Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0017208 PIN #: 0656295597

OP DATE: 10/09/2003

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
- [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
[ ]	[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:
- [x] 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
- [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

B.W 9/4/14

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#: D017208 STATUS: A APP DATE: 02/08/2000 BLDG PERMIT#:
APPLICANT: CRABTREE, ROBERT DAY PHONE: (919) 552 - 5897
ADDRESS: 5528 STICKLEBACK DR FAX#: (000) 000 - 0000
CITY: FUQUAY VARINA STATE: NC ZIP: 27526
OWNER: ROBERT CRABTREE BUILDER I DAY PHONE: (919) 552 - 5897
ADDRESS: SAME FAX#: (000) 000 - 0000
CITY: SAME STATE: NC ZIP: 27526
HD USE CD: 101 ONE-FAMILY HOUSE ORIG PERMIT#: REC?: Y
EXIST USE: TAX MAP#: 0875 003A
BEDROOMS: 3 BSMT: N #EMPLOYEES: 0 WATER: P WASTEWATER: I GARB DISPOSL: N
TOWNSHIP: 12 MIDDLE CREEK JURIS: FUX ZON: PIN: ~~0655.01 39 2284 000~~ 0655.29 5597
SUBD#: S 000 000 00 SUBD NAME: GRAY STONE LOT-SEC: 09 ACRE: .5
IMPRV PRMT: ISSUED?: Y DATE: 04/20/2000 BY: SFM TYPE SYSTEM: II A PUMP:
CNSTR AUTH: ISSUED?: Y DATE: 04/20/2000 BY: SFM MAINT: N OPER: N
RECEIPT#: 0001284 FEE: 145.00 OP DATE: BY:
WATR SAMPL: REQ?: N APPROVED?: DATE: PROPRIETARY SYS:
ST#: 1616 MI: DIR: NAME: WET STONE DIR: TYP: DR
DIRECTIONS: TAKE WAGSTAFF RD W TL WETSTONE DR LOT ON LEFT

IMPROVEMENT PERMIT

SIZE OF TANK **1000 ST** ___ **PT** GALS. TOTAL SQ. FT. **900** DEPTH OF STONE **12** IN. MAX. DEPTH LINE **24** IN.

WASTEWATER: DOMESTIC ☒ INDUSTRIAL ☐ I.P. ISSUED BY Steve Meyer, RS

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: **INSTALL LINES ON CONTOUR WITH NO STEPDOWNS. REMOVE ALL TREES THAT INTERFERE WITH INSTALLING SYSTEM ON 9'CENTERS. CALL PRIOR TO INSTALLATION WITH ANY QUESTIONS OR CHANGES.**

SIZE OF TANK **1000 ST** ___ **PT** GALS. TOTAL SQ. FT. _____ DEPTH OF STONE **12** 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 Steve Meyer, RS INSTALLED BY Dennis Medlin CTR. I.D. #_____
SEPTIC TANK FILTER USED ____
INNOV. APPRL. #: IWWS-_____ DATE 10/9/03 INSTALLATION APPROVED BY Jill McNally

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: _____

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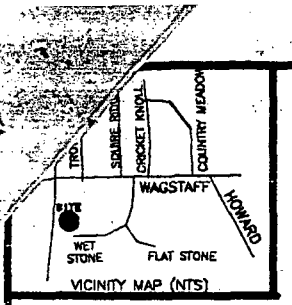
This permit is based in part on information provided by the homeowner or his/her representative in the application submitted for this permit. The Environmental Health Specialist is not responsible for false or misleading information contained in the application. The Environmental Health Specialist is 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.

Kaule Attn: Steve Myers



VICINITY MAP (NTS)

NOTE: SUBJECT PROPERTY IS ☐ IS NOT ☐ LOCATED IN A SPECIAL FLOOD HAZARD AREA. SEE F.E.M.A. FLOOD INSURANCE RATE MAP _____ ZONE _____. EFFECTIVE DATE _____

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 of [illegible] on this property.

Signature of Owner or Authorized Agent

N — NC GRID NORTH BM. 1985, PG. 1960

LEGEND
EIP EXISTING IRON PIPE
PP POWER POLE
W/M WATER METER
TB TELEPHONE BOX
IPS IRON PIPE SET
CP&L TRANSFORMER
CTV CABLE TV
L. POLE LIGHT POLE
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

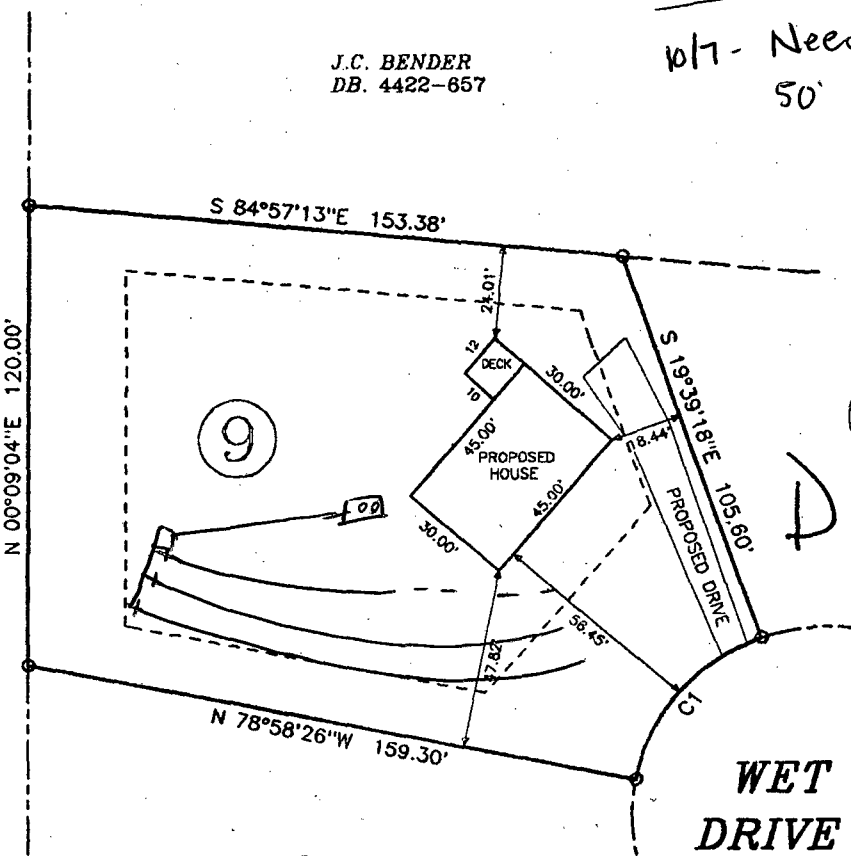
CURVE	RADIUS	LENGTH	CHORD	CH.BEARING
C1	50.00'	51.76'	49.48'	S 40°41'08"W

As Built

10/7 - Need last 50' of 3rd line. jm.

J.C. BENDER
DB. 4422-657

SOUTHERN RAILWAY 100' R/W



WET STONE DRIVE 50'R/W

D 17208

Zoning _____ By _____
Approve _____ Date _____
Revise _____ Use _____
Reject _____ MBL _____
Front _____ Rear _____
Side _____ Corner _____
Comments:

RECEIVED
APR 14 2000
BY: _____

NOTE: SHOWN IS LOT 9 OF GRAY STONE S/D.
REF: BM. 1999, PG. 1318

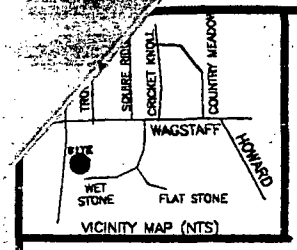
AREA = 21,879 SQ. FT.
1616 WET STONE DRIVE

50 0 50 100 150
GRAPHIC SCALE – FEET

THIS IS TO CERTIFY THAT THIS MAP WAS PREPARED FROM AN ACTUAL SURVEY OF THE

PRELIMINARY PLOT PLAN FOR:

Keuze Attn: Steve Myers



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Signature of Owner or Authorized Agent

N — NC GRID NORTH BM. 1985, PG. 1960

LEGEND
EIP EXISTING IRON PIPE
PP POWER POLE
W/M WATER METER
TB TELEPHONE BOX
IPS IRON PIPE SET
CP&L TRANSFORMER
CTV CABLE TV
L. POLE LIGHT POLE
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C\O SEWER CLEAN OUT

CURVE	RADIUS	LENGTH	CHORD	CH.BEARING
C1	50.00'	51.76'	49.48'	S 40°41'08"W

CA
+ 1000 gal JT
+ 900 sq. FT
* 3-100'x3' lines
+ 24" max T.D.
+ No Step Downs
+ Call Prior to Installation with any questions or changes

SOUTHERN RAILWAY 100' R/W

J.C. BENDER
DB. 4422-657

S 84°57'13"E 153.38'

N 00°09'04"E 120.00'

S 19°39'18"E 105.60'

N 78°58'26"W 159.30'

Pump to Innovative Repair Area

24.01'
12
DECK
10
30.00'
45.00'
PROPOSED HOUSE
45.00'
30.00'
18.44'
PROPOSED DRIVE
58.45'
3-100'x3' Lines
Partial Repair
C1

9

8

D 17208

WET STONE DRIVE 50'R/W

RECEIVED
APR 14 2000
BY:

Zoning _____ By _____
Approve _____ Date _____
Revise _____ Use 10
Reject _____ MBL _____
Front _____ Rear _____
Side _____ Corner _____
Comments:

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