

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: D 0 2 5 6 0 5

PIN #: 0 6 7 5 0 9 7 0 7 4

OP DATE: 0 9 / 1 2 / 2 0 0 3

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 1 2 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

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#: D025605 STATUS: A APP. DATE: 10/16/2002 BLDG. PERMIT#: 0030990
PIN: 0675.01 08 8779 000 TAX MAP: 0877 0000 RECORDED: Y ORIG. PERMIT#:
TOWNSHIP: 12 MIDDLE CREEK JURISDICTION: WC ZONING: R30
APPLICANT: STRONG BUILT HOMES
732 TREBOR DR.
GARNER, NC 27529
(919) 862-2624
USE: HD USE: 101 ONE-FAMILY HOUSE
EXIST USE:
DISPOSAL: BEDROOMS: 3 BASEMENT: N #EMPLOYEES: 0
SITE: ADDRESS: 1601 BALKAN RD
SUBDIVISION: HOLLAND DOWNS LOT: 5 ACRES: 0.69
DIRECTION: 401S L NC 55 R HOLLAND RD L WHITE STAR L BALKAN

Well System: WATER: COMMUNITY - TYPE: EXISTING

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:

DESIGN FLOW: _____ gal./min. ACTUAL FLOW: _____ OPERATION PERMIT INNOVATIVE LETTER: _____
INSTALLED BY: Jason Mathews INSTALLATION APPROVED BY: [Signature]
PROPRIETARY SYSTEM: _____ FILTER NO: _____
COMMENTS: _____
OPERATIONS PERMIT ISSUED? ☒ OP DATE: 9/12/03 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.

As Built Information:

Date: _____ Benchmark: P.T. Q12 Rod reading: 7'5 1/2" Distance to Structure: _____
ST: BF1000 gals ID#: 875-103 D.O.M.: 7-11 Elev.: 5'2" Distance to Well: _____
PT: 1000 gals ID#: 875-214 D.O.M.: 7-7 Elev.: 5'10"
D-box/FD/PM elev.: 3'3 1/2" Supply Line: _____ ft. Pump/Control Panel: _____
Line 1: 4'2" 4'2" 4'2" Date: 8/22/03
Line 2: 4'8 1/2" _____ _____ Date: 8/22/03
Line 3: 5'3" 5'3" 5'3" Date: 8/22/03
Line 4: 5'10 1/2" 5'10 1/2" 5'11 1/4" Date: 8/22/03
Line 5: _____ _____ _____ Date: _____
Distance to P/L: _____ Notes: _____

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IMPROVEMENT PERMIT

TANK SIZE: 1000 gal. PUMP Tank: 1000 gal. SQ FT: 1200 STONE DEPTH: 12 in. MAX DEPTH LINE: 16 in.
WASTEWATER: INDIVIDUAL SEWAGE: DOMESTIC TYPE SYSTEM: II B PUMP: Y P/M: N
DAILY FLOW: 360 gal/day DESIGN FEE REQ?: PAID?: WATER: COMMUNITY

COMMENTS:

IP ISSUED? Y DATE: 01/30/2003 BY: (KGR) *K. Reiter RS* PHONE#: 856-7341

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:** INSTALLER IS TO REFER TO BOTH ATTACHMENTS FOR THE CONSTRUCTION OF THE SURFACE THE SURFACE WATER DIVERSION PIPE AND THE SEQUENCE FOR ULTRA-SHALLOW TRENCHES. 4 X 100' X 3' GRAVEL TRENCHES AT 16" MAXIMUM TRENCH BOTTOMS. KEEP THE FLAGS FOR THE REPAIR AREA STANDING UPON INSPECTION. PLEASE FOLLOW THE SUGGESTED INSPECTION SEQUENCE--1. FILL OR CAP MATERIAL INSPECTION 2. SURFACE WATER DIVERSION PIPE INSPECTION AND 3. REGULAR DRAINLINE AND TANK INSPECTION (NOTE: THESE ALL NEED SPECIAL ATTENTION BUT CAN BE DONE IN MAYBE ONE VISIT). THIS DESIGN DOES NOT ALLOW FOR ANY FOUNDATION DRAIN. KEEP ALL LEGAL SETBACKS. INNOV REPAIR. PLEASE, CALL IF THERE ARE ANY QUESTIONS WHATSOEVER.

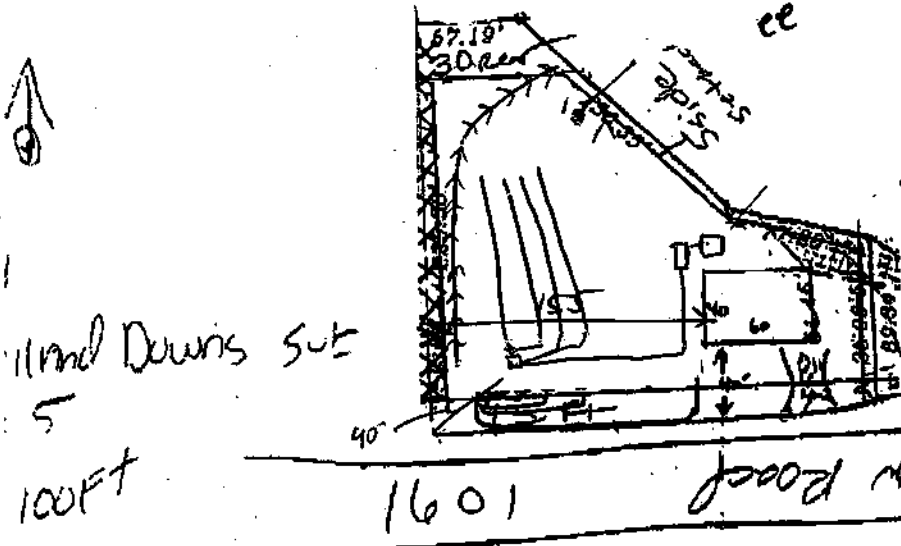
TANK SIZE: 1000 gal. PUMP TANK: 1000 gal. SQ FT: 1200 STONE DEPTH: 12 in. MAX DEPTH LINE: 16 in.
MAINT: N OPER: N L/O: Y TRENCH#: 4 LENGTH: 100 ft. WIDTH: 100 in. DESIGNER:
SUBFIELDS: _ DESIGN HEAD PRESSURE: _ DESIGN FLOW: _ gal/min DOSE VOLUME: _ gal.

CA ISSUED? Y DATE: 05/12/2003 BY: (KGR) *K. Reiter RS* PHONE#: 856-7341

Zoning R30 By Self
 Approve ✓ Date 1/20/03
 Revises ✓ Use 101
 Reject MBL
 Front 15 Rear 30
 Side 5 Corner
 Comments: cluster set back

RE-SUBMISSION
 PER

AS
 Built



Pin # 067501088779
 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 of entry to make evaluation of this property.
 Signature of Owner or Authorized Agent

Lot 5

Impervious Soil

lot size $.896 \times 43560 = 39029$

acre 2400 = $2800 \div 39029 \approx 7.17$
 acre 400

0030990

125605