUED? Y DATE: 12/06/2000 BY: (KGD)

PHONE#: 856-7434

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:**

FOLLOW LAYOUT BY KENT D USE TOP 3 LINES FIRST WITH LARGE D BOX INNOV SYTEM REDUCTION ALREADY TAKEN SHIFT
DRIVE TO LEFT OR SIDE ENTRY NO UTILITIES TO CROSS SYSTEM AREA WATER LINE SHALL BE 10FT OFF LINES
NO IRRIGATION SYSTEM OVER LINES DO NOT GRADE SEPTIC AREA

TANK SIZE: 1000 gal. PUMP TANK: ____ gal. SQ FT: 900 INNOVATIVE MAX DEPTH LINE: 28 in.

MAINT: N OPER: N L/O: Y TRENCH#: 3 LENGTH: 100 ft. WIDTH: 36 in. DESIGNER: ____

SUBFIELDS: __ DESIGN HEAD PRESSURE: _ DESIGN FLOW: ____ gal/min DOSE VOLUME: ____ gal.

CA ISSUED? Y DATE: 08/08/2002 BY: (SCR)

PHONE#: 857-9355

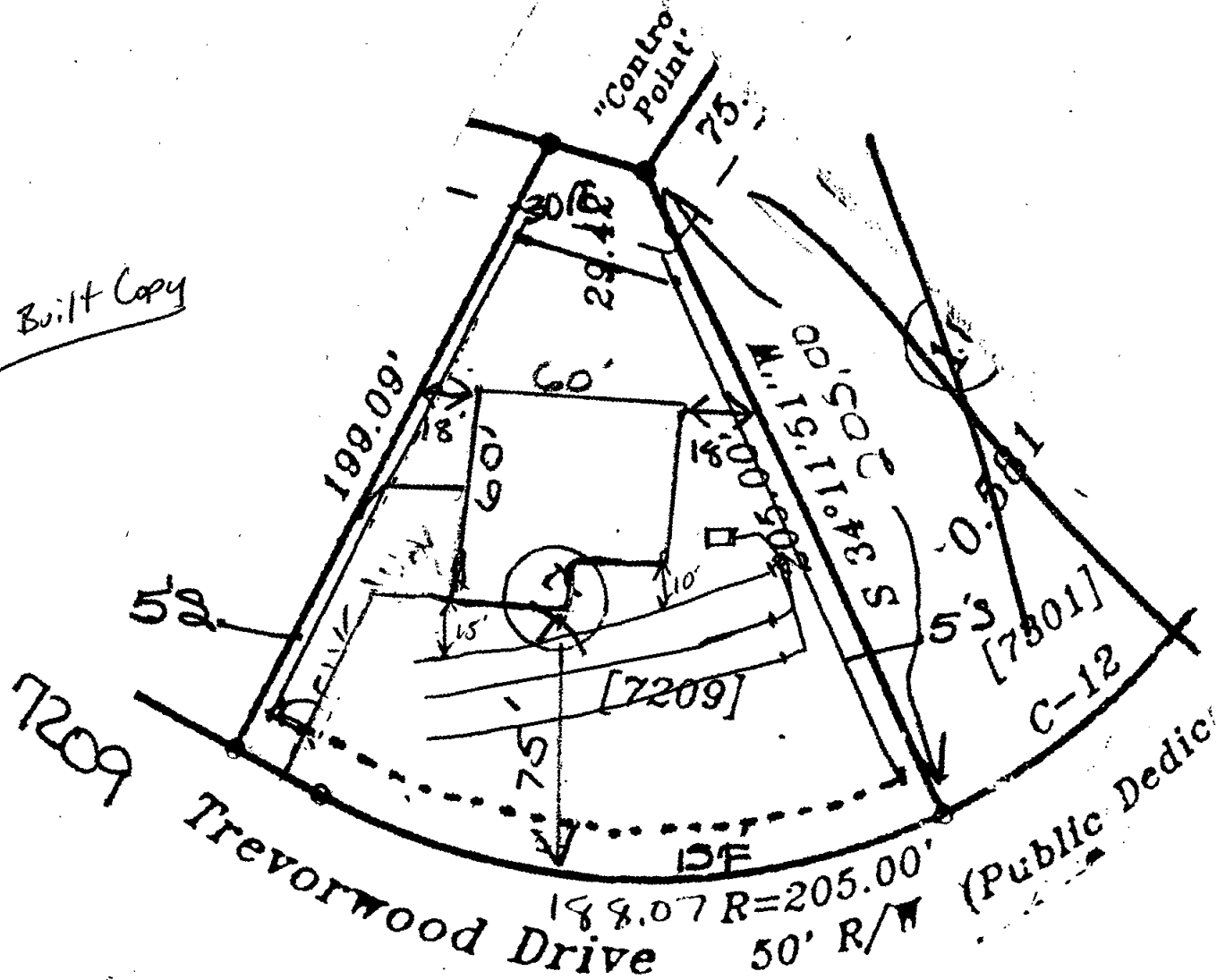
S.T.

MCP -1000

STB-814

10-2-02

As Built Copy



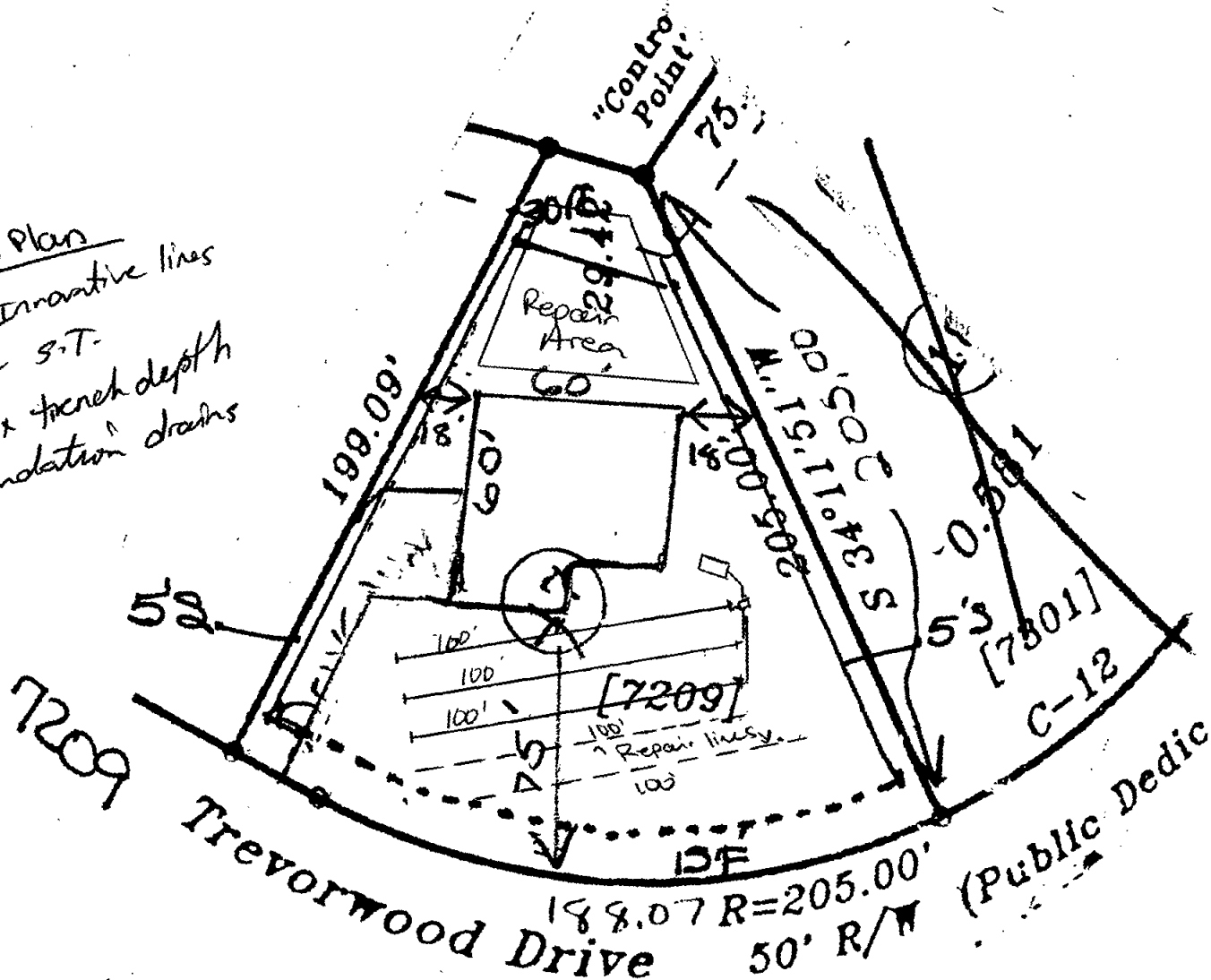
17808

on of planned or existing
ely shown. I understand
res in accordance with
quire the relocation of
egree of completion. I
to Municipal/County
nt of entry to make
upon this property.

(Agent)
Authorized Agent

Zoning B30 By _____
Approve ✓ Dat _____
Revise ✓ Use _____
Reject _____ MBL _____
Front 15 Rear _____
Side ✓

C.A. Site Plan
 - 3 (3'x100') Irrigation lines
 - 1000 gal S.T.
 - 28" Max trench depth
 - No foundation drains



17808

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PROPOSED SUBSURFACE WASTE DISPOSAL SYSTEM DETAIL SHEET

LOT 17

INITIAL SYSTEM Polystyrene Aggregate REPAIR SYSTEM LPP

BENCHMARK ELEV. 100 LOCATION 17/18 front 15' offset iron

TYPE OF DISTRIBUTION gravity to Dr Box

LINE	ELEVATION	LENGTH	FLAG COLOR
1	103.75	30	W
2	103.75	36	Y
3	103.98	40	O
4	103.42	54	Y
5	103.25	60	R
6	101.42	30	N
7	101.17	36	Y
8	101.00	100	R
9	100.67	100	B
10	100.33	100	R
11	100.08	87	W
12	99.92	97	Y
13	99.75	90	W

BY Thomas J. Bayne R.S. DATE 3-20-00

FLAG COLOR: Y = YELLOW R = RED W = WHITE B = BLUE O = ORANGE P = PINK