Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: D026649 PIN #: 0665679700

OP DATE: 05/10/2003

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
☐	☒	☐	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.)

00990

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

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#: **D026649** STATUS: **A** APP. DATE: **03/17/2003** BLDG. PERMIT#: **0032252**
PIN: **0665.02 67 9700 000** TAX MAP: **0877 0000** RECORDED: **Y** ORIG. PERMIT#:
TOWNSHIP: **12 MIDDLE CREEK** JURISDICTION: **WC** ZONING: **R30**
APPLICANT: **PETER A. BREWER CONSTRUCT. INC**
4804 CYPRESS FORD DR.
FUQUAY-VARINA, NC 27526
(919) 567 - 8900
USE: HD USE: **101 ONE-FAMILY HOUSE**
EXIST USE:
DISPOSAL: BEDROOMS: **3** BASEMENT: **N** #EMPLOYEES: **0**
SITE: ADDRESS: **4021 OLDE WAVERLY WAY**
SUBDIVISION: **OLDE WAVERLY** LOT: **32** ACRES: **0.66**
DIRECTION: **401 S TL PURFOY RD TL OLDE WAVERLY WAY INTO S/D**
(WELL/SEPTIC)

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

WELL LOG INFORMATION: DEPTH: **225** CASING DEPTH: **45** YIELD: **25.0** STATIC LEVEL: **20**
WELLI CONTRACTOR: **N. W. POOLE** REG.# **00004** 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: **R**

INSTALLED BY: Ricky Holland INSTALLATION APPROVED BY: jillmcnall
PROPRIETARY SYSTEM: FILTER NO: _____
COMMENTS:

OPERATIONS PERMIT ISSUED? ___ OP DATE: 05/08/03 BY: jillmcnall

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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 2: _____ _____ _____ _____ Date: _____
Line 3: _____ _____ _____ _____ Date: _____
Line 4: _____ _____ _____ _____ Date: _____
Line 5: _____ _____ _____ _____ Date: _____
Distance to P/L: _____ Notes: _____

MHS Build

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PERMIT#: **D026649** STATUS: **A** APP. DATE: **03/17/2003** BLDG. PERMIT#: **0032252**
PIN: **0665.02 67 9700 000** TAX MAP: **0877 0000** RECORDED: **Y** ORIG. PERMIT#:
TOWNSHIP: **12 MIDDLE CREEK** JURISDICTION: **WC** ZONING: **R30**
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4804 CYPRESS FORD DR.
FUQUAY-VARINA, NC 27526
(919) 567 - 8900
USE: HD USE: **101 ONE-FAMILY HOUSE**
EXIST USE:
DISPOSAL: BEDROOMS: **3** BASEMENT: **N** #EMPLOYEES: **0** FOUND DRAIN:
SITE: ADDRESS: **4021 OLDE WAVERLY WAY**
SUBDIVISION: **OLDE WAVERLY** LOT: **32** ACRES: **0.66**
DIRECTION: **401 S TL PURFOY RD TL OLDE WAVERLY WAY INTO S/D**
(WELL/SEPTIC)

IMPROVEMENT PERMIT

TANK SIZE: **1000** gal. PUMP Tank: _____ gal. SQ FT: **990** INNOVATIVE MAX DEPTH LINE: **24** in.
WASTEWATER: **INDIVIDUAL** SEWAGE: **DOMESTIC** TYPE SYSTEM: **III G** PUMP: **N** P/M: **N**
DAILY FLOW: **360** gal/day DESIGN FEE REQ?: PAID?: WATER: **INDIVIDUAL**

COMMENTS:

IP ISSUED? **Y** DATE: **04/03/2003** BY: **(JEM)** _____ 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:**
INSTALL LINES ON CONTOUR. MAINTAIN ALL SETBACKS. MAX TRENCH DEPTH IS 24" ON DEEPEST SIDE OF TRENCH. IF SITE OR SITE PLAN CHANGES, PERMIT IS VOID. DO NOT GRADE OR REMOVE ANY SOIL FROM SEPTIC SYSTEM OR REPAIR AREA. CALL PRIOR TO INSTALLATION WITH ANY QUESTIONS, COMMENTS OR CONCERNS. DO NOT INSTALL IRRIGATION SYSTEM OVER DRIANLINES. TAKE CARE NOT TO CROSS UTILITIES LINES OVER SEPTIC SYSTEM.

TANK SIZE: **1000** gal. PUMP TANK: _____ gal. SQ FT: **990** INNOVATIVE MAX DEPTH LINE: **24** in.
MAINT: **N** OPER: **N** L/O: **Y** TRENCH#: **3** LENGTH: **83** ft. WIDTH: **36** in. DESIGNER: ___
SUBFIELDS: __ DESIGN HEAD PRESSURE: _ DESIGN FLOW: _____ gal/min DOSE VOLUME: ____ gal.

CA ISSUED? **Y** DATE: **04/03/2003** BY: **(JEM)** _____ PHONE#:

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EXIST USE:
DISPOSAL: BEDROOMS: **3** BASEMENT: **N** #EMPLOYEES: **0**
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DIRECTION: **401 S TL PURFOY RD TL OLDE WAVERLY WAY INTO S/D**
(WELL/SEPTIC)

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

WELL LOG INFORMATION: DEPTH: 225 CASING DEPTH: 45 YIELD: 25 STATIC LEVEL: 20
WELLI CONTRACTOR: NW Pump REG.# 4 PUMP CONTRACTOR: NW Pump REG.# 846
Construction Compliance GROUT APPROVED ☑ DATE 4/15/03 EHS: David Lasley
12457 WELLHEAD APPROVED ☑ DATE 4/24/03 EHS: David Lasley
SYSTEM FINALIZED ☑ DATE 7/17/03 EHS: David Lasley
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: [redacted] BY: [redacted]

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EXIST USE:
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(WELL/SEPTIC)

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TANK SIZE: **1000** gal. PUMP Tank: _____ gal. SQ FT: **990** STONE DEPTH: 12 **in.** MAX DEPTH LINE: **24** 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? **Y** DATE: **04/03/2003** BY: **(JEM)** Jill McNally PHONE#:

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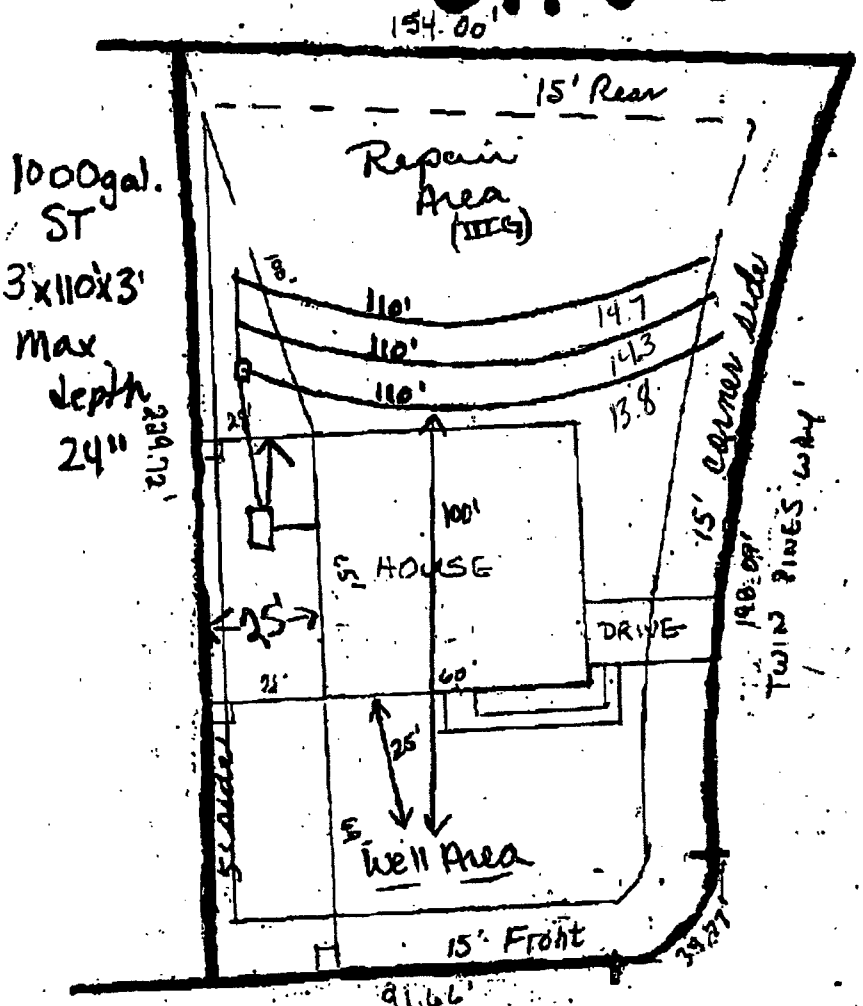
TANK SIZE: **1000** gal. PUMP TANK: _____ gal. SQ FT: **990** STONE DEPTH: 12 **in.** MAX DEPTH LINE: **24** in.
MAINT: **N** OPER: **N** L/O: **Y** TRENCH#: **3** LENGTH: **110** ft. WIDTH: **36** in. DESIGNER: ___
SUBFIELDS: __ DESIGN HEAD PRESSURE: _ DESIGN FLOW: _____ gal/min DOSE VOLUME: ____ gal.

CA ISSUED? **Y** DATE: **04/03/2003** BY: **(JEM)** Jill McNally PHONE#:

As Built

CA Site Plan 032252 D-026649



LOT 28750 s.f.

IMPERVIOUS SOILS

HOUSE	3900 s.f.
DRIVEWAY	480
WALK	220
	4600 s.f.

PERCENT IMPERVIOUS 16%

PIN: 0665.02-67-9700

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.

Peter A. Brewer

Signature of Owner or Authorized Agent 3-17-03

Zoning R30 By SBC

Approve ✓ Date 3-17-2003

Revise ____ Use 101

Reject ____ MBL ____

Front 15' Rear 15'

Side 5 Corner 15'

Cul-de-sac ____

402 OLDE WAVERLY WAY

BT 51000
STB 103

7:45 tank

SITE PLAN

OLDE WAVERLY PHASE 1 LOT 32

SCALE 1" = 40'

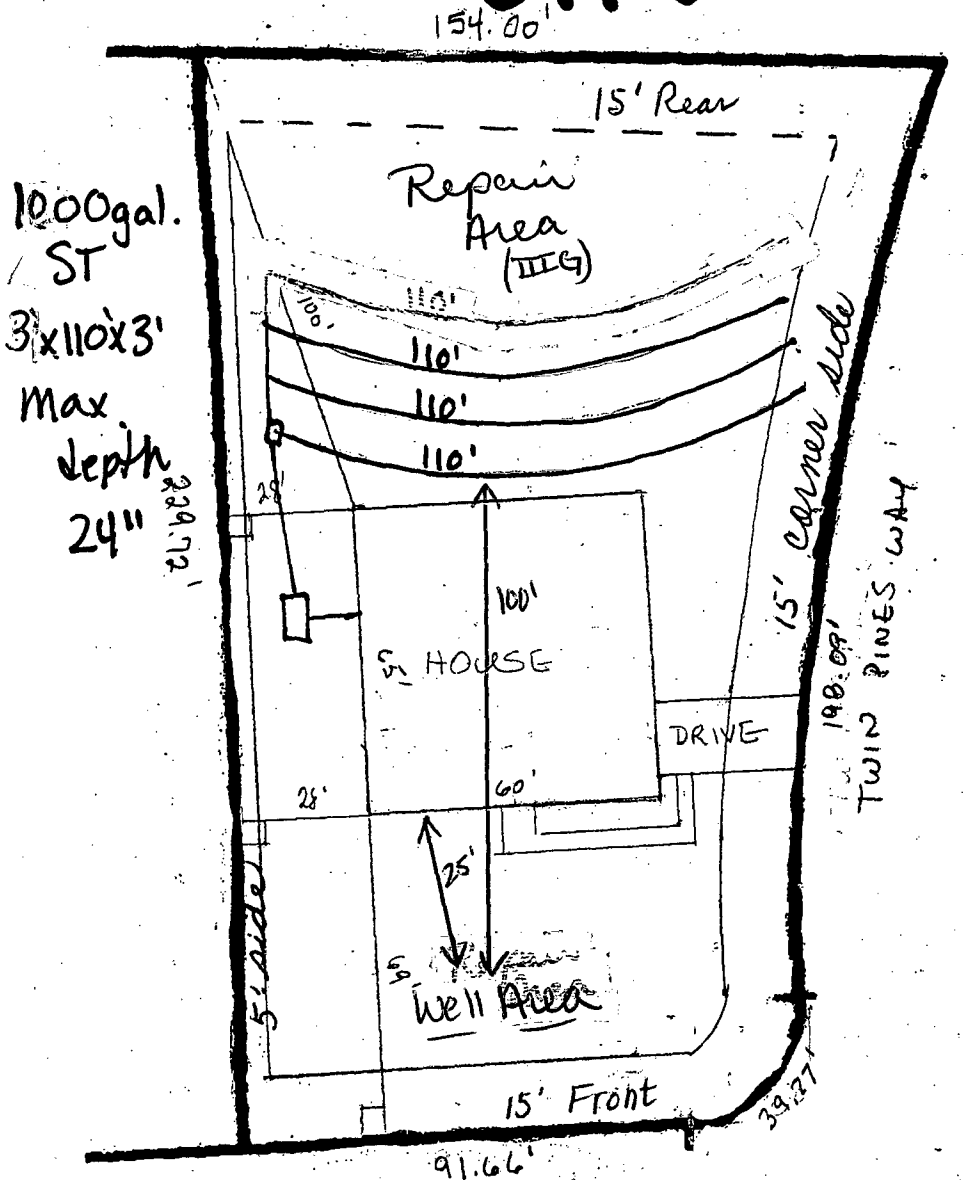
3/17/2003

247.50
(3)85 EZ GT (~~255~~ 260)

1 pm

PETER A. BREWER
CONSTRUCTION, INC.
4804 CYPRESS FORD DRIVE
FUQUAY-VARINA, NC 27526
(919) 567-8900 offic
(919) 557-9775 Fax
(919) 422-3670 Mobi

CA Site Plan 032252 D-026649



4021 OLDE WAVERLY WAY

LOT 28750 s.f.

IMPERVIOUS SOILS

HOUSE	3900 s.f.
DRIVEWAY	480
WALK	220
	4600 s.f.

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Signature of Owner or Authorized Agent

3-17-03

Zoning R30 By SBC

Approve ✓ Date 3-17-2003

Revise ____ Use 101

Reject ____ MBL ____

Front 15 Rear 15'

Side 5 Corner 15'

Comments

SITE PLAN

OLDE WAVERLY PHASE 1 LOT 32

SCALE 1" = 40'

3/17/2003

PETER A. BREWER
CONSTRUCTION, INC.
4804 CYPRESS FORD DRIVE
FUQUAY-VARINA, NC 27526
(919) 567-8900 offic
(919) 557-9775 Fax
(919) 422-3670 Mobi

I, Pete Brewer hereby request the chamber system or polystyrene aggregate system called EZ Flow to be used in my sewage disposal system. I understand that I will be granted a 25% reduction in the amount of required drainfield for my property. My property is located at Lot 32 Olde Waverly

* Peter A. Brewer Owner

* 5/5/2003 Date

D# 026649

Biding Permit # 0032252

PIN: 0665.02679700

Generic Name	Proprietary Name
__ Drip System	"Perc-Rite" Subsurface
__ Chamber Trench Sys.	"Infiltrator"Chambered
__ Brunswick Bed/Fill Sys.	"Brunswick" Bed/Fill
__ Chamber Trench Sys.	"Hancor EnviroChamber"
X Polystyrene Aggregate Tr	Houck Drainage Sys.
__ Chamber Trench	"Contractor Model 75,100,125, and field drain"
__ Polyethylene	Norwesco P.E. Tanks
__ Sand Filter Pretreatment	Pressure Dosed Sand
__ Chamber Trench	"Bio Diffuser" Low Profile
__ Peat Filter Prot. Sys.	Puraflo Peat Biolfilter Sys.
__ Fibermesh Reinforced Tanks	Fibermesh Reinforced Tank

Attention: Jill Nally

WAKE COUNTY
Department of Environmental Services
Water, Wastewater and Development Services
(919) 856-7400 FAX: (919) 856-7407 PO Box 550, Raleigh, NC 27602

REVISIONS THAT DO NOT NEED REVISED SITE PLANS

D # 026649 **Building Permit #** 0032252
PIN # _____

- Change of Bedrooms from 4
  to 3
- Change of Name on Permit * _____
- Change of Foundation _____
- Change of Garbage Disposal _____
- Change of Employees _____

* Need Name. Address and Phone Number of New Applicant

Comments:

_____

_____

_____

_____

_____

Applicant Signature Peter A Brewer Date 4/3/2003

Permit Processor _____ Date _____

To protect and improve the quality of Wake County's environment and ensure a healthy future for its citizens through cooperation, education, management and enforcement

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) DONN BERRYHILL CERTIFICATION # 2635

WELL CONTRACTOR COMPANY NAME _____ PHONE # ( )

STATE WELL CONSTRUCTION PERMIT# _____ (if applicable) ASSOCIATED WQ PERMIT# _____ (if applicable)

1. WELL USE (Check Applicable Box): Residential ☒ Municipal/Public ☐ Industrial ☐ Agricultural ☐
Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use _____

2. WELL LOCATION:
Nearest Town: Fuquay Varina County WAKE
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting
☐Ridge ☒Slope ☐Valley ☐Flat
(check appropriate box)

Latitude/longitude of well location
(degrees/minutes/seconds)

Latitude/longitude source: ☐GPS ☐Topographic map
(check box)

3. OWNER: _____
Address _____
(Street or Route No.)
City or Town State Zip Code
( )- _____
Area code- Phone number

4. DATE DRILLED 4-14-03
5. TOTAL DEPTH: 225
6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒
7. STATIC WATER LEVEL Below Top of Casing: 20 FT.
(Use "+" if Above Top of Casing)
8. TOP OF CASING IS 1.5 FT. Above Land Surface*
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.
9. YIELD (gpm): 25 METHOD OF TEST Blow
10. WATER ZONES (depth): 195

DEPTH From	To	DRILLING LOG Formation Description
0 -	2	Top Soil
2 -	13	Clay
13 -	30	Sand & Clay
30 -	45	Slate
45 -	225	Slate

11. DISINFECTION: Type HTH Amount 1/2 lb
12. CASING:

	Depth From	To	Diameter	Wall Thickness or Weight/Ft.	Material
	0	45 Ft.	6 1/4	188	Galv
		Ft.			
		Ft.			

13. GROUT:

	Depth From	To	Material	Method
	0	22' Ft.	Port-Sand	Gravity
		Ft.		

14. SCREEN:

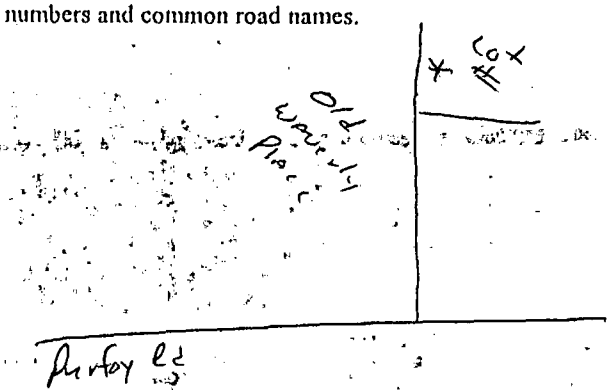
	Depth From	To	Diameter	Slot Size	Material
		Ft.	in.	in.	
		Ft.	in.	in.	

15. SAND/GRAVEL PACK:

	Depth From	To	Size	Material
		Ft.		
		Ft.		

16. REMARKS: DH

LOCATION SKETCH
Show direction and distance in miles from at least two State Roads or County Roads. Include the road numbers and common road names.



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

Donn Berryhill PE 4-14-03

SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

Submit the original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center - Raleigh, NC 27699-1636 Phone No. (919) 733-3221, within 30 days.

GW-1 REV. 07/2001