

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0049518

PIN #: 0678179833

OP DATE: 1013112013

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.)

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 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#: **D049518** STATUS: **A** APP. DATE: **07/18/2013** BLDG. PERMIT#: **0140166**
PIN: **0678.01 17 9833 000** TAX MAP: **0** RECORDED: **Y** ORIG. PERMIT#: _____
TOWNSHIP: **12 MIDDLE CREEK** JURISDICTION: **WC** ZONING: **R30** SW DEVICE: **N S#:** _____
APPLICANT: **LENNAR CAROLINAS**
909 AVIATION PKWY #700
MORRISVILLE, NC 27560
(919) 333 - 0227
USE: **HD USE: 101A CONVENTIONAL ONE-FAMILY H**
EXIST USE: _____
LTAR: 0.30 0.30 BEDROOMS: 4 BASEMENT: N #EMPLOYEES: 0
SITE: **ADDRESS: 5005 BOYLSTON DR**
SUBDIVISION: HIGH GROVE LOT: 114 ACRES: 0.72 EASEMENT: N LOC: SYS: _____
DIRECTION: **L 1010 R BELLS LAKE R JOHNSON POND R HILLTOP NE**
EDMORE R EDENGROVE L SHIRLANDA

Well System: WATER: COMMUNITY - TYPE:

WELL LOG INFORMATION: DEPTH: _____ CASING DEPTH: _____ YIELD: _____ STATIC LEVEL: _____
WELLI CONTRACTOR: _____ REG.# _____ PUMP CONTRACTOR: _____ REG.# _____
Construction Compliance GROUT APPROVED ☐ DATE _____ EHS _____
WELLHEAD APPROVED ☐ DATE _____ EHS _____
SYSTEM FINALIZED ☐ DATE _____ EHS _____

COMMENTS: COMMUNITY WATER

DESIGN FLOW: _____ gal./min. ACTUAL FLOW: _____ **Operation Permit** INNOVATIVE LETTER: _____
INSTALLED BY: Jay Adcock INSTALLATION APPROVED BY: [Signature]
PROPRIETARY SYSTEM: sewage FILTER NO: Red Right
COMMENTS: _____
OPERATIONS PERMIT ISSUED? Y OP DATE: 10/31/13 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: 10-31-13 Benchmark: TST Rod reading: 4'3" Distance to Structure: 12'
ST: 1200 gals ID#: MCP 533 529 D.O.M.: 7-29-13 Elev.: 2'11" Distance to Well: _____
PT: _____ gals ID#: _____ D.O.M.: 1' Elev.: _____
D-box/FD/PM elev.: 4'8" Supply Line: 19'12" ft. Pump/Control Panel: _____
Line 1: 6'8" Date: _____ Line 6: _____ Date: _____
Line 2: 7'0" Date: _____ Line 7: _____ Date: _____
Line 3: 7'8" Date: _____ Line 8: _____ Date: _____
Line 4: _____ Date: _____ Line 9: _____ Date: _____
Line 5: _____ Date: _____ Line 10: _____ Date: _____
Distance to P/L: >10' Notes: _____

WAKE COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES WELL AND SEWAGE SITE LOCATION PERMIT

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UNTIL AN AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION HAS BEEN ISSUED**

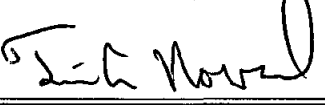
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SUBDIVISION: HIGH GROVE LOT: 114 ACRES: 0.72 EASEMENT: N LOC: SYS:
DIRECTION: **L 1010 R BELLS LAKE R JOHNSON POND R HILLTOP NE**
EDMORE R EDENGROVE L SHIRLANDA

IMPROVEMENT PERMIT

TANK SIZE: **1200** gal. PUMP Tank: **_____** gal. SQ FT: **1200** INNOVATIVE **MAX DEPTH LINE: 26 in.**
WASTEWATER: **INDIVIDUAL** SEWAGE: **DOMESTIC** TYPE SYSTEM: **III G** PUMP: **N** P/M: **N**
DAILY FLOW: **480** gal/day DESIGN FEE REQ?: **PAID?:** WATER: **COMMUNITY**

COMMENTS:

IP ISSUED? **Y** DATE: **08/01/2013** BY: (TAH)  PHONE#: **369-5974**

AUTHORIZATION FOR WASTEWATER/WATER SYSTEM CONSTRUCTION

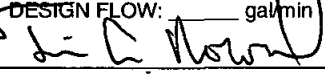
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

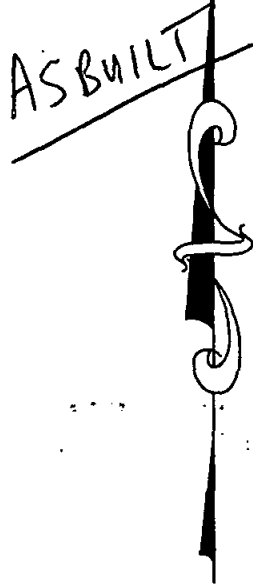
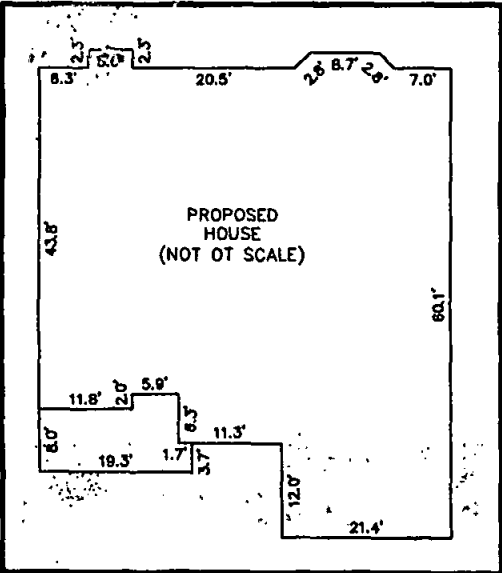
AUTHORIZATION CONDITIONS:

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:**

SYSTEM DESIGNED AS AN ACCEPTED STATUS SYSTEM WITH A 25% REDUCTION TAKEN IN DRAINLINE LENGTH. THERE WILL BE A 1200 GALLON SEPTIC TANK THAT WILL GRAVITY FEED A DISTRIBUTION BOX AND 3-135'X 3' INNOVATIVE DRAINLINES. THE MAXIMUM TRENCH DEPTH IS 26". REPAIR IS A PRESSURE MANIFOLD LOCATED ABOVE AND BELOW INITIAL SYSTEM. THERE SHALL BE NO GRADING OR FILLING OF SOIL MATERIAL WITHIN THE INITIAL OR REPAIR AREAS. PLEASE CALL PRIOR TO INSTALLATION WITH QUESTIONS, CHANGES, OR CONCERNS. TAH 919-369-5974

TANK SIZE: **1200** gal. PUMP TANK: **_____** gal. SQ FT: **1200** INNOVATIVE **MAX DEPTH LINE: 26 in.**
MAINT: **N** OPER: **N** L/O: **Y** TRENCH#: **3** LENGTH: **135** ft. WIDTH: **36** in. DESIGNER: **_____**
SUBFIELDS: **_____** DESIGN HEAD PRESSURE: **_____** DESIGN FLOW: **_____** gal/min DOSE VOLUME: **_____** gal.

CA ISSUED? **Y** DATE: **08/01/2013** BY: (TAH)  PHONE#: **369-5974**



PRELIMINARY PLOT PLAN FOR

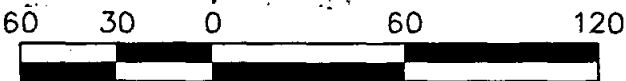
LENNAR

LOT 114, HIGH GROVE 2, PH.4-D
5005 BOYLSTON DRIVE

REF: B.M. 2012, PAGES 1109-1110
MIDDLE CREEK TOWNSHIP
WAKE COUNTY, NORTH CAROLINA

JULY 16, 2013

ZONED R-30

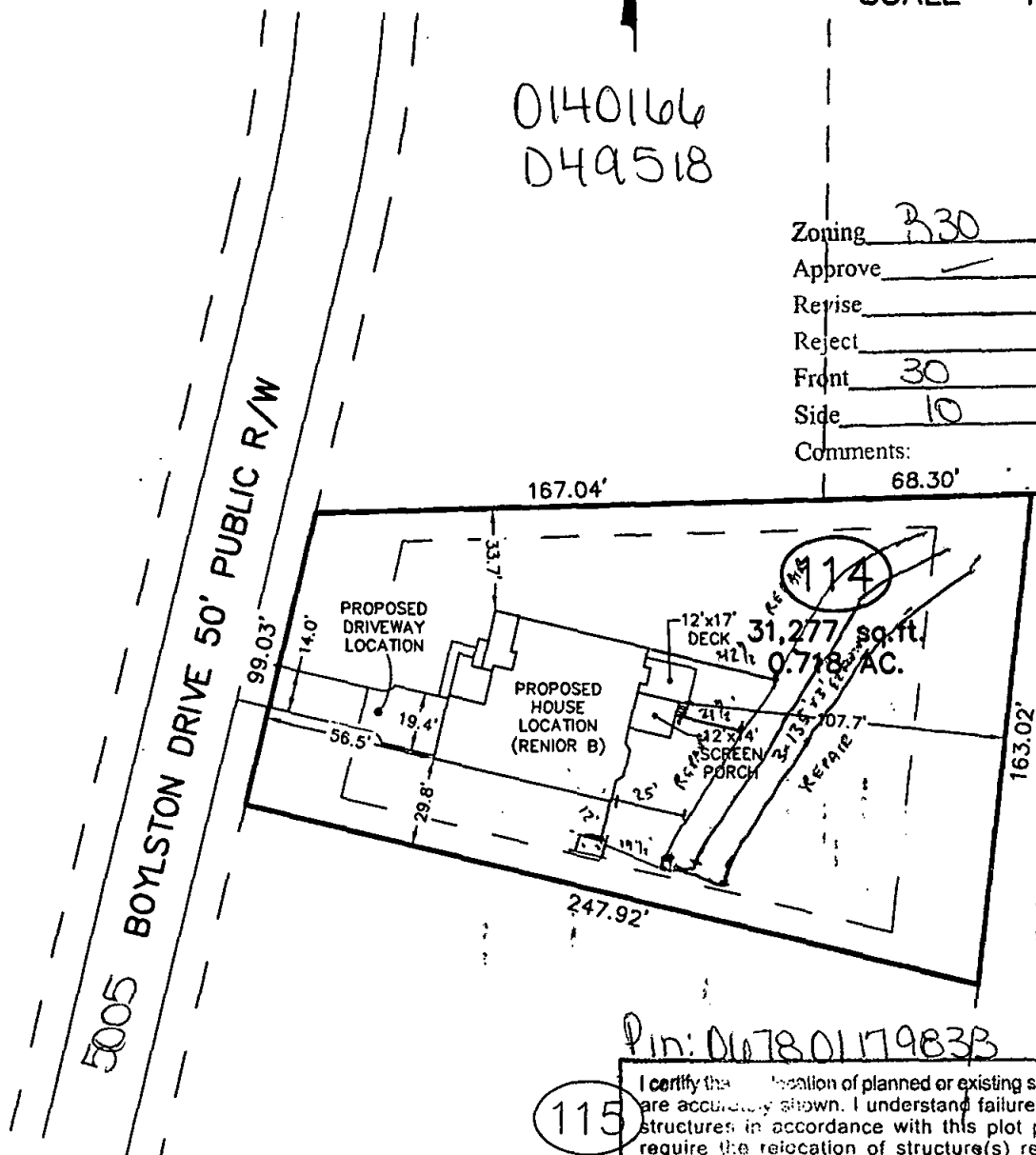


SCALE 1"=60'

0140166
D49518

Zoning R30 By SIL
Approve ✓ Date 7.18.13
Revise _____ Use 101A
Reject _____ MBL _____
Front 30 Rear 30
Side 10 Corner _____

Comments:



110

Pin: 010780179833

115

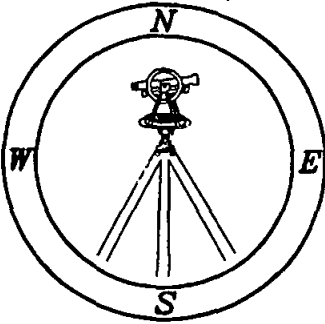
I certify the location of planned or existing structure(s) are accurately shown. I understand failure to locate structures in accordance with this plot plan may require the relocation of structure(s) regardless degree of completion. I hereby grant permission to Municipal/County Representatives the right of entry to make evaluations or inspections upon this property.

Signature of Owner or Authorized Agent

IMPERVIOUS SURFACE TABLE	
HOUSE	2,869 S.F.
DRIVEWAY	895 S.F.
SIDEWALK	110 S.F.
SCREEN PORCH	168 S.F.
DECK	203 S.F.
TOTAL IMPERVIOUS AREA	4,245 S.F.
TOTAL LOT AREA	31,277 S.F.
PERCENTAGE OF IMPERVIOUS AREA	13.57%
MAX. IMPERVIOUS ALLOWED	7,000 S.F.

NOTE:
-IMPERVIOUS CALCULATIONS ACCOUNT FOR IMPERVIOUS AREA CONTAINED WITHIN LOT LINES ONLY.

THIS SURVEYOR DOES NOT WARRANTY THE ACCURACY OF ARCHITECTURAL DIMENSIONS. THEY ARE TO BE VERIFIED BY THE CONTRACTOR.

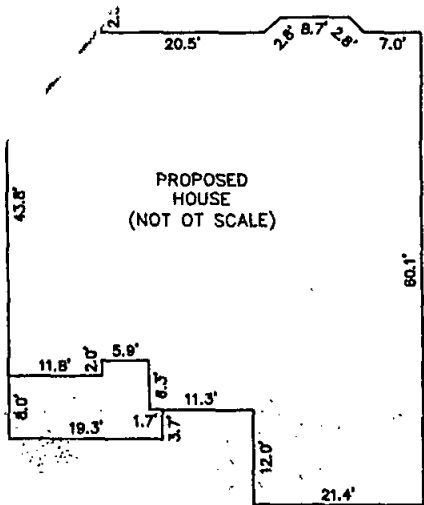


CAWTHORNE, MOSS & PANCIERA, P.C.

Professional Land Surveyors
C-1525

333 S. White Street
Post Office Box 1253
Wake Forest, N.C. 27588
(919)556-3148

NOTES:
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CA
Initial 0.3 UTR
• 1200 Gallon S.T.
• 3-135' x 3'
Innov. Drainlines
• 26" Max Trench Depth

Repair
ITB PM
26" MTD

PRELIMINARY PLOT PLAN FOR
LENNAR
LOT 114, HIGH GROVE 2, PH.4-D
5005 BOYLSTON DRIVE
REF: B.M. 2012, PAGES 1109-1110
MIDDLE CREEK TOWNSHIP
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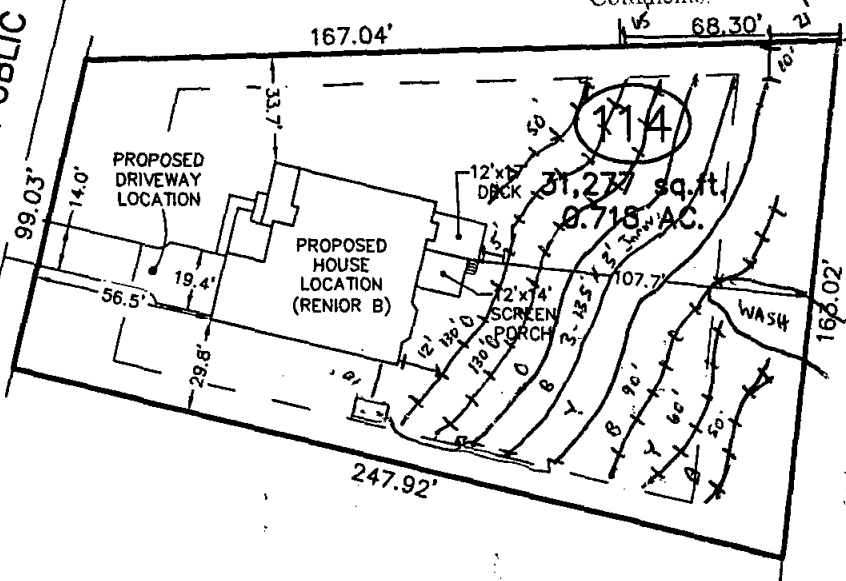
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0140166
049518

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Approve ✓ Date 7.18.13
Revise _____ Use ICIA
Reject _____ MBL _____
Front 30 Rear 30
Side 10 Corner _____

Comments:

5005 BOYLSTON DRIVE 50' PUBLIC R/W



Pin: 0678017983B

115

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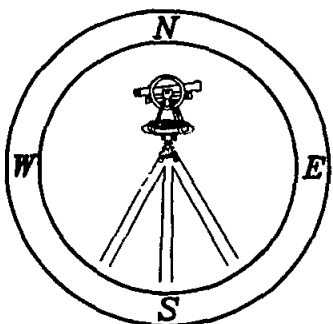
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Tap Chart

TAP CHART a

repair taps lot 114 high grove

Bench Mark		is = 100.00 set at							
Pump tank elev.		6.50	Pump elev.	1.50	Manifold elev.			101.00	
line	color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR
1			100.00	130	3/4in SCH 40	12.5	159.62	390	0.409
2			100.00	130	3/4in SCH 40	12.5	159.62	390	0.409
3			100.00	90	1/2in SCH 40	7.11	90.79	270	0.336
4			100.00	60	1/2in SCH 80	5.48	69.98	180	0.389
5			100.00		NA		0.00	0	#DIV/0!
6			100.00		NA		0.00	0	#DIV/0!
7			100.00		NA		0.00	0	#DIV/0!
8			100.00		NA		0.00	0	#DIV/0!
9			100.00		NA		0.00	0	#DIV/0!
10			100.00		NA		0.00	0	#DIV/0!
11			100.00		NA		0.00	0	#DIV/0!
12			100.00		NA		0.00	0	#DIV/0!
		total	feet =	410	gal/min =	37.59	<u>LTAR =</u>		0.300
% of Dose Vol.		70	<u>Des. Flow</u>		480	(ltar + 5%)		0.32	
Dose Volume		186.55	Pump Run=		12.77	(ltar W/ INOV)		0.40	
Dose Pump Time		4.96	Tank Gal/IN			(ltar + 5%)		0.420	
Drawdown in Inches		#DIV/0!	Elevation Head		99.50				