Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: D0029962 PIN #: 0780014969

OP DATE: 05/20/1999

SYSTEM USE:
- [X] House
- [ ] Mobile Home
- [ ] Business
- [ ] Other

SEWAGE TYPE:
- [X] Domestic
- [ ] Industrial

PUMP/SIPHON?:
- [ ] Yes
- [X] No

PRESSURE MANIFOLD:
- [ ] Yes
- [X] No

SYSTEM TYPE:
- [ ] I
- [ ] II
- [X] III
- [ ] IV
- [ ] V
- [ ] VI
- [ ] Other

SUB TYPE:
- [ ] A
- [ ] B
- [ ] C
- [ ] D
- [ ] E
- [ ] F
- [X] G

NBR BEDROOMS:
- [ ] 1
- [ ] 2
- [X] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] Other

MAINT. SCHEDULE:
- [ ] Yes
- [X] No

CERT. OPERATOR
- [ ] Yes
- [X] No

GT	ST	PT	SIZE
[ ]	[ ]		750
[ ]	[ ]	[ ]	900
[ ]	[X]	[ ]	1,000
[ ]	[ ]	[ ]	1,200
[ ]	[ ]	[ ]	1,500
[ ]	[ ]	[ ]	1,800
[ ]	[ ]	[ ]	2,100
[ ]	[ ]	[ ]	2,500
[ ]	[ ]	[ ]	3,000
[ ]	[ ]	[ ]	4,000
[ ]	[ ]	[ ]	5,000
[ ]	[ ]	[ ]	8,000
	[ ]	[ ]	10,000
[ ]	[ ]	[ ]	Other
[X]		[X]	None/NA GT or PT

DRAINFIELD SIZE(SQ. FT.)

00900

DRAIN TYPE:
- [ ] Stone
- [X] EZ Flow
- [ ] Infiltrator
- [ ] Biodiffuser
- [ ] Cultec
- [ ] Drip
- [ ] Hancor
- [ ] Large Dia. Pipe
- [ ] Multi-Pipe
- [ ] Other

MAX DEPTH (IN.):
- [ ] 12 in. or less
- [ ] 18 in. or less
- [X] 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
- [X] 12 in. or less
- [ ] 18 in. or less
- [ ] 24 in. or less
- [ ] Other

TRENCHES:
- [X] Individual
- [ ] Bed

TRENCH WIDTH (IN.):
- [ ] 12 in. or less
- [ ] 18 in.
- [ ] 24 in.
- [X] 36 in.
- [ ] 6 ft. or less
- [ ] 9 ft. or less
- [ ] Other

JH 11/5

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#: D012962 STATUS: A APP DATE: 12/22/1998 BLDG PERMIT#: 0992264
APPLICANT: ASHRON INC DAY PHONE: (919) 546 - 0144
ADDRESS: 5105 FOREST CREEK RD FAX#: (919) 546 - 9297
CITY: RALEIGH STATE: NC ZIP: 27606
OWNER: ROYAL SENTER RIDGE DEVELO DAY PHONE: (919) 999 - 9999
ADDRESS: 1513 WALNUT ST FAX#: (919) 999 - 9999
CITY: CARY STATE: NC ZIP: 27511
HD USE CD: 101 ONE-FAMILY HOUSE ORIG PERMIT#: REC?: Y
EXIST USE: TAX MAP#: 0722 0000
BEDROOMS: 3 BSMT: N #EMPLOYEES: 0 WATER: C WASTEWATER: I GARB DISPOSL: N
TOWNSHIP: 18 SWIFT CREEK JURIS: WC ZON: R40W PIN: 0780.03 01 4969 000
SUBD#: S 000 000 00 SUBD NAME: ROYAL SENTER RI LOT-SEC: 32 ACRE: 0.94
IMPRV PRMT: ISSUED?: Y DATE: 02/03/1999 BY: DRP TYPE SYSTEM: II PUMP:
CNSTR AUTH: ISSUED?: Y DATE: 02/03/1999 BY: DRP MAINT: N OPER: N
RECEIPT#: 0036978 FEE: 145.00 OP DATE: BY:
WATR SAMPL: REQ?: N APPROVED?: DATE: PROPRIETARY SYS:
ST#: 3533 MI: DIR: NAME: CHOPLINSHIRE DIR: TYP: WAY
DIRECTIONS: GO 401 S-RIGHT SR1010-RIGHT SR1377-LEFT ONTO
MAXTON CREST DR-RIGHT CHOPLINSHIRE WAY-LOT
ON LEFT-LOT #

IMPROVEMENT PERMIT

SIZE OF TANK 1000 ST ___ PT GALS. TOTAL SQ. FT. 900 DEPTH OF STONE INNOV IN. MAX. DEPTH LINE 24 IN.

WASTEWATER: DOMESTIC ☒ INDUSTRIAL ☐ I.P. ISSUED BY Dave Parnell

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE
AUTHORIZATION CONDITIONS

Contractor To Follow Contours, See Attached Site Plan For Wastewater System Design And Well Location. 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: **DUE TO LACK OF SPACE, AN INNOVATIVE SYSTEM IS REQUIRED. 25% REDUCTION HAS BEEN FACTORED INTO SPECIFICATIONS SET FORTH BELOW.**

SIZE OF TANK 1000 ST ___ PT GALS. TOTAL SQ. FT. 900 DEPTH OF STONE INNOV IN. MAX. DEPTH LINE 24 IN.
ST FILTER REQUIRED ☒ NUMBER OF TRENCHES 3 LENGTH OF TRENCHES 100 FT. WIDTH OF TRENCHES 3 FT.

C.A. ISSUED BY Dave Parnell INSTALLED BY Mike Ray CTR. I.D. # ____
SEPTIC TANK FILTER USED Y
INNOV. APPRL. #: IWWS-____ DATE 5-20-99 INSTALLATION APPROVED BY

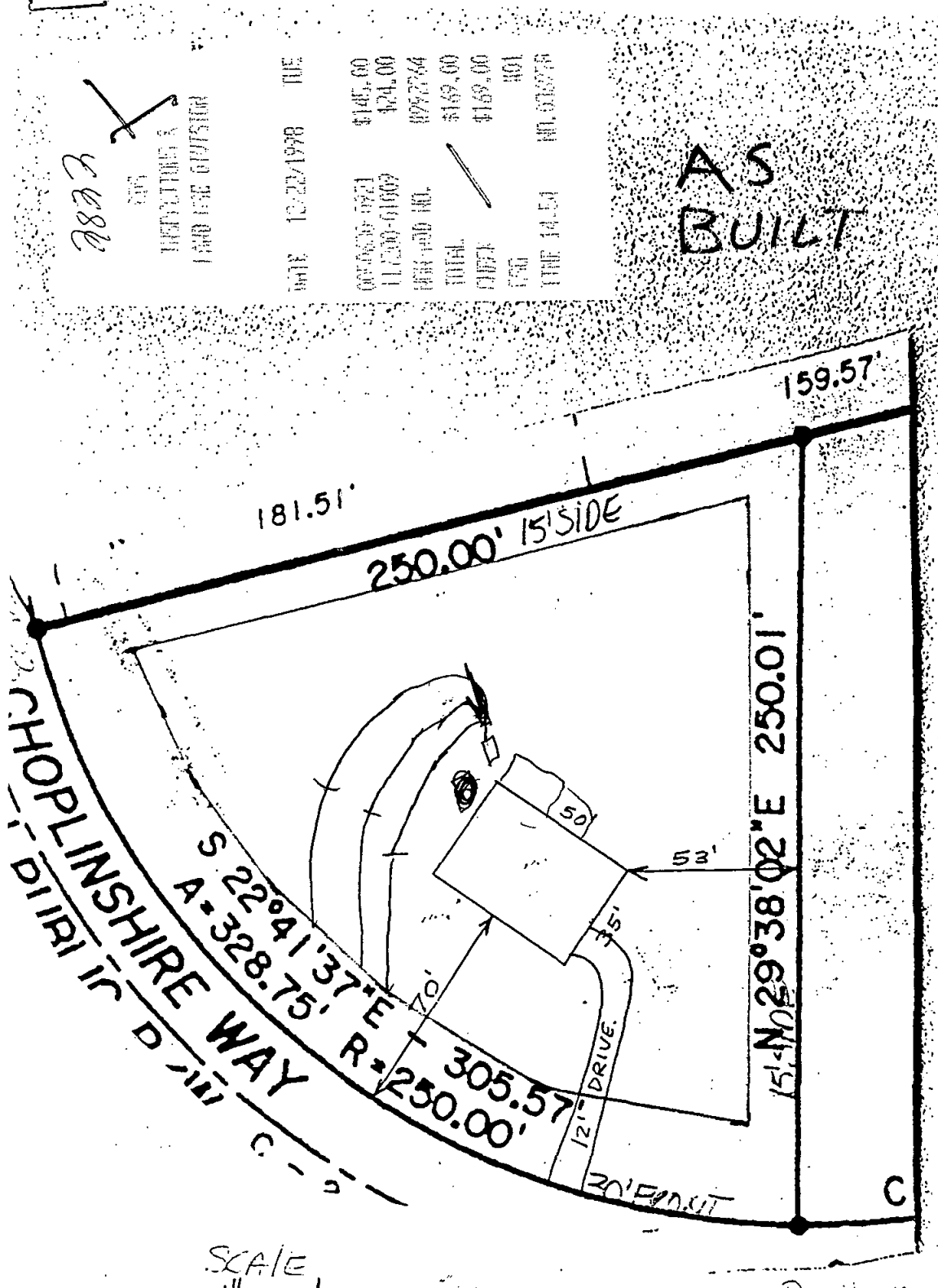
WELL SYSTEM = PRIVATE ☐ SEMI-PUBLIC ☐ ///// NEW ☐ REPLACEMENT ☐ EXISTING ☐

WELL LOG INFORMATION = DEPTH _____ CASING DEPTH _____ YIELD _____ STATIC LEVEL _____
WELL CONTRACTOR _____ REG.# _____ PUMP CONTRACTOR _____ REG.# _____

CONSTRUCTION COMPLIANCE = GROUT APPROVED ☐ DATE _____ EHS _____
WCHD ID # _____ WELLHEAD APPROVED ☐ DATE _____ EHS _____
NEGATIVE BACTERIOLOGICAL RESULTS ☐ DATE _____ EHS _____
SYSTEM FINALIZED ☐ DATE _____ EHS _____

COMMENTS: _____

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.



0992264

D-12962

INFILTRATOR
STD-SC
Shallow Cover

BTS 1000
STB 103
4-15-99

PIN# 0781-03014969

Zoning R4CU By CG

Approve ✓ Date 12-22-98

Review ____ Use ____

Reject ____ MBL ____

Front 30 20

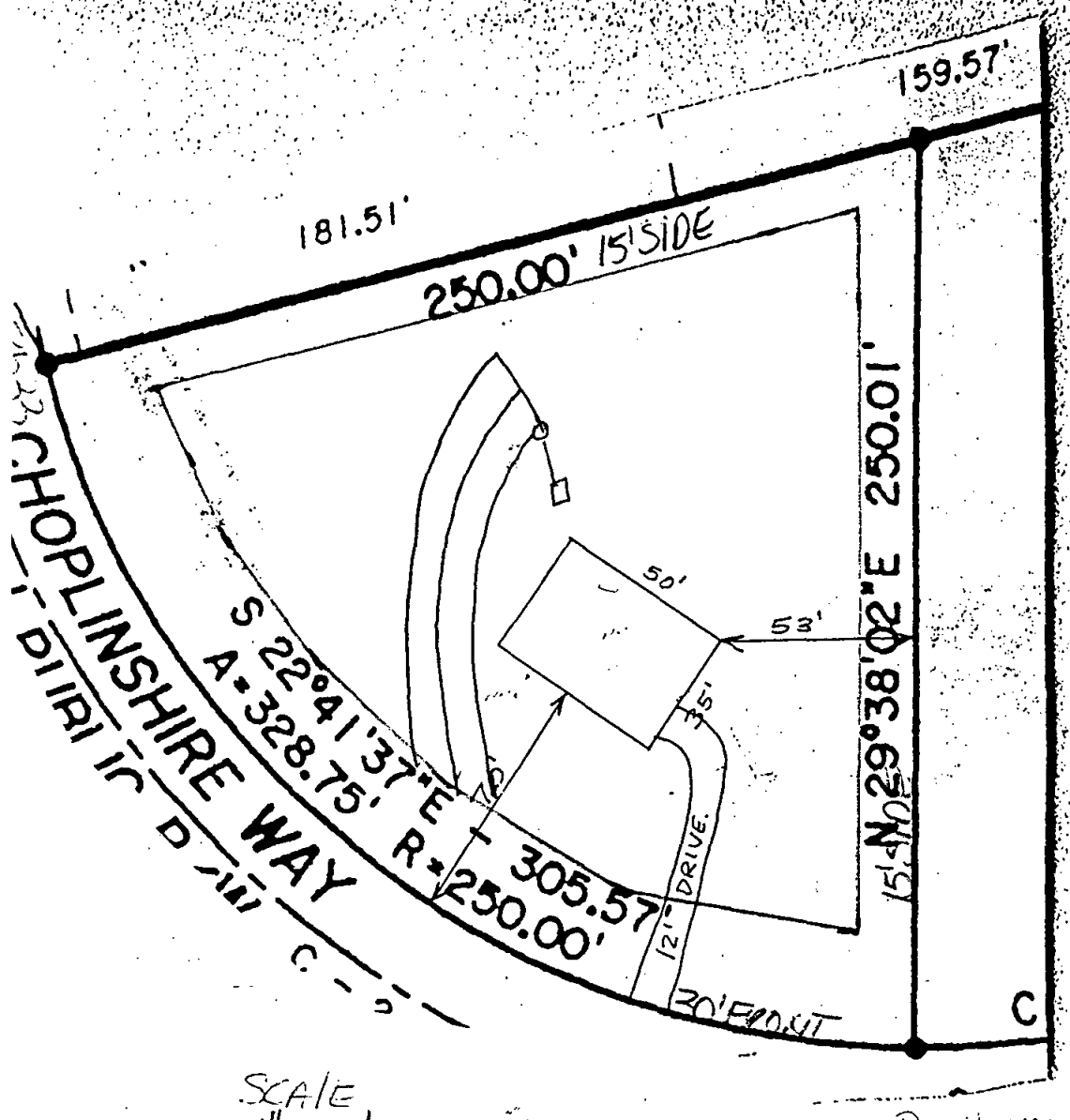
Side 15 Corner 30

Comments:

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 12-22-98

CA
Diagram



0992264

D-12962

SCALE
1"=50'

PIN# 0780-0301 4969

Zoning	R40W	By	CG
Approve	✓	Date	12-22-98
Revise		Use	1/1
Reject		Init.	
Front	30	Rear	30
Side	15	Corner	30
Comments:			

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