

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#: D044034 STATUS: C

APP. DATE: 07/16/2009

BLDG. PERMIT#:

PIN: 0688.03 22 9455 000

TAX MAP: 0804 0205

RECORDED: Y ORIG. PERMIT#:

TOWNSHIP: 12 MIDDLE CREEK

JURISDICTION: FUX

ZONING: R30 SW DEVICE: N S#:

APPLICANT: YOUNG, MICHAEL

4591 OLD SHELBY RD

HICKORY, NC 28602

(828) 441 - 0800

USE: HD USE: 101 ONE-FAMILY HOUSE

EXIST USE:

LTAR: 0.30 0.30 BEDROOMS: 2 BASEMENT: N #EMPLOYEES: 0

SITE: ADDRESS: 3728 AIR PARK RD

SUBDIVISION:

LOT:

ACRES: 0.48

EASEMENT: N LOC: SYS:

DIRECTION: 401 S. TO FUQUAY VARINAL, T.L. ONTO AIRPARK RD

2ND DRIVEWAY ON L (HOUSE HAS BEEN REMOVED) WILL

SEE A GREEN MAILBOX W/HOUSE #'S ON IT.

Well System: WATER: PUBLIC - 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: _____ INNOVATIVE LETTER:

INSTALLED BY: _____ INSTALLATION APPROVED BY: _____

PROPRIETARY SYSTEM:

FILTER NO: _____

COMMENTS:

OPERATIONS PERMIT ISSUED? Y OP DATE: 7/22/09 BY: _____

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.: _____
D-box/FD/PM elev.: _____ Supply Line: _____ ft. Pump/Control Panel: _____
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: _____
Distance to P/L: _____ Notes: _____

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: **D 0 4 4 0 3 4**

PIN #: **0 6 8 8 2 2 9 4 5 5**

OP DATE: **0 7 / 2 2 / 2 0 0 9**

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 existing ☒
☒		☒	None/NA GT or PT

DRAINFIELD SIZE(SQ. FT.)

0 0 9 0 0

Existing - estimated as part
of scanning project

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

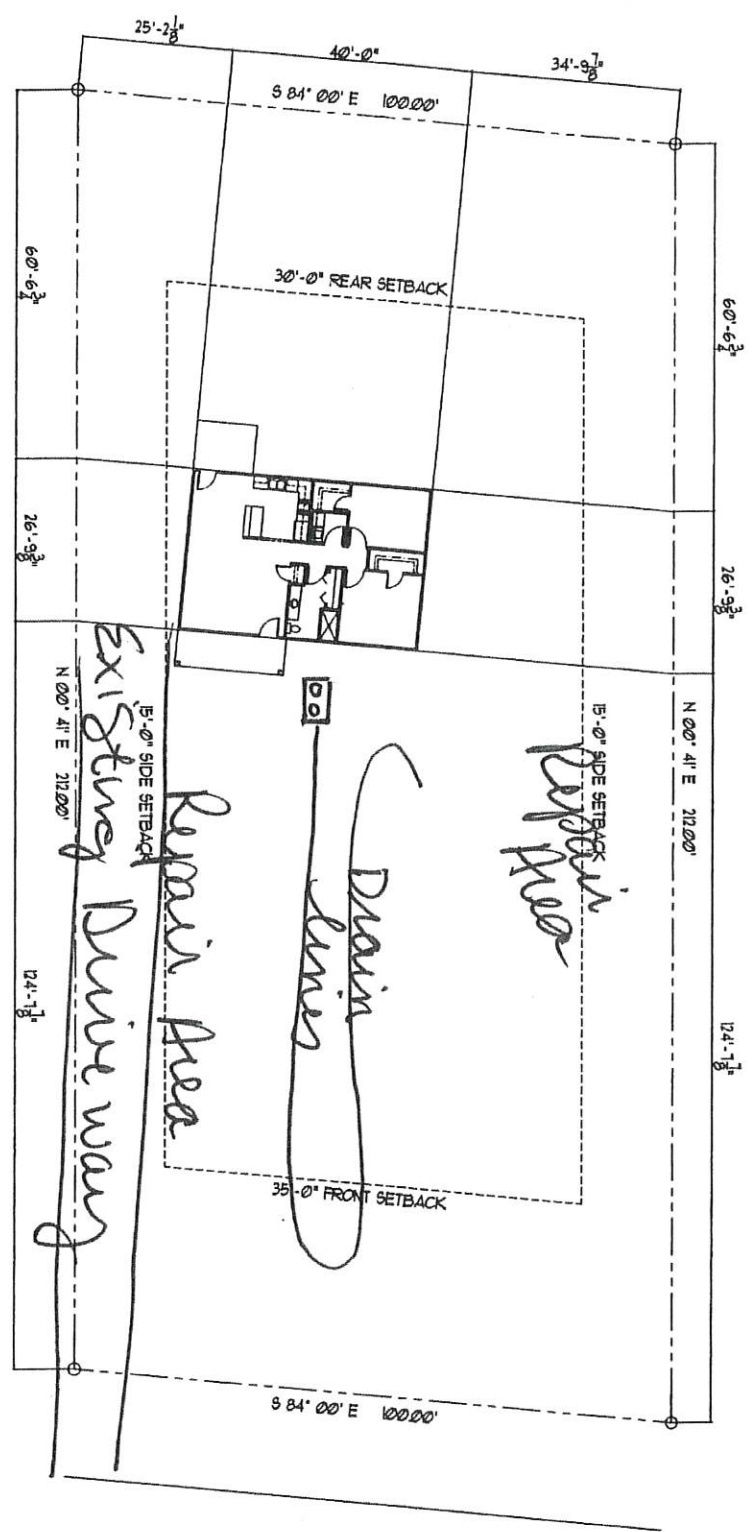
TRENCHES:

☒ Individual
☐ Bed

TRENCH WIDTH (IN.):

☐ 12 in. or less
☐ 18 in.
☐ 24 in.
☐ 36 in.
☐ 6 ft. or less
☐ 9 ft. or less
☒ Other

CA/
AS Built



SITE PLAN
SCALE 1" = 30'-0"

NOT TO SCALE
FOR INFORMATION ONLY
IN CASE OF DISCREPANCY, PLEASE REFER TO THE ORIGINAL RECORD DRAWING

SR 2752