Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0 0 4 8 0 9 6 PIN #: 0 6 8 6 0 9 4 8 1 7

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

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
- [x] II
- [ ] III
- [ ] IV
- [ ] V
- [ ] VI
- [ ] Other

SUB TYPE:
- [x] A
- [ ] B
- [ ] C
- [ ] D
- [ ] E
- [ ] F
- [ ] 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
☐	☒	☐	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 0 0 0 6

repair existing

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

STONE DEPTH (IN.):
- [ ] 8 in. or less
- [ ] 12 in. or less
- [ ] 18 in. or less
- [ ] 24 in. or less
- [x] Other

TRENCHES:
- [x] Individual
- [ ] Bed

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

BW 11/14/13

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#: **D048090** STATUS: **A** APP. DATE: **09/11/2012** BLDG. PERMIT#: **I010206**
PIN: **0686.01 09 4817 000** TAX MAP: **0856 0010** RECORDED: **Y** ORIG. PERMIT#:
TOWNSHIP: **12 MIDDLE CREEK** JURISDICTION: **WC** ZONING: **R10** SW DEVICE: **N** S#:
APPLICANT: **HUNT, JOSHUA**
1828 NC 42
WILLOW SPRING, NC 27592
(919) 455 - 5460
USE: HD USE: **0001 REPAIR/EXISTING SYSTEM**
EXIST USE: **101A CONVENTIONAL ONE-FAMILY H**
LTAR: **0.30 0.30** BEDROOMS: **3** BASEMENT: **N** #EMPLOYEES: **0**
SITE: ADDRESS: **1828 NC 42 HWY**
SUBDIVISION: **WILLOW SPRING** LOT: **1** ACRES: **0.44** EASEMENT: **N** LOC: SYS:
DIRECTION: **SEE ATTACHED**

Well System: WATER: **INDIVIDUAL** - TYPE: **EXISTING**

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:

INSTALLED BY: _____ INSTALLATION APPROVED BY: _____
PROPRIETARY SYSTEM: : FILTER NO: _____
COMMENTS:

OPERATIONS PERMIT ISSUED? ___ OP DATE: 9/21/12 BY: _____

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: _____ Rod reading: _____ Distance to Structure: _____
ST: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Distance to Well: _____
PT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____
D-box/FD/PM elev.: _____ Supply Line: _____ ft. Pump/Control Panel: _____

Line 1:	____	____	____	____	Date: ____	Line 6:	____	____	____	____	Date: ____
Line 2:	____	____	____	____	Date: ____	Line 7:	____	____	____	____	Date: ____
Line 3:	____	____	____	____	Date: ____	Line 8:	____	____	____	____	Date: ____
Line 4:	____	____	____	____	Date: ____	Line 9:	____	____	____	____	Date: ____
Line 5:	____	____	____	____	Date: ____	Line 10:	____	____	____	____	Date: ____

Distance to P/L: _____ Notes: _____

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DIRECTION: **SEE ATTACHED**

IMPROVEMENT PERMIT

TANK SIZE: **1000** gal. PUMP Tank: _____ gal. SQ FT: _____ STONE DEPTH: **in.** MAX DEPTH LINE: ___ in.
WASTEWATER: **INDIVIDUAL** SEWAGE: **DOMESTIC** TYPE SYSTEM: **II A** PUMP: **N** P/M: **N**
DAILY FLOW: **360** gal/day *DESIGN FEE REQ?:* *PAID?:* *WATER:* ***INDIVIDUAL***

COMMENTS:

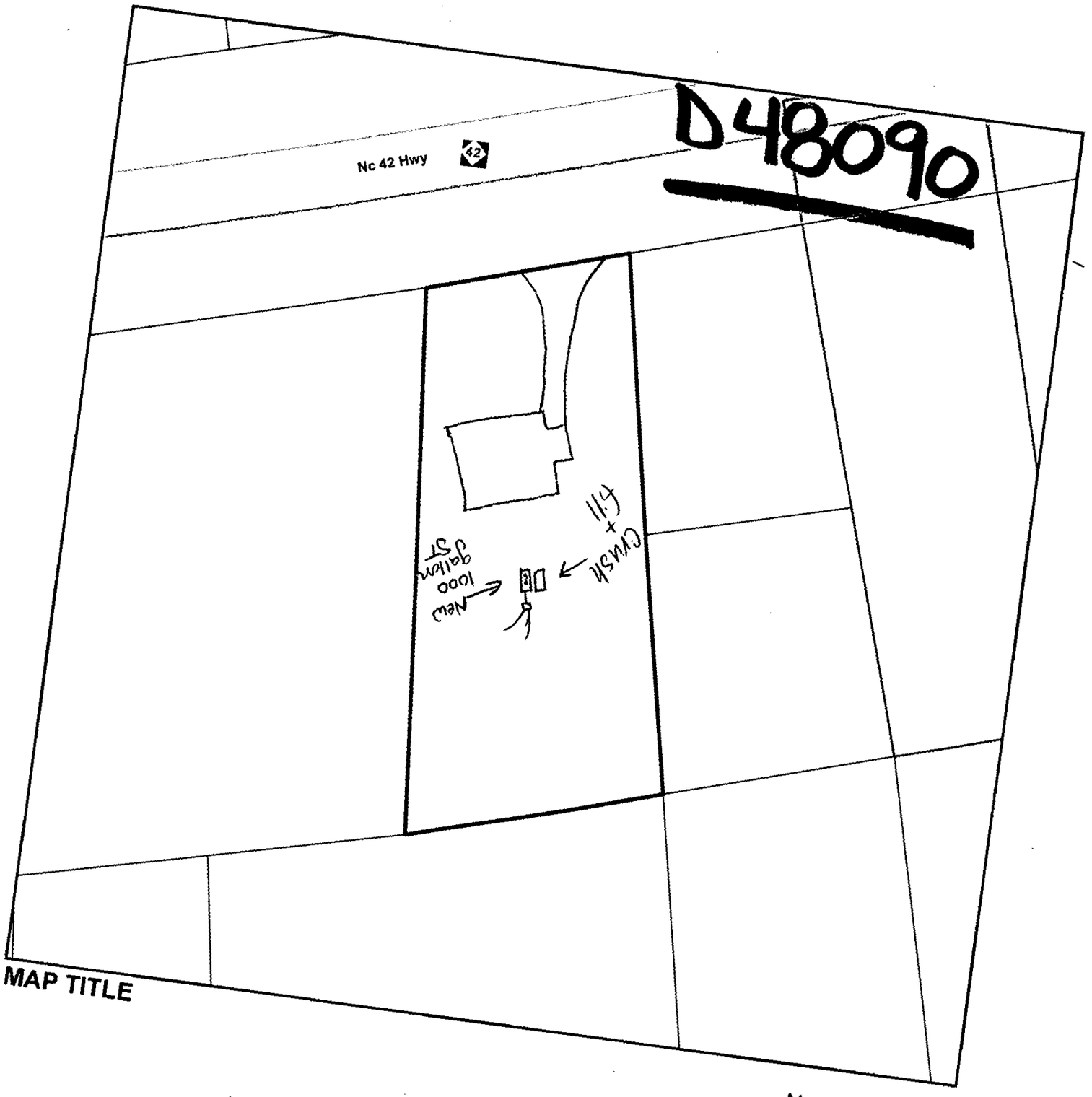
IP ISSUED? DATE: BY: ( )_____ PHONE#:

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. An Accepted Status System may be used in place of conventional system, if it can be placed in the permitted/authorized trench footprint (except reduction in line length and/or number as allowed for in approval) and the installation is in accordance with the accepted system approval, without unauthorized product alteration. If permit required use of an Accepted Status System, substitution with another accepted status system may be made, as long as no changes are necessary in the location of each nitrification line (including any increase in line length), trench depth or effluent distribution method. If changes are necessary, prior approval by this office is required before system installation. **OTHER CONDITIONS:**
INSTALL NEW 1000 GALLON ST NEAR EXISTING ST. CRUSH AND FILL OLD ST.

TANK SIZE: **1000** gal. PUMP TANK: _____ gal. SQ FT: _____ STONE DEPTH: **in.** MAX DEPTH LINE: ___ in.
MAINT: **N** OPER: **N** L/O: **N** TRENCH#: ____ LENGTH: ____ ft. WIDTH: ___ in. DESIGNER: ___
SUBFIELDS: __ DESIGN HEAD PRESSURE: ___ DESIGN FLOW: ____ gal/min DOSE VOLUME: ____ gal.

CA ISSUED? **Y** DATE: **09/11/2012** BY: **(JEW)** PHONE#: **856-7342**



MAP TITLE

N

0 25 50 100 Feet

1 inch = 50 feet

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