

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0026083

PIN #: 1735555619

OP DATE: 0410212003

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 |
| ☐ | ☐ | ☒ | 12-30 Other |
| ☒ | ☐ | ☐ | None/NA GT or PT |

DRAINFIELD SIZE(SQ. FT.)

01200

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#: **D026083** STATUS: **A** APP. DATE: **01/02/2003** BLDG. PERMIT#: _____
PIN: **1735.02 55 5619 000** TAX MAP: **0440 0055** RECORDED: **Y** ORIG. PERMIT#: **B9759**
TOWNSHIP: **17 ST MATTHEWS** JURISDICTION: **RAX** ZONING: **RR**
APPLICANT: **REGISTER, TERRY G & GRACE J**
5808 DEVON CIR
RALEIGH, NC 27604
(919) 876 - 3888
USE: **HD USE: 0001 REPAIR/EXISTING SYSTEM**
EXIST USE: 101 ONE-FAMILY HOUSE
DISPOSAL: BEDROOMS: 4 BASEMENT: N #EMPLOYEES: 0
SITE: **ADDRESS: 5808 DEVON CT**
SUBDIVISION: FOXCROFT LOT: 109 ACRES: 1.48
DIRECTION: **US 1 N, R ON BUFFALOE, R ON CASTLEBROOK,**
L ON EDINGTON, R ON DEVON, HOUSE AT CUL-
DE-SAC.

Well System: WATER: INDIVIDUAL - 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: **R**

INSTALLED BY: Jay Adcock
PROPRIETARY SYSTEM: **E E-Z LAY PIPE**
COMMENTS: _____

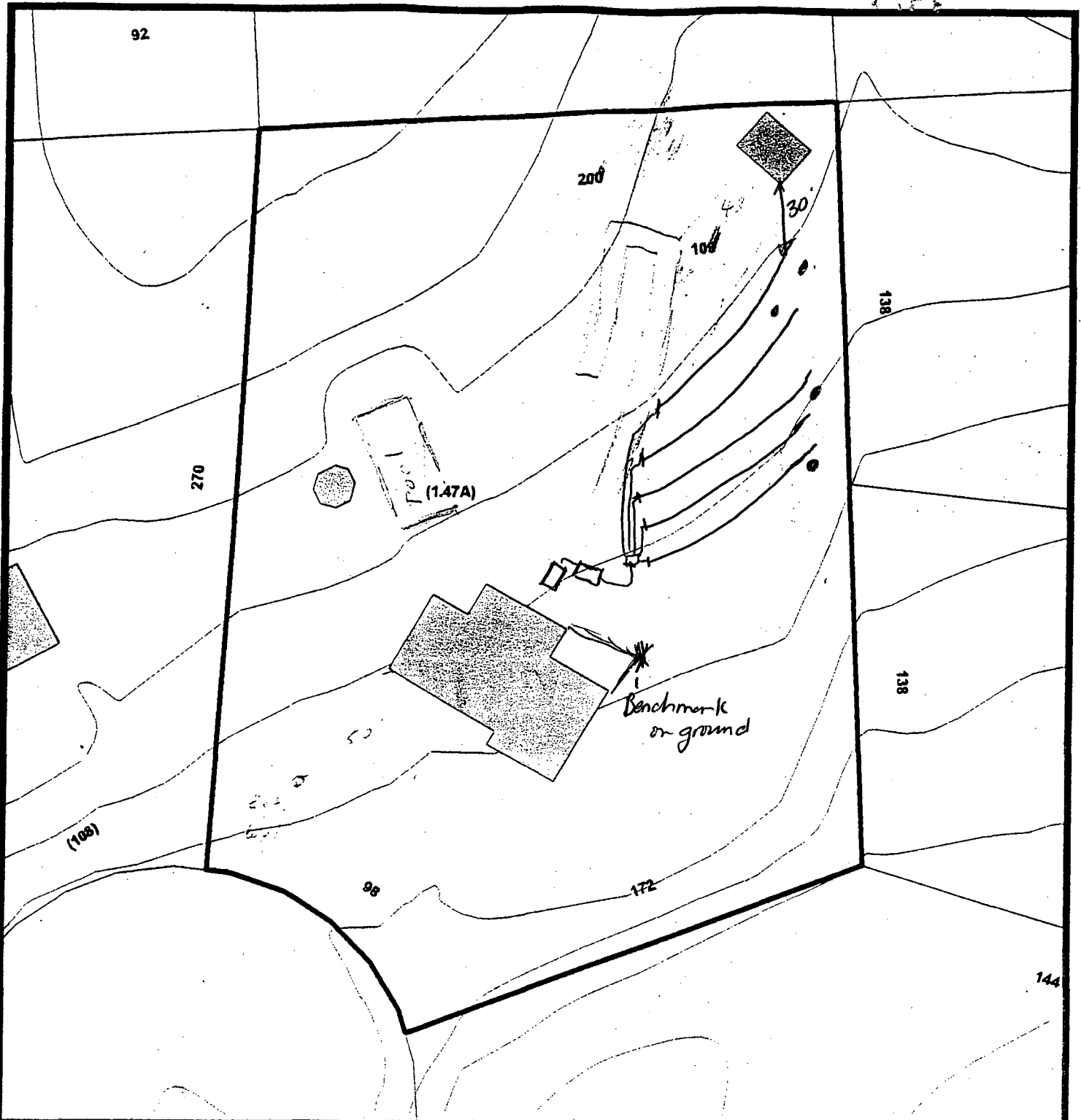
INSTALLATION APPROVED BY: [Signature]
FILTER NO: _____

OPERATIONS PERMIT ISSUED? ☒ OP DATE: 4/2/03 BY: [Signature]

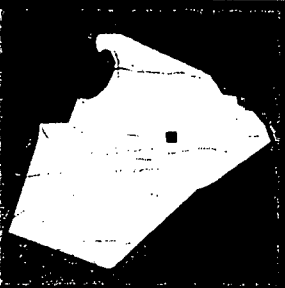
This permit is based in part on information provided by the homeowner or his/her representative in the application submitted for this permit. The Environmental Health Specialist is not responsible for false or misleading information contained in the application. The Environmental Health Specialist is 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: 4/2/03 Benchmark: corner of deck on P.T. ground Rod reading: 6" Distance to Structure: _____
ST: existing gals ID#: _____ D.O.M.: _____ Elev.: _____ Distance to Well: _____
PT: 1230 gals ID#: P.T. - 1230 - 144.0 D.O.M.: 2/3/03 Elev.: _____
D-box/FD/PM elev.: 2'5" 364 Supply Line: 10' ft. Pump/Control Panel: _____
Line 1: 4'5 1/2" 4'5 1/2" 4'5 1/2" _____ Date: 4/2/03
Line 2: 4'7" 4'9" 4'9" _____ Date: 4/2/03
Line 3: 4'9" 4'9" 4'9 1/2" _____ Date: 4/2/03
Line 4: 5'5" 5'5" 5'5" _____ Date: 4/2/03
Line 5: 5'8" 5'8 1/4" 5'8 1/2" _____ Date: 4/2/03
Distance to P/L: _____ Notes: _____



WAKE COUNTY Environmental Services



As-Built

5808 DEVON CIR



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DE-SAC.

IMPROVEMENT PERMIT

TANK SIZE: **EXIST** gal. PUMP Tank: **1200** gal. SQ FT: **1200** INNOVATIVE MAX DEPTH LINE: **36** in.
WASTEWATER: **INDIVIDUAL** SEWAGE: **DOMESTIC** TYPE SYSTEM: **III G** PUMP: **Y** P/M: **N**
DAILY FLOW: **480** gal/day DESIGN FEE REQ?: _____ PAID?: _____ WATER: **INDIVIDUAL**

COMMENTS:

IP ISSUED? _____ DATE: _____ BY: () N/A PHONE#: _____

AUTHORIZATION FOR WASTEWATER/WATER SYSTEM CONSTRUCTION

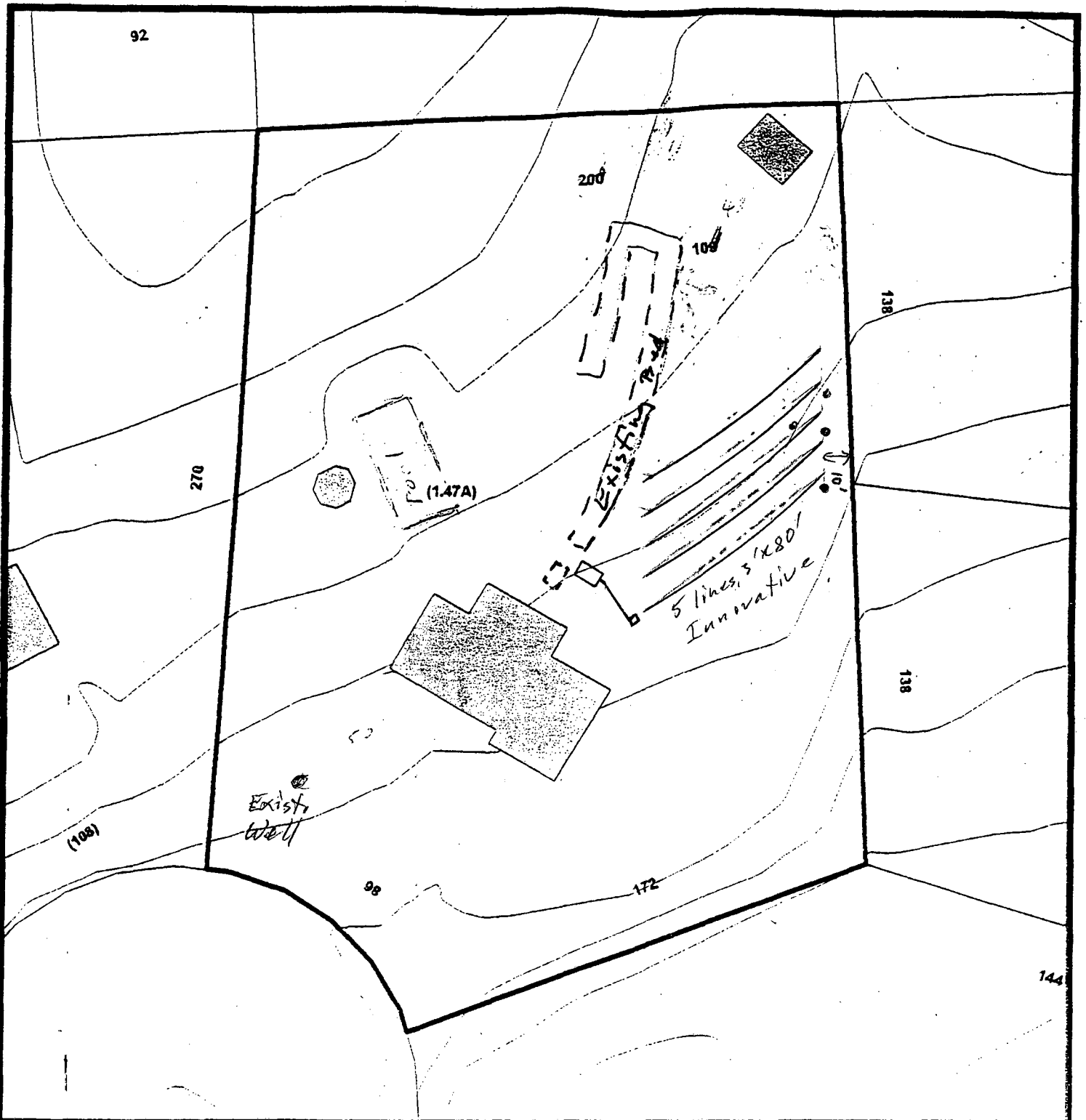
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

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:**

TANK SIZE: **EXIST** gal. PUMP TANK: **1200** gal. SQ FT: **1200** INNOVATIVE MAX DEPTH LINE: **36** in.
MAINT: **N** OPER: **N** L/O: **Y** TRENCH#: **5** LENGTH: **80** ft. WIDTH: **36** in. DESIGNER: _____
SUBFIELDS: _____ DESIGN HEAD PRESSURE: _____ DESIGN FLOW: _____ gal/min DOSE VOLUME: _____ gal.

CA ISSUED? **Y** DATE: **03/25/2003** BY: (ELC) Everett L. Carter PHONE#: **856-5380**



Environmental
Services



C.A. Site Plan

5808 DEVON CIR

