

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0020485

PIN #: 0699615597

OP DATE: 0612812001

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.)

01200

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

B.W 11/18/13

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#: D020485 STATUS: A APP. DATE: 01/19/2001 BLDG. PERMIT#: 0012286
PIN: 0699.04 61 5597 000 TAX MAP: 0767 RECORDED: Y ORIG. PERMIT#:
TOWNSHIP: 15 PANTHER BRANCH JURISDICTION: WC ZONING: R30
APPLICANT: CANADIAN HOMES
1613 HARMONT DR
RALEIGH, NC 27603
(919) 779 - 9532
USE: HD USE: 101 ONE-FAMILY HOUSE
EXIST USE:
DISPOSAL: Y BEDROOMS: 3 BASEMENT: N #EMPLOYEES: 0
SITE: ADDRESS: 1201 ROLLING FARM DR
SUBDIVISION: OLD STAGE PLACE LOT: 12 ACRES: 1.05
DIRECTION: 401S L SR 1006 CROSS SR 1010 R INTO SUB

Well System: WATER: COMMUNITY - TYPE: NEW

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: N

INSTALLED BY: _____ INSTALLATION APPROVED BY: C. J. Manz RS.
PROPRIETARY SYSTEM: _____ FILTER NO: _____
COMMENTS:

OPERATIONS PERMIT ISSUED? X OP DATE: 6/28/01 BY: C. J. Manz RS.

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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IMPROVEMENT PERMIT

TANK SIZE: 1000 gal. PUMP Tank: _____ gal. SQ FT: 1200 STONE DEPTH: 12 in. MAX DEPTH LINE: 24 in.
WASTEWATER: INDIVIDUAL SEWAGE: DOMESTIC TYPE SYSTEM: II A PUMP: N P/M: N
DAILY FLOW: 00360 gal/day WATER: COMMUNITY

COMMENTS:

IP ISSUED? Y DATE: 02/10/2001 BY: (SCR) Scott Hearn RS 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. **OTHER CONDITIONS:**

INITIAL SYSTEM 5 80 FT CONVENTIONAL LINES. REPAIR MAY REQUIRE LPP WHEN NEEDED. INITIAL SYSTEM FLAGGED OUT IN FIELD BUT CONTRACTOR MAY NEED TO REESTABLISH CONTOURS. IF GRAVITY FLOW TO SEPTIC SYSTEM CANNOT BE MAINTAINED A PUMP WILL BE REQUIRED. MAINTAIN PROPER SETBACKS IF FOUNDATION DRAIN IS INSTALLED.

TANK SIZE: 1000 gal. PUMP TANK: _____ gal. SQ FT: 1200 STONE DEPTH: 12 in. MAX DEPTH LINE: 24 in.
MAINT: N OPER: N L/O: Y TRENCH#: 5 LENGTH: 80 ft. WIDTH: 36 in.
SUBFIELDS: _ DESIGN HEAD PRESSURE: _ DESIGN FLOW: _____ gal/min DOSE VOLUME: _____ gal.

CA ISSUED? Y DATE: 02/10/2001 BY: (SCR) Scott Hearn RS PHONE#: 857-9855

21.12 OLD STAGE PLACE

DATE: 7/13/99

SCALE 1" = 40'

CA. Site Plan

- 5 3'x80' gravel lines
- 24" trenches
- 1000 gal S.T.

Testing R30 By SJL
Approve ✓ Date 11/9/01
Revise _____ Use 101
Reject _____ MBL _____
Front 15 Rear 30
Side 5 Corner _____

Comments: Cluster Sub

I hereby certify that the location of planned or existing structures is accurately shown. I understand that any structures in accordance with the plan may require the relocation or removal regardless degree of completion. I hereby give permission to Municipal/County officials the right of entry to make inspections upon this property.

Robert Hart

Signature of Owner or Authorized Agent

NOTE: SYSTEMS ARE DRAWN IN APPROXIMATE LOCATION - LINES ARE NOT FIELD LOCATED

Pin: 0099.04.61:5597

0012286

020425

