

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 1039445

PIN #: 0678201565

OP DATE: 0211412008

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.)

01309

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 8/11/14

WAKE COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES WELL AND SEWAGE SITE LOCATION PERMITNO 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#: **D039445** STATUS: **A** APP. DATE: **03/14/2007** BLDG. PERMIT#: **0073043**
PIN: **0678.03 30 0618 000** TAX MAP: **0822 0001** RECORDED: **Y** ORIG. PERMIT#:
TOWNSHIP: **12 MIDDLE CREEK** JURISDICTION: **WC** ZONING: **R-30**
APPLICANT: **PROGRESSIVE BUILDERS OF NC**
7621 PURFOY RD
FUQUAY-VARINA, NC 27526
(919) 567 - 3756
USE: **HD USE: 101 ONE-FAMILY HOUSE**
EXIST USE:
DISPOSAL: **BEDROOMS: 4 BASEMENT: N #EMPLOYEES: 0**
SITE: **ADDRESS: 5715 BUTEO CT**
SUBDIVISION: JOHNSON POINTE LOT: 8 ACRES:
DIRECTION: **401 SO TO FV TR ON HILLTOP-NEEDMORE RD, TL ON**
OLD MILL RD TL ON BUTEO CT

Well System: WATER: INDIVIDUAL - TYPE: NEW

WELL LOG INFORMATION: DEPTH: 307 CASING DEPTH: 111 YIELD: 10 STATIC LEVEL: 25
WELL CONTRACTOR: NW 5006 REG.# 4 PUMP CONTRACTOR: N.W. Foster REG.# 846
Construction Compliance GROUT APPROVED ☒ DATE 11/6/07 EHS LEAH EUSELE
WELLHEAD APPROVED ☒ DATE 1/2/08 EHS LEAH EUSELE
SYSTEM FINALIZED ☐ DATE EHS LEAH EUSELE

COMMENTS:

DESIGN FLOW: gal./min. ACTUAL FLOW: INNOVATIVE LETTER:
INSTALLED BY: Tommy Coley INSTALLATION APPROVED BY: Leah Eusele 1/9/08
PROPRIETARY SYSTEM: blue polyjet FILTER NO: blue polyjet
COMMENTS:

OPERATIONS PERMIT ISSUED? Y OP DATE: 2/14/08 BY: Leah Eusele

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: 1/8/08 Benchmark: ST Rod reading: 3' Distance to Structure: 10'
ST: BTS 1200 gals ID#: STB 106 D.O.M.: 9/7/07 Elev.: 3' Distance to Well: 100'
PT: gals ID#: D.O.M.: Elev.:
D-box/FD/PM elev.: 3'10" Supply Line: ft. Pump/Control Panel:
Line 1: 5'7" Date: 1/8 Line 6: Date:
Line 2: 5'11" Date: Line 7: Date:
Line 3: 6'3" Date: Line 8: Date:
Line 4: 6'9" Date: Line 9: Date:
Line 5: Date: Line 10: Date:
Distance to P/L: Notes:

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EXIST USE:
DISPOSAL: **BEDROOMS: 4 BASEMENT: N #EMPLOYEES: 0 FOUND DRAIN: Y**
SITE: **ADDRESS: 5715 BUTEO CT**
SUBDIVISION: **JOHNSON POINTE LOT: 8 ACRES:**
DIRECTION: **401 SO TO FV TR ON HILLTOP-NEEDMORE RD, TL ON**
OLD MILL RD TL ON BUTEO CT

IMPROVEMENT PERMIT

TANK SIZE: **1200** gal. PUMP Tank: **_____** gal. SQ FT: **1309** INNOVATIVE **MAX DEPTH LINE: 18 in.**
WASTEWATER: **INDIVIDUAL** SEWAGE: **DOMESTIC** TYPE SYSTEM: **III G** PUMP: **N** P/M: **N**
DAILY FLOW: **480** gal/day DESIGN FEE REQ?: **PAID?:** WATER: **INDIVIDUAL**

COMMENTS:

IP ISSUED? **Y** DATE: **04/17/2007** BY: (CPS) *Chris L. Lipp* PHONE#: **796-9637**

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:**

TANK SIZE: **1200** gal. PUMP TANK: **_____** gal. SQ FT: **1309** INNOVATIVE **MAX DEPTH LINE: 18 in.**
MAINT: **N** OPER: **N** L/O: **Y** TRENCH#: **4** LENGTH: **110** ft. WIDTH: **36** in. DESIGNER: **_____**
SUBFIELDS: **___** DESIGN HEAD PRESSURE: **___** DESIGN FLOW: **_____** gal/min DOSE VOLUME: **_____** gal.

CA ISSUED? **Y** DATE: **09/19/2007** BY: (CPS) *Chris L. Lipp* PHONE#: **796-9637**

OLD MILLS RD.

BUTEO CT.

SITE

JOHNSON POND RD.

VICINITY MAP (NTS)

LEGEND		
NTS	NOT TO SCALE	
MH	MANHOLE	HOUSE
EIP	EXISTING IRON PIPE	DRIVEWAY
PP	POWER POLE	<u>SIDEWALK</u>
W/M	WATER METER	
TB	TELEPHONE BOX	TOTAL L
IPS	IRON PIPE SET	TOTAL L
CP&L	TRANSFORMER	
CTV	CABLE TV	PRESENTA
L. POLE	LIGHT POLE	MAX IMP. A
OHPL	OVERHEAD POWER LINE	
F.E.S.	FLARED END SECTION (PIPE)	
RCP	REINFORCED CONC. PIPE	
B.O.C.	BACK OF CURB	
F.H.	FIRE HYDRANT	
C-O	SEWER CLEAN OUT	
EIS	EXISTING IRON STAKE	
NPS	NO POINT SET	
W/V	WATER VALVE	

IMPERVIOUS SURFACE TABLE	
HOUSE	3211
DRIVEWAY	1135
SIDEWALK	165
TOTAL IMPERVIOUS AREA	4511
TOTAL LOT AREA	45718

PERCENTAGE OF IMPERVIOUS AREA 9.87%
MAX IMP. ALLOWED PER PLAT = 7944 SQ.FT.

PLAT NORTH (BM. 2006, PG. 28)

0073043
D39445

CA

4(110' x 3') CR
10X72
SIGNATURE TRANGLE
- Gravity to Dbox
- 1200 gal ST
- 18" max trench depth
- 25% red. already taken

~~Repaid~~
~~III~~

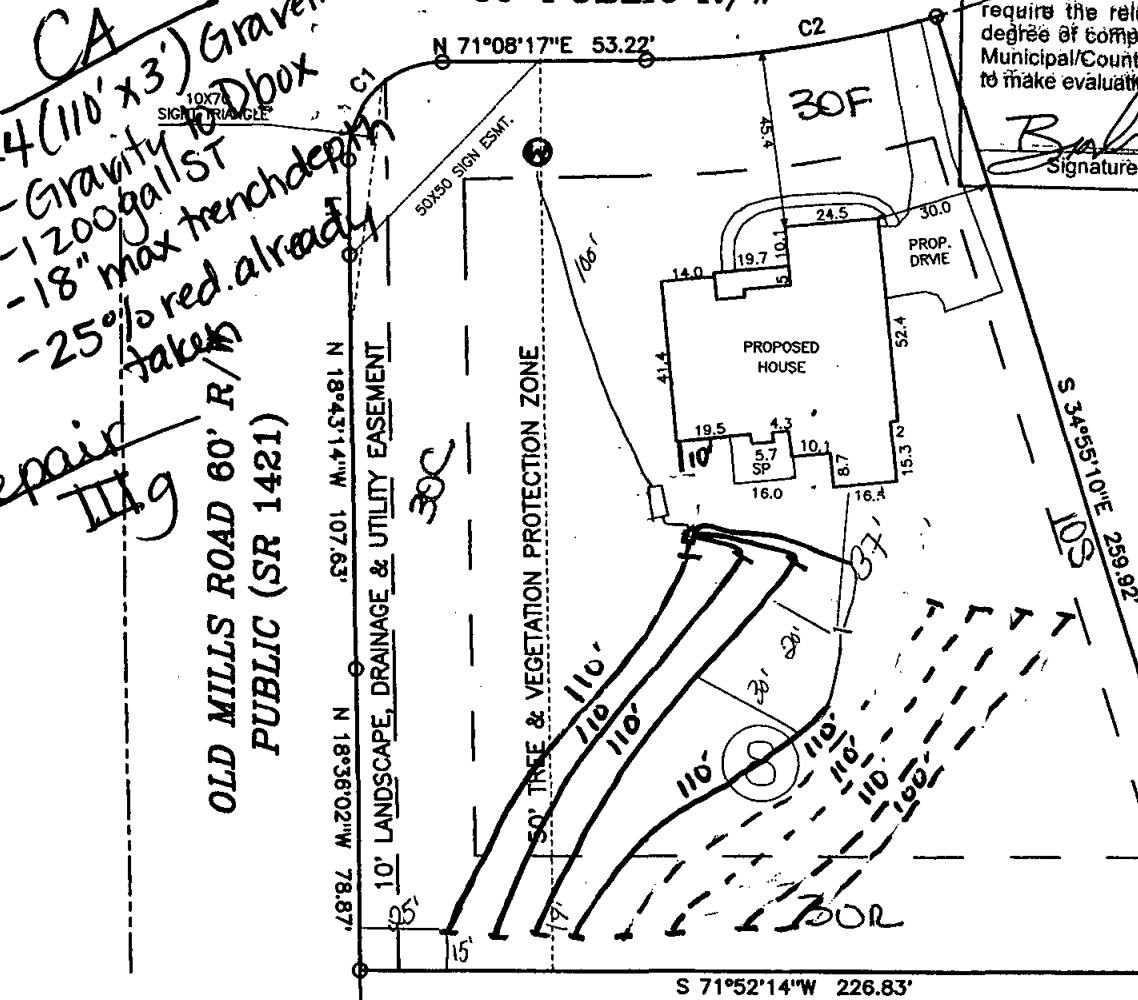
OLD MILLS ROAD 60' PUBLIC (SR 1421)

5715
BUTEO COURT
50' PUBLIC R/W

Pin: 067803300118

I certify that the location of planned or existing structures are accurately shown. I understand failure to follow these structures in accordance with this plot plan requires the relocation of structure(s) regarding degree of completion. I hereby grant permission to Municipal/County Representatives the right of access to make evaluations or inspections upon this project.

Signature of Owner or Authorized Agent

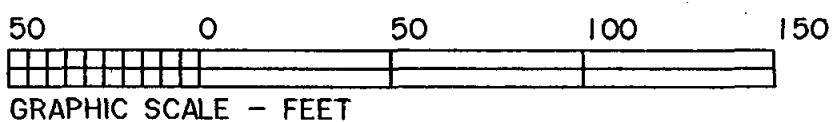


Zoning	R30	By	54
Approve	✓	Date	09/8/07
Revise	✓	Use	101
Reject		MBL	
Front	30	Rear	30
Side	10	Corner	30

CURVE	RADIUS	LENGTH	CHORD	CH. BEARING
C1	25.00'	39.28'	35.36'	S 26°08'17"W
C2	275.00'	77.07'	76.82'	N 63°06'33"E

COURSE	BEARING	DISTANCE
L1	N 18°51'43"W	24.65'

NOTE: SHOWN IS LOT 8 OF
JOHNSON POINTE S/D.
REF: BM.2007, PG. 28
AREA = 45,718 SQ.FT.
5717 BUTEO COURT



THIS IS TO CERTIFY THAT THIS MAP WAS PREPARED FROM AN ACTUAL SURVEY OF THE PREMISES, MADE UNDER MY SUPERVISION, AND THAT THERE ARE NOT ANY ENCROACHMENTS, EXCEPT AS NOTED TO THE BEST OF MY KNOWLEDGE. THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1:10,000. THIS MAP WAS PREPARED FOR TITLE COMPANY USE AND IS NOT INTENDED FOR RECORDATION OR CONVEYANCES WITHOUT WRITTEN AUTHORIZATION OF THE SURVEYOR AND OTHER APPROPRIATE OFFICIALS.

PROFESSIONAL LAND SURVEYOR
L-3247

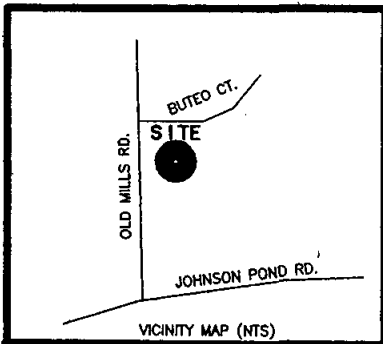
PRELIMINARY PLAT
NOT FOR RECORDATION

PRELIMINARY PLOT PLAN FOR: PROGRESSIVE BUILDERS

MIDDLE CREEK TWSP., WAKE CO., NC.
SCALE 1" = 50' SEPT. 14, 2007

MAULDIN-WATKINS SURVEYING P.A.
P.O. BOX 444, 1301 BROAD STREET
FUQUAY-VARINA, NC 27526
919-552-9326

3054-8



LEGEND
 NTS NOT TO SCALE
 MH MANHOLE
 EIP EXISTING IRON PIPE
 PP POWER POLE
 W/M WATER METER
 TB TELEPHONE BOX
 IPS IRON PIPE SET
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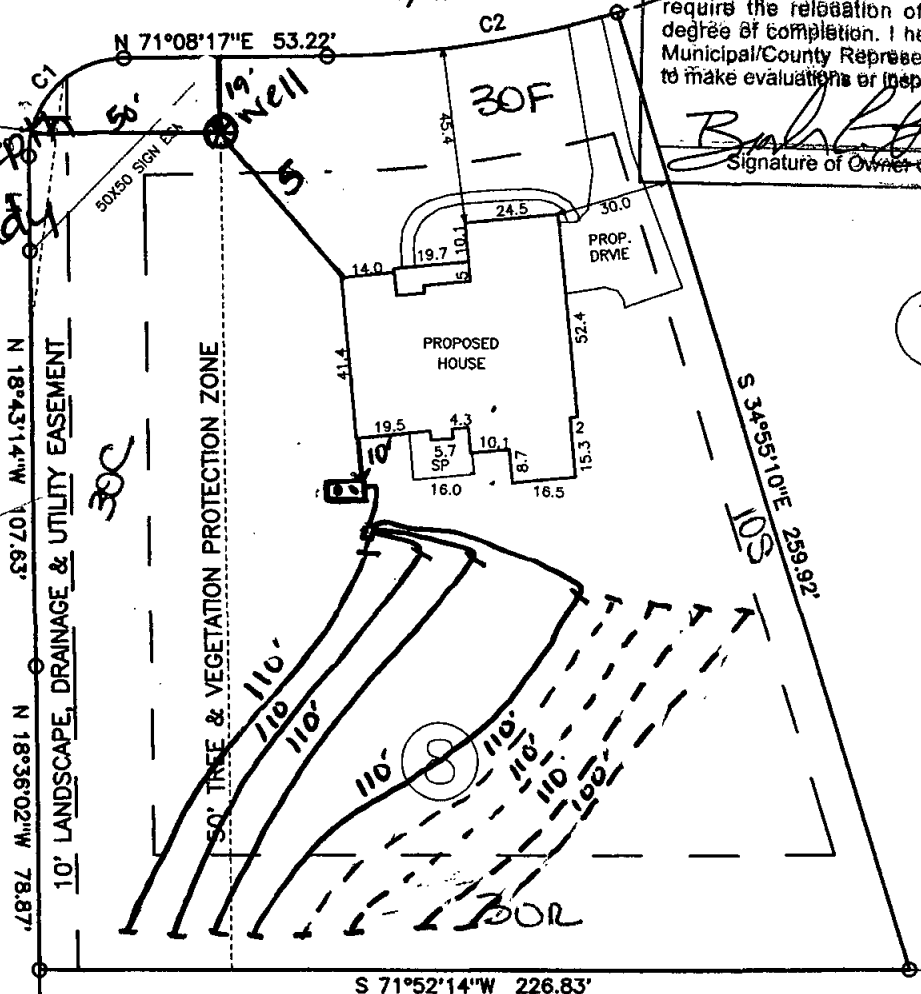
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CA
 4(110'x3') Gravelless
 Gravity to Dbox
 -1200 gallon
 -18" max trench depth
 -25% red. already taken
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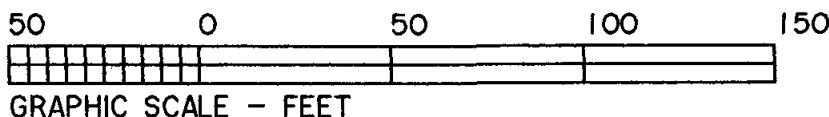


Zoning R30 By JUL
 Approve ☒ Date 09/18/07
 Revise ☒ Use 101
 Reject MBL
 Front 30 Rear 30
 Side 10 Corner 30

CURVE	RADIUS	LENGTH	CHORD	CH. BEARING
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 P.O. BOX 444, 1301 BROAD STREET
 FUQUAY-VARINA, NC 27526
 919-552-9326

3054-8

NOV. 6. 2007 8:06AM.
TO: WAKE CO.

N.W. POOLE WELL CO.

William Cashotte

VO. 779 P. 1



RESIDENTIAL WELL CONSTRUCTION RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION # 2833

1. WELL CONTRACTOR:

James M. Jones
Well Contractor (Individual) Name

N.W. Poole Well
Well Contractor Company Name

STREET ADDRESS 3500 Rolesville Rd.

Wendell Nc 27591
City or Town State Zip Code

919-266-9223
Area code- Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable)

STATE WELL PERMIT # (if applicable)

DWQ or OTHER PERMIT # (if applicable) DO39445

WELL USE (Check Applicable Box): Residential Water Supply ☒

DATE DRILLED 11-5-07

TIME COMPLETED 3:00 AM ☐ PM ☒

3. WELL LOCATION:

CITY: Holly Springs COUNTY Wake

5715 Buteau Court, Lot 8

(Street Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

☐ Slope ☐ Valley ☒ Flat ☐ Ridge ☐ Other
(check appropriate box)

LATITUDE 3

LONGITUDE

May be in degrees,
minutes, seconds or
in a decimal format

Latitude/longitude source: ☐ GPS ☐ Topographic map

(location of well must be shown on a USGS top map and
attached to this form if not using GPS)

4. WELL OWNER

OWNER'S NAME Progressive Builders

STREET ADDRESS 7629 Purday Rd.

Ferguson Nc 27526
City or Town State Zip Code

919-667-3755
Area code - Phone number

5. WELL DETAILS:

a. TOTAL DEPTH: 307

b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒

c. WATER LEVEL Below Top of Casing: 25 FT.
(Use "+" if Above Top of Casing)

d. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at or below land surface may require
a variance in accordance with 15A NCAC 2C .0118.

e. YIELD (gpm): 70 METHOD OF TEST Air

f. DISINFECTION: Type Gran Amount 16.02

g. WATER ZONES (depth):

From 289 To _____ From _____ To _____

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

6. CASING:

Depth Diameter Thickness/
From 1 To 111 Ft. 6 1/2 0.138 gal

From _____ To _____ Ft. _____

From _____ To _____ Ft. _____

7. GROUT:

Depth Material Method
From 0 To 20 Ft. cement mix-four

From _____ To _____ Ft. _____

From _____ To _____ Ft. _____

8. SCREEN:

Depth Diameter Slot Size Material
From _____ To _____ Ft. _____ in. _____ in.

From _____ To _____ Ft. _____ in. _____ in.

From _____ To _____ Ft. _____ in. _____ in.

9. SAND/GRAVEL PACK:

Depth Size Material
From _____ To _____ Ft. _____

From _____ To _____ Ft. _____

From _____ To _____ Ft. _____

10. DRILLING LOG

From To Formation Description

0 - 2 Topsoil

2 - 29 clay

29 - 36 sand

36 - 90 clay

90 - 104 pink

104 - 307 slate

11. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH
15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS
RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

James M. Jones 11-5-07
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

James M. Jones
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt.,
1617 Mail Service Center - Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.

Form GW-1a
Rev. 7/05