

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: **D 0 5 5 0 1 8**

PIN #: **1 7 0 9 1 3 5 4 7 7**

OP DATE: **0 4 / 2 6 / 2 0 1 6**

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

- | | | | |
|--------------------------|-------------------------------------|--------------------------|------------------|
| ☐ | ☐ | ☐ | 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 9 0 0

repair permit issued to
replace damaged septic
tank

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#: D055018 STATUS: A APP. DATE: 04/18/2016 BLDG. PERMIT#: I013615
 PIN: 1709 13 5477 000 TAX MAP: 0260 0163 RECORDED: Y ORIG. PERMIT#: D27235
 TOWNSHIP: 02 BARTON'S CREEK JURISDICTION: WC ZONING: R40W SW DEVICE: N S#:
 APPLICANT: GRISSOM, KELLY M (999) 999 - 9999
 10709 LOWERY DR RALEIGH, NC 27615
 USE: HD USE: 0001 REPAIR/EXISTING SYSTEM EXIST USE:
 LTAR: 0.30 0.30 BEDROOMS: 3 BASEMENT: N #EMPLOYEES: 0
 SITE: ADDRESS: 10709 LOWERY DR
 SUBDIVISION: BAYFIELD LOT: 8 ACRES: 1.16 EASEMENT: N LOC: SYS:
 DIRECTION: R ON FALLS OF NEUSE RD,L ON DURANT RD,R ON SIX FORKS RD,1ST L ON MOUNT VERNON CHURCH RD,L ON L
 OWERY DR, PROPERTY ON THE R

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:

Operation Permit

DESIGN FLOW: _____ gal./min. ACTUAL FLOW: _____ DOSE VOLUME: _____ gal. INNOVATIVE LETTER:
 INSTALLED BY: DB INSTALLATION APPROVED BY: Alex Casing
 PROPRIETARY SYSTEM: TYPE SYSTEM: II A

COMMENTS:

OPERATIONS PERMIT ISSUED? ☒ OP DATE: 4/26/16 BY: [Signature]

 Systems defined as either a Type IIIb, IIIg with a pump, IV, V or VI, in accordance with the North Carolina Administrative Code 15A NCAC 18A .1961, Table V as adopted by reference in the "Regulations Governing Wastewater Treatment and Dispersal Systems in Wake County", require Wake County Environmental Services to conduct periodic inspections on this type system, pursuant to 15A NCAC 18A .1961 (j). Fees for these inspections will be charged as per the approved Fee Schedule. In addition, all systems are to be operated and maintained as specified in 15A NCAC 18A .1961. 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: 4/26/16 Benchmark: TOT Rod reading: 4'8" Distance to Structure: 14'
 ST: CAT-1000 gals ID#: 980-646 D.O.M.: 1/4/16 Elev.: 4'8" Distance to Well: _____
 PT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Distance to P/L: _____
 GT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Pretreatment: n/a
 D-box/FD/PM elev.: _____ Supply Line: _____ ft. Pump/Ctrl Panel: _____ Filter: yellow
 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: _____
 ETM1: _____ CC1: _____ ETM2: _____ CC2: _____ OR: _____ AC: _____ WM: _____
 Notes: _____

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SUBDIVISION: BAYFIELD LOT: 8 ACRES: 1.16 EASEMENT: N LOC: SYS:
DIRECTION: R ON FALLS OF NEUSE RD,L ON DURANT RD,R ON SIX FORKS RD,1ST L ON MOUNT VERNON CHURCH RD,L ON L
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IMPROVEMENT PERMIT

As per GS 130A-335 (f), Improvement Permit is based on a Site Plan and is void Sixty (60) months from date of issuance: ☐

As per GS 130A-335 (f), Improvement Permit is based on a Plat and is valid without expiration: ☐

Permit is subject to revocation if the site plan or plat, whichever is applicable, or the intended use changes.

TANK SIZE: 1000 gal. PUMP Tank: _____ gal. GREASE TRAP: _____ gal. SQ FT: _____ STONE DEPTH: _____ in. MAX DEPTH LINE: _____ in.
WASTEWATER: INDIVIDUAL SEWAGE: DOMESTIC TYPE SYSTEM: II A PUMP: N P/M: N LP: NA TD: NA
DAILY FLOW: 360 gal/day WATER: INDIVIDUAL PRETREATMENT: NA FILL: NA DAF: NA DEEP: NA REDUCE35%: NA

COMMENTS:

IP ISSUED? _____ DATE: _____ BY: () _____ PHONE#: (919)-_____

AUTHORIZATION FOR WASTEWATER/WATER SYSTEM CONSTRUCTION
VALIDITY CONCURRENT WITH THE IMPROVEMENT PERMIT

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.

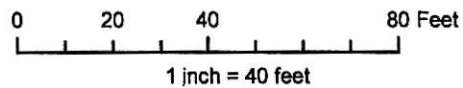
OTHER CONDITIONS: PUMP , CRUSH , AND FILL THE EXISTING SEPTIC TANK. ADD A NEW 1000 GALLON TANK AND CONNECT BACK TO THE EXISTING ACTIVE DRAINFIELD. WAKE COUNTY MAKES NO CLAIMS OR GUARANTEES TO THE LIFE EXPECTANCY OF THE DRAINFIELD UNDER NORMAL USE.

TANK SIZE: 1000 gal. PUMP TANK: _____ gal. GREASE TRAP: _____ 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. PRETREATMENT: NA

CA ISSUED? Y DATE: 04/18/2016 BY: (TXW)  PHONE#: (919)-868-6412

Wake County, City of Raleigh

Lowery Dr

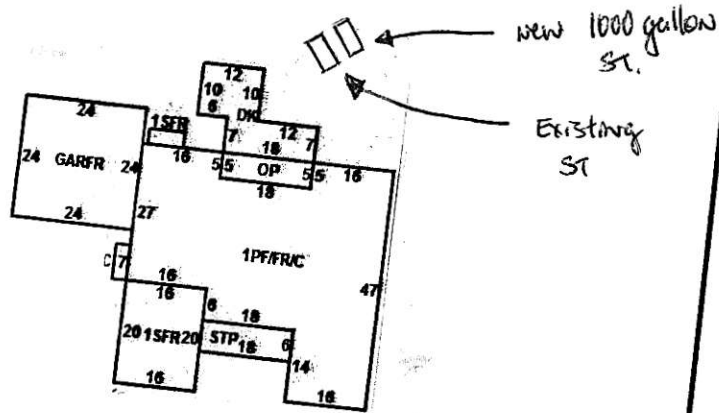
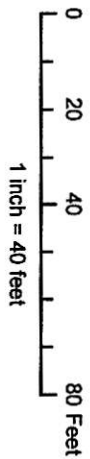


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CA.

TestMap

ST- Pump, Crush, Fill the existing Septic tank.
Add new 1000 gallons Tank. → Reconnect to the existing Active system
 Wake County makes no claims or guarantees to the life expectancy
 of the existing system under normal use.



Wake County, City of Raleigh

Lowery Dr

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