

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0020412

PIN #: 0699407558

OP DATE: 0412712001

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

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#: D020412 STATUS: A APP. DATE: 01/11/2001 BLDG. PERMIT#: 0012177
PIN: 0699.03 40 7558 000 TAX MAP: 0767 RECORDED: Y ORIG. PERMIT#:
TOWNSHIP: 15 PANTHER BRANCH JURISDICTION: WC ZONING: R30
APPLICANT: FLINCHUM, KEITH M BUILDER INC
6001 TENBURY CT
RALEIGH, NC 27606
(919) 851 - 2822
USE: HD USE: 101 ONE-FAMILY HOUSE
EXIST USE:
DISPOSAL: N BEDROOMS: 3 BASEMENT: N #EMPLOYEES: 0
SITE: ADDRESS: 4812 TROTTER DR
SUBDIVISION: LANERIDGE LOT: 80 ACRES: 0.73
DIRECTION: 401S, TL SR 1010, TR SR 2723, TL INTO SUB

Well System: WATER: COMMUNITY - TYPE: NEW

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: N
INSTALLED BY: Tim King INSTALLATION APPROVED BY: [Signature]
PROPRIETARY SYSTEM: _____ FILTER NO: _____
COMMENTS:

OPERATIONS PERMIT ISSUED? _____ OP DATE: 4/27/01 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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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: 01/24/2001 BY: (SR) *Just Alan R.S.* 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 3 133FT CONVENTIONAL LINES, FLAGGED OUT IN THE FIELD. IF FLAGS ARE REMOVED CONTRACTOR TO REESTABLISH CONTOURS.

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#: 3 LENGTH: 133 ft. WIDTH: 36 in.
SUBFIELDS: _____ DESIGN HEAD PRESSURE: _____ DESIGN FLOW: _____ gal/min DOSE VOLUME: _____ gal.

CA ISSUED? Y DATE: 01/24/2001 BY: (SR) *Just Alan R.S.* PHONE#: 857-9355

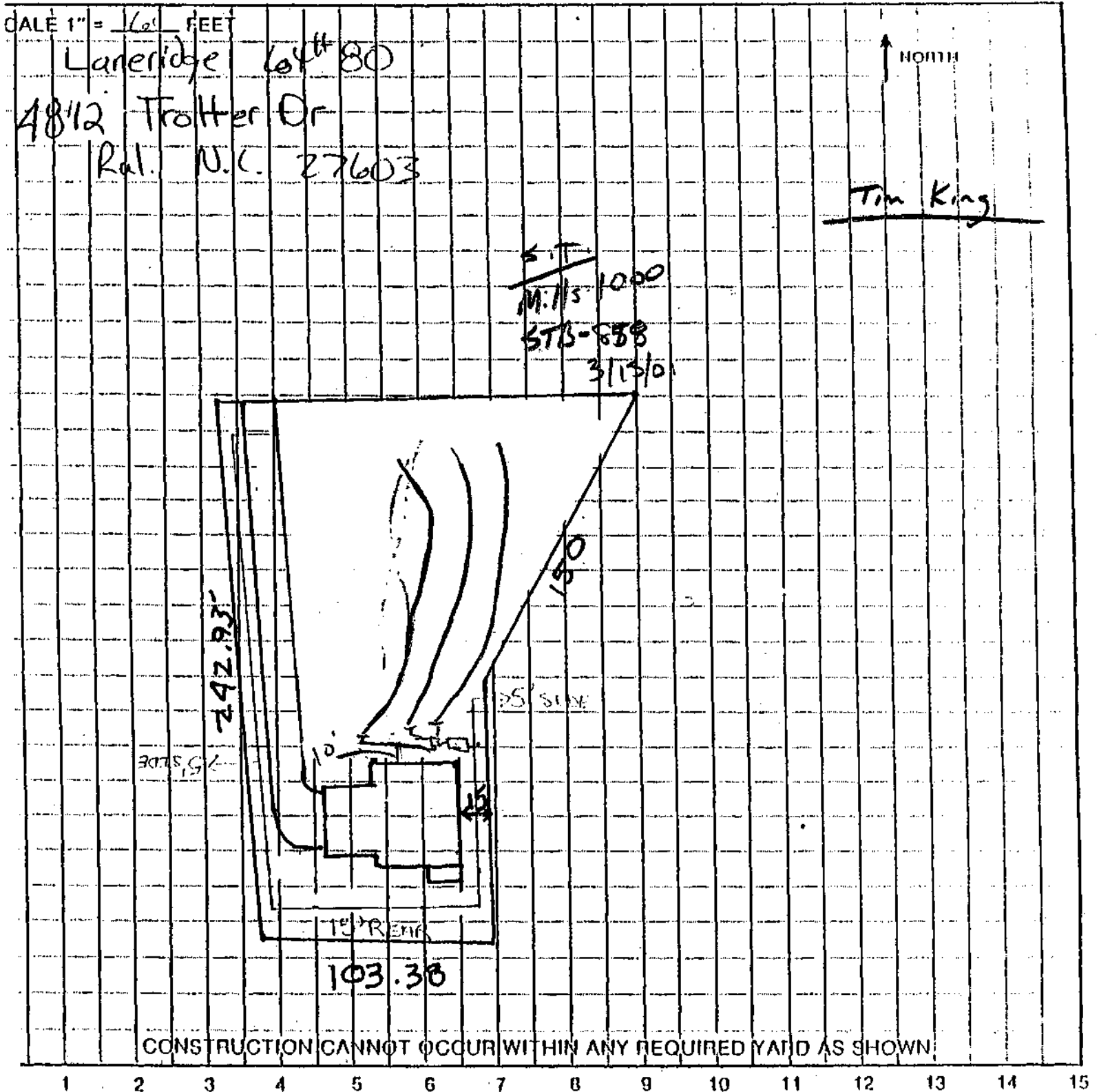
System Approved 4/27/01 - SER

*STL
M.115-1000
STB-858
3/15/01*

SITE PLAN

As Built

SHOW THE PROPERTY LINES OF THE LOT ON THE GRAPH BELOW, INCLUDING ROAD FRONTAGE



OFFICE USE ONLY

0012177
D20412

Comments:

Applicant _____ Tax Map _____ Parcel _____ Jurisdiction _____

Building Permit # _____ Date _____ Zoning Approval By _____

Movement Permit # _____ Date _____ Health Approval By _____

AS NEEDED

Area _____ Sq. Ft. Lot Width _____ Ft. Corner Yard Setback _____ Ft.

Side Yard Setback _____ Ft. Rear Yard Setback _____ Ft. Front Yard Setback _____ Ft.

Pin# 069903407558

Blue: Health Department

Yellow: Land Use & Permits

Pink: Issuing Agent

HEALTH DEPARTMENT

Zoning R30 By CHL

Approve ✓ Date 1-10-01

Revised _____ Use LOI

Reject _____ MBL _____

Front 15' Rear 15'

5'

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.

SITE PLAN

SHOW THE PROPERTY LINES OF THE LOT ON THE GRAPH BELOW, INCLUDING ROAD FRONTAGE

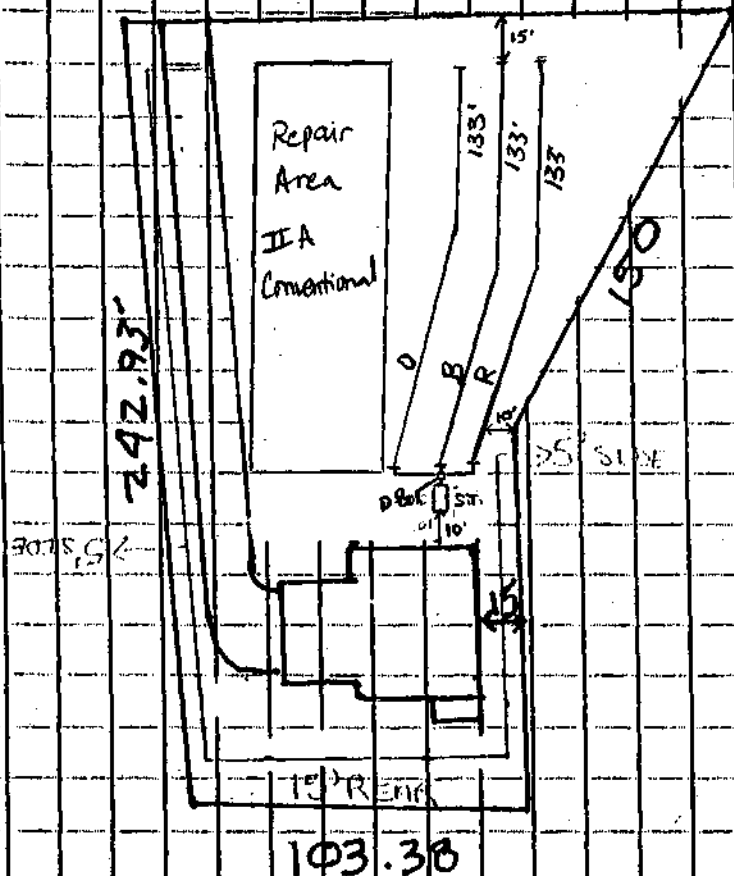
SCALE 1" = 60 FEET

Lanieridge Court 80

4812 Trotter Dr

Ral. N.C. 27603

NORTH



Initial System

3 133' gravel lines
2 ft trenches
1000 gal S.T.
Flagged out on
Manholes

OFFICE USE ONLY

0012177
D20412

Comments:

Applicant _____ Tax Map _____ Parcel _____ Jurisdiction _____

Building Permit # _____ Date _____ Zoning Approval By _____

Improvement Permit # _____ Date _____ Health Approval By _____

AS NEEDED

Area _____ Sq. Ft. Lot Width _____ Ft. Corner Yard Setback _____ Ft.

Front Yard Setback _____ Ft. Rear Yard Setback _____ Ft. Front Yard Setback _____ Ft.

Pin# 069903407558

Health Department

Yellow: Land Use & Permits

Pink: Issuing Agent

HEALTH DEPARTMENT

Zoning R30 By CHL
Approve ✓ Date 1-10-01
Revise _____ Use 101
Reject _____ MBL _____
Front 15' Rear 15'
5'

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