

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: D015096

PIN #: 0760294137

OP DATE: 07/11/2000

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.)

00900

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

B.W. 7/10/14

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#: D015096 STATUS: A APP DATE: 07/09/1999 BLDG PERMIT#: 0000101
APPLICANT: ROSE, JOHN BUILDING INC DAY PHONE: (919) 233 - 9193
ADDRESS: 4917 WATERS EDGE DR FAX#: (000) 000 - 0000
CITY: RALEIGH STATE: NC ZIP: 27606
OWNER: JOHN S ROSE BUILDING INC DAY PHONE: (919) 233 - 9193
ADDRESS: SAME FAX#: (000) 000 - 0000
CITY: RALEIGH STATE: NC ZIP: 27606
HD USE CD: 101 ONE-FAMILY HOUSE ORIG PERMIT#: REC?: Y
EXIST USE: TAX MAP#: 0697 0000
BEDROOMS: 3 BSMT: N #EMPLOYEES: 0 WATER: I WASTEWATER: I GARB DISPOS: N
TOWNSHIP: 18 SWIFT CREEK JURIS: WC ZON: R30 PIN: 0760.01 29 4137 000
SUBD#: S 000 000 00 SUBD NAME: GRENADIER LOT-SEC: 10 ACRE: 0.69
IMPRV PRMT: ISSUED?: Y DATE: 11/12/1999 BY: BCW TYPE SYSTEM: III G PUMP:
CNSTR AUTH: ISSUED?: Y DATE: 11/12/1999 BY: BCW MAINT: N OPER: N
RECEIPT#: 0044355 FEE: 290.00 OP DATE: BY:
WATR SAMPL: REQ?: Y APPROVED?: DATE: PROPRIETARY SYS:
ST#: 8125 MI: DIR: NAME: ROSIERE DIR: TYP: DR
DIRECTIONS: SR 1152 S TO R ON SR 1010 TO L INTO SUB

IMPROVEMENT PERMIT

SIZE OF TANK 1000 ST PT GALS. TOTAL SQ. FT. 900 DEPTH OF STONE INNOV IN. MAX. DEPTH LINE 24 IN.

WASTEWATER: DOMESTIC ☒ INDUSTRIAL ☐

I.P. ISSUED BY [Signature]

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

AUTHORIZATION CONDITIONS

Contractor To Follow Contours, See Attached Site Plan For Wastewater System Design And Well Location. 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: CONSULTANTS PROPOSAL MUST BE FOLLOWED EXACTLY. IF FLAGGING HAS BEEN DISTURBED AT TIME OF INSTALLATION, IT MUST BE REPLACED BEFORE ATTEMPTING TO INSTALL SYSTEM. NO DEVIATION FROM THIS PLAN WILL BE TOLERATED.

SIZE OF TANK 1000 ST PT GALS. TOTAL SQ. FT. 900 DEPTH OF STONE INNOV IN. MAX. DEPTH LINE 24 IN.
ST FILTER REQUIRED ☒ NUMBER OF TRENCHES 3 LENGTH OF TRENCHES 100 FT. WIDTH OF TRENCHES 3 FT.

C.A. ISSUED BY [Signature] INSTALLED BY Chester Bryant CTR. I.D. # _____

SEPTIC TANK FILTER USED _____

INNOV. APPL. #: IWWS- _____ DATE 2/11/00

INSTALLATION APPROVED BY [Signature]

WELL SYSTEM = PRIVATE ☒ SEMI-PUBLIC ☐ NEW ☒ REPLACEMENT ☐ EXISTING ☐

WELL LOG INFORMATION = DEPTH 220 CASING DEPTH 120 YIELD 20 STATIC LEVEL 20

WELL CONTRACTOR [Signature] REG.# 479 PUMP CONTRACTOR [Signature] REG.# 1650

CONSTRUCTION COMPLIANCE = GROUT APPROVED ☒

DATE 6/6/00 EHS [Signature]

WCHD ID # 9777 WELLHEAD APPROVED ☒

DATE 6/23/00 EHS [Signature]

NEGATIVE BACTERIOLOGICAL RESULTS ☐

DATE _____ EHS _____

SYSTEM FINALIZED ☐

DATE _____ EHS _____

COMMENTS: _____

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.

PAGE 2 of 2

D-15096

Swells/Ditches
to be installed
for Diversion of
Surface Water
(15' in DEPTH)

3 (100') Lines of E2-LA'

$$4 \text{ (SD') Lines} + 1 \text{ (100')}$$

Line of EZ-LAY

LTAR: .3

Lines

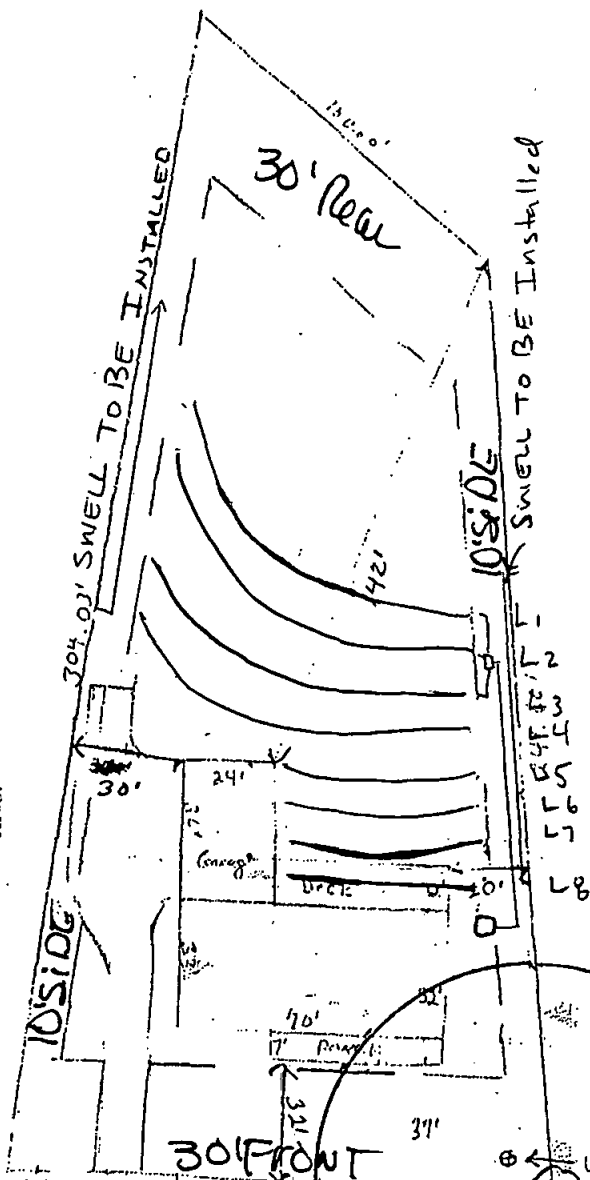
Initial

L ₁	100'
L ₂	100'
L ₃	100'
L ₄	100'
L ₅	50'
L ₆	50'
L ₇	50'
L ₈	50'

Repair w/ Press. Manifold

Zoning R30 By CG
 Approve ☒ Date 11-12-99
 Revise ☒ Use 101
 Reject MBL
 Front 30 Rear 30
 Side 10 Corner 30

Comments:



Well 10' each line

PIN# 0760-0129 4137

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 of Owner or

Signature of Owner or Authorized Agent

8125 Rosiere Dr. L.B.M.

Scale: $1'' = 50'$

* Installed To
(Layout 1B)

Revision 927-99

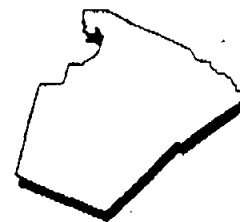
WAKE COUNTY

Department of Environmental Services

Water, Wastewater and Development Services

(919) 856-7400 FAX: (919) 856-7407

PO Box 550, Raleigh, NC 27602



I, John Rose hereby request the chamber system or polystyrene aggregate system called EZ-LAY to be used in my sewage disposal system. I understand that I will be granted a 25% reduction in the amount of required drainfield for my property. My property is located at 8125 Rosine Dr.

(Lot 10 Gremlin)

John S. Rose Owner

11-12-99 Date

D# 15096

Bldg Permit # 0000101

PIN: _____

Generic Name

- ☐ Drip System
- ☐ Chamber Trench Sys.
- ☐ Brunswick Bed/Fill Sys.
- ☐ Chamber Trench Sys.
- ☐ Polystyrene Aggregate Tr
- ☐ Chamber Trench
- ☐ Polyethylene
- ☐ Sand Filter Pretreatment
- ☐ Chamber Trench
- ☐ Peat Filter Pret. Sys.
- ☐ Fibermesh Reinforced Tanks

Proprietary Name

- "Perc-Rite" Subsurface
- "Infiltrator" Chambered
- "Brunswick" Bed/Fill
- "Hancor EnviroChamber"
- Houck Drainage Sys.
- "Contractor Model 75, 100, 125, and field drain"
- Norvesco P.E. Tanks
- Pressure Dosed Sand
- "Bio Diffuser" Low Profile
- Puraflo Peat Biofilter Sys.
- Fibermesh Reinforced Tank