

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 1054563

PIN #: 1608493973

OP DATE: 03/22/2016

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.)

00840

W-13895

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



**Environmental
Services**

TEL 919 856 7400

Fax (919) 856-6229

Water Quality Division

336 Fayetteville St. • P.O. Box 550 • Raleigh, NC 27602

Purpose: This form is to be completed when making changes to a pending or active Well, Septic, or Building Permit.

D# D054563 BUILDING PERMIT # 0162416 PIN # 1608493973

Change of Bedrooms from ... 4 SR to 3 SR
*Site Plan May Be Required

Change Applicant Name to _____
*Attach Owner Authorization

Change of Applicant Address to _____

Change of Applicant Phone Number to _____

Change of Building Footprint _____
* Site Plan Will Be Required

Foundation Drain ☐ Yes ☐ No
* No Site Plan Required

Change # of Employees _____
* Business, Schools, Daycares, etc.

Change of Basement: Add Basement _____ or Remove Basement _____

Comments _____

Project (Site) Address 4720 Swordfish drive Raleigh N.C. 27603

Applicant Signature Machir A Date 3/18/16

Wake County Permit Processor SL Date 3/21/16

☐ Sent to Plan Review Staff

Note: Any change made where a Wake County Building Permit is involved requires that this document be forwarded through the Wake County Building Permits Department. All other revision forms can be forwarded to Environmental Services representatives on the 1st floor. Be aware revision fee may be required before processing can begin.

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#: **D054563** STATUS: **C** APP. DATE: **02/12/2016** BLDG. PERMIT#: **0162416**
PIN: **1608 49 3973 000** TAX MAP: **0** RECORDED: **Y** ORIG. PERMIT#:
TOWNSHIP: **15 PANTHER BRANCH** JURISDICTION: **WC** ZONING: **R30** SW DEVICE: **N S#:**
APPLICANT: **GALIC, MATTHEW** (**561**) **632 - 2108**
4720 SWORDFISH DR **RALEIGH, NC 27603**
HD USE: **433** ADD/ALT-HSEKEEPING MORE UNITS EXIST USE: **101A CONVENTIONAL ONE-FAMILY HOUSE** DESIGN FEE REQ?:
PAID?:
SITE: LTAR: **0.33 0.33** BEDROOMS: **0** BASEMENT: **N** #EMPLOYEES: **0** FOUNDATION DRAIN: **Y**
ADDRESS: **4720 SWORDFISH DR**
SUBDIVISION: **RAND MEADOWS** LOT: **8** ACRES: **0.54** EASEMENT: **N** LOC: **SYS:**
DIRECTION: **401S L 1010 R RAND L PASTURE VIEW L DEER STREAML SWORDFISH**

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: **1000** gal. GREASE TRAP: gal. SQ FT: **840** ACCEPTED STATUS MAX DEPTH LINE: **24** in.
WASTEWATER: **INDIVIDUAL** SEWAGE: **DOMESTIC** TYPE SYSTEM: **III B** PUMP: **Y** P/M: **N** LP: **N** TD: **N**
DAILY FLOW: **360** gal/day WATER: **COMMUNITY** PRETREATMENT: **NA** FILL: **N** DAF: **N** DEEP: **N** REDUCE35%: **N**

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: **SEPTIC SYSTEM APPEARS TO NOT BE MALFUNCTIONING AT TIME OF EVALUATION.**

TANK SIZE: **1000** gal. PUMP TANK: **1000** gal. GREASE TRAP: gal. SQ FT: **840** ACCEPTED STATUS MAX DEPTH LINE: **24** in.
MAINT: **N** OPER: **N** L/O: **Y** TRENCH#: **4** LENGTH: **70** ft. WIDTH: **36** in. DESIGNER:
SUBFIELDS: DESIGN HEAD PRESSURE: DESIGN FLOW: gal/min DOSE VOLUME: gal. PRETREATMENT: **NA**

CA ISSUED? **Y** DATE: **03/22/2016** BY: (AJL) *Andrew Lake* PHONE#: **(919)-594-0895**

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#: D054563 STATUS: C APP. DATE: 02/12/2016 BLDG. PERMIT#: 0162416
PIN: 1608 49 3973 000 TAX MAP: 0 RECORDED: Y ORIG. PERMIT#:
TOWNSHIP: 15 PANTHER BRANCH JURISDICTION: WC ZONING: R30 SW DEVICE: N S#:
APPLICANT: GALIC, MATTHEW (561) 632 - 2108
4720 SWORDFISH DR RALEIGH, NC 27603
USE: HD USE: 433 ADD/ALT-HSEKEEPING MORE UNITS EXIST USE: 101A CONVENTIONAL ONE-FAMILY HOUSE
LTAR: 0.33 0.33 BEDROOMS: 0 BASEMENT: N #EMPLOYEES: 0
SITE: ADDRESS: 4720 SWORDFISH DR
SUBDIVISION: RAND MEADOWS LOT: 8 ACRES: 0.54 EASEMENT: N LOC: SYS:
DIRECTION: 401S L 1010 R RAND L PASTURE VIEW L DEER STREAML SWORDFISH

Well System: WATER: COMMUNITY - TYPE:

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: _____ INSTALLATION APPROVED BY: _____
PROPRIETARY SYSTEM: EZ1203HG TYPE SYSTEM: III B

COMMENTS:

OPERATIONS PERMIT ISSUED? ye OP DATE: 3-22-16 BY: Andrew Lake (yp)

Systems defined as either a Type IIIb, IIg 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: _____ Benchmark: _____ Rod reading: _____ Distance to Structure: _____
ST: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Distance to Well: _____
PT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Distance to P/L: _____
GT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Pretreatment: _____
D-box/FD/PM elev.: _____ Supply Line: _____ ft. Pump/Ctrl Panel: _____ Filter: _____
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: _____

Pin: 1608493973

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

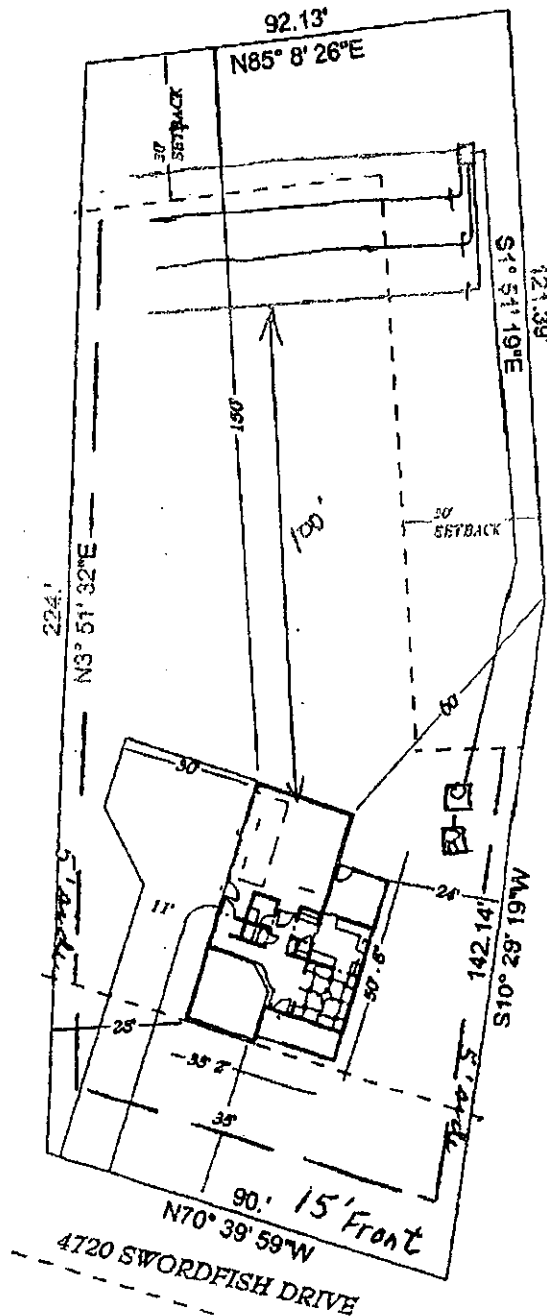
[Signature]

Signature of Owner or Authorized Agent

By: SL
 Date: 2/12/11
 Use: 433
 MPE: 101A
 ROR: 30
 Cluster

0162416
 D54563

AS
 BUILT

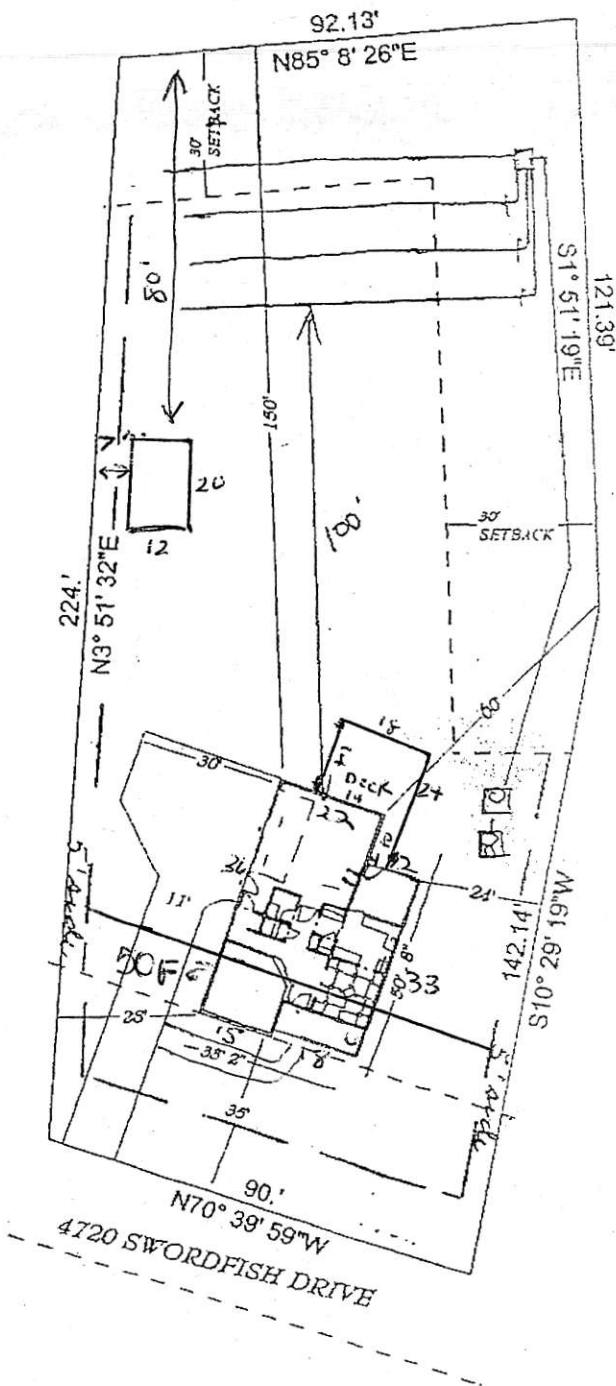


8 RAND MEADOWS
 SECTION 2
 1" = 40'

1439 SQ FT FOOTPRINT + 1389
 DRIVEWAY = 2,828 TOTAL SQ FT
 (3,080 ALLOWED)

DO31135

6616



VIN: 160849.39173

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.

[Signature]
Signature of Owner or Authorized Agent

Zoning R30 By SL
 Approved ✓ Date 3.4.16
 Revised _____ Use 439A
 Reject _____ MBL 101A
 Front 50 Rear 5
 Side 5 Corner _____

Comments:
N 0162643



8 RAND MEADOWS
 SECTION 2

1" = 40'

1439 SQ FT FOOTPRINT + 1380
 DRIVEWAY = 2,828 TOTAL SQ FT
 (3,980 ALLOWED)

Site plan approved as shown for Shed.
 Any changes to site plan voids approval. All setbacks apply for septic systems and wells, regarding any pools, decks, additions and/or accessory structures. Applicant is responsible for protecting all portions of the septic system, repair area and wells from damage during construction. Adhere to all Local and State Rules.

Approved by Joe Perkins Date 3-31-16
 Wake County Department of Environmental Services,
 Water and Waste Water Section

W13895