

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0031557

PIN #: 0771396582

OP DATE: 1012612004

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 <i>exst.</i>
☒		☒	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

BW 6/27/4

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#: D031557 STATUS: A APP. DATE: 09/13/2004 BLDG. PERMIT#: _____
 PIN: 0771.01 39 6582 000 TAX MAP: 0652 0067 RECORDED: Y ORIG. PERMIT#: Y
 TOWNSHIP: 18 SWIFT CREEK JURISDICTION: WC ZONING: R40W
 APPLICANT: WEEDEN, FRED
 6516 BAKERSFIELD DR.
 RALEIGH, NC 27606
 (919) 851 - 8422
 USE: HD USE: 0001 REPAIR/EXISTING SYSTEM
 EXIST USE: 101 ONE-FAMILY HOUSE
 DISPOSAL: BEDROOMS: 3 BASEMENT: N #EMPLOYEES: 0
 SITE: ADDRESS: 6516 BAKERSFIELD DR
 SUBDIVISION: BAKERSFIELD LOT: 8 ACRES: 1.41
 DIRECTION: SOUTH ON HOLLYSPRINGS RD TO BAKERSFIELD DR. ON
 RIGHT, LOT ON RIGHT AT END OF CUL DE SAC.

Well System: WATER: COMMUNITY - 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: _____ INNOVATIVE LETTER: _____
 INSTALLED BY: James Gully INSTALLATION APPROVED BY: [Signature]
 PROPRIETARY SYSTEM: _____ FILTER NO: _____
 COMMENTS: _____

OPERATIONS PERMIT ISSUED? ☒ OP DATE: 10/26/04 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: 10/26/04 Benchmark: _____ Rod reading: _____ Distance to Structure: _____
 ST: exist gals ID#: _____ D.O.M.: _____ Elev.: _____ Distance to Well: _____
 PT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____
 D-box/FD/PM elev.: 4'6 1/2" Supply Line: 45' ft. Pump/Control Panel: _____
 Line 1: 6'8" _____ Date: _____
 Line 2: 8'1" _____ Date: _____
 Line 3: 9'4" _____ Date: _____
 Line 4: 11'1" _____ Date: _____
 Line 5: _____ Date: _____
 Distance to P/L: _____ Notes: _____

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IMPROVEMENT PERMIT

TANK SIZE: EXIST gal. PUMP Tank: _____ gal. SQ FT: 900 INNOVATIVE MAX DEPTH LINE: 18 in.
WASTEWATER: INDIVIDUAL SEWAGE: DOMESTIC TYPE SYSTEM: III G PUMP: N P/M: N
DAILY FLOW: 360 gal/day DESIGN FEE REQ?: PAID?: WATER: COMMUNITY

COMMENTS:

IP ISSUED? DATE: BY: () PHONE#:

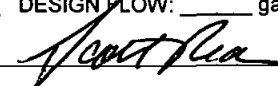
AUTHORIZATION FOR WASTEWATER/WATER SYSTEM CONSTRUCTION

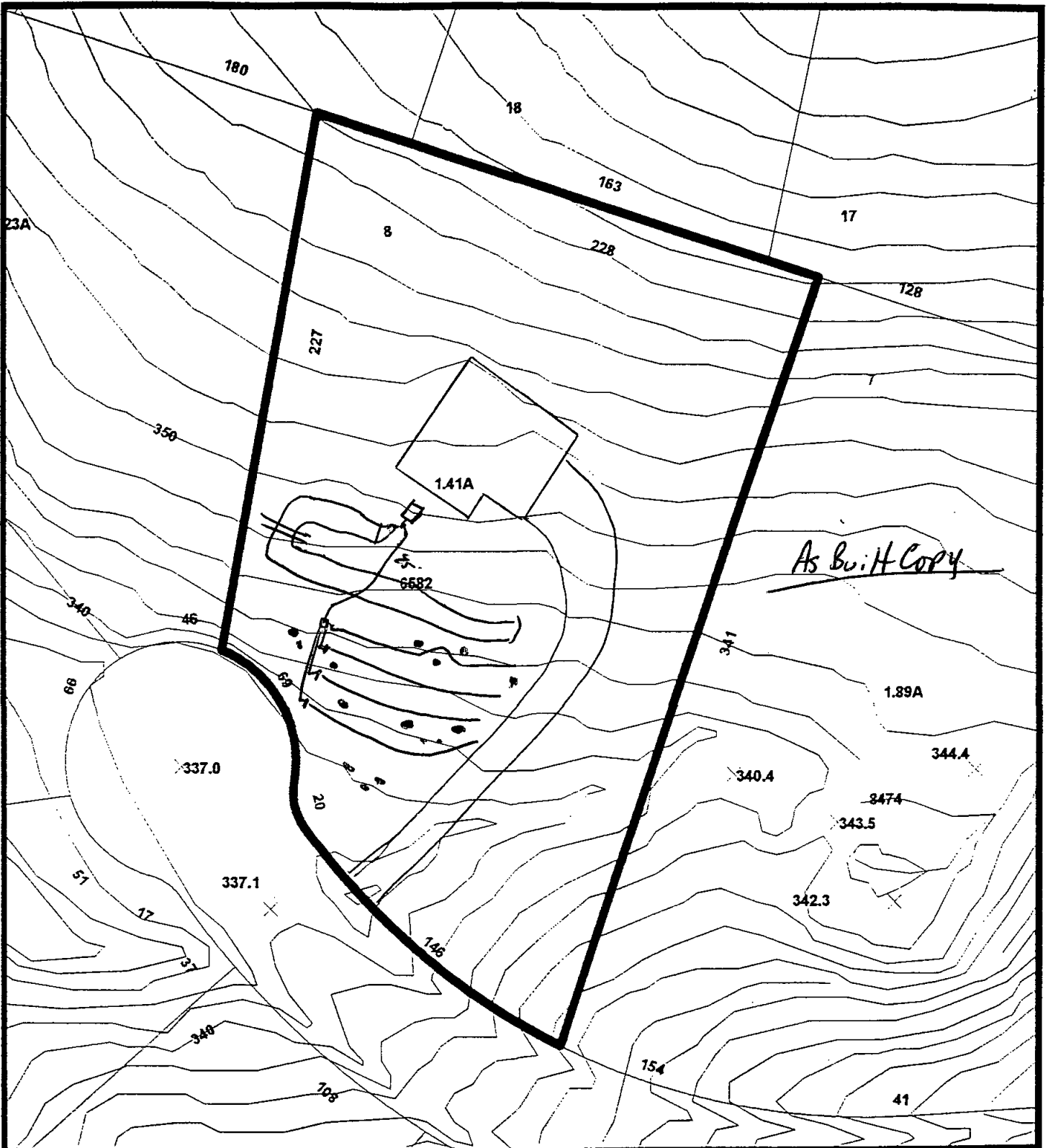
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

AUTHORIZATION CONDITIONS:

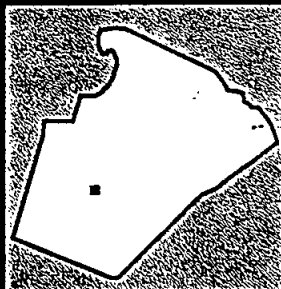
Contractors shall install system on contours, see attached site plan for wastewater system design and well location. No underground utilities, water lines or sprinkler systems may be located in the original system or repair areas. A septic tank filter with a riser for access is required. The wastewater system shall not be covered or placed into use until inspected by the Wake County Department of Environmental Services and an Operation Permit issued. **OTHER CONDITIONS:**
CHECK FOR LEAKS BEFORE DOING ANY PART OF INSTALLATION. IF NO LEAKS THEN UNCOVER POSSIBLE STEPDOWN TO ENSURE IT IS WORKING PROPERLY. IF DAMAGED THEN REPAIR STEPDOWN AND CALL OFFICE FOR INSPECTION. IF NO STEPDOWN OR IT IS NOT DAMAGED THEN INSTALL BULL RUN VALVE TO NEW D-BOX TO FEED 4 75' INNOVATIVE LINES. SOME TREES MAY HAVE TO BE REMOVED TO INSTALL SYSTEM. KEEP TRENCH DEPTH AS SHALLOW AS POSSIBLE. CALL OFFICE WITH ANY QUESTIONS.

TANK SIZE: EXIST gal. PUMP TANK: _____ gal. SQ FT: 900 INNOVATIVE MAX DEPTH LINE: 18 in.
MAINT: N OPER: N L/O: Y TRENCH#: 4 LENGTH: 75 ft. WIDTH: 36 in. DESIGNER: _____
SUBFIELDS: _____ DESIGN HEAD PRESSURE: _____ DESIGN FLOW: _____ gal/min DOSE VOLUME: _____ gal.

CA ISSUED? Y DATE: 09/13/2004 BY: (SCR)  PHONE#: 857-9355

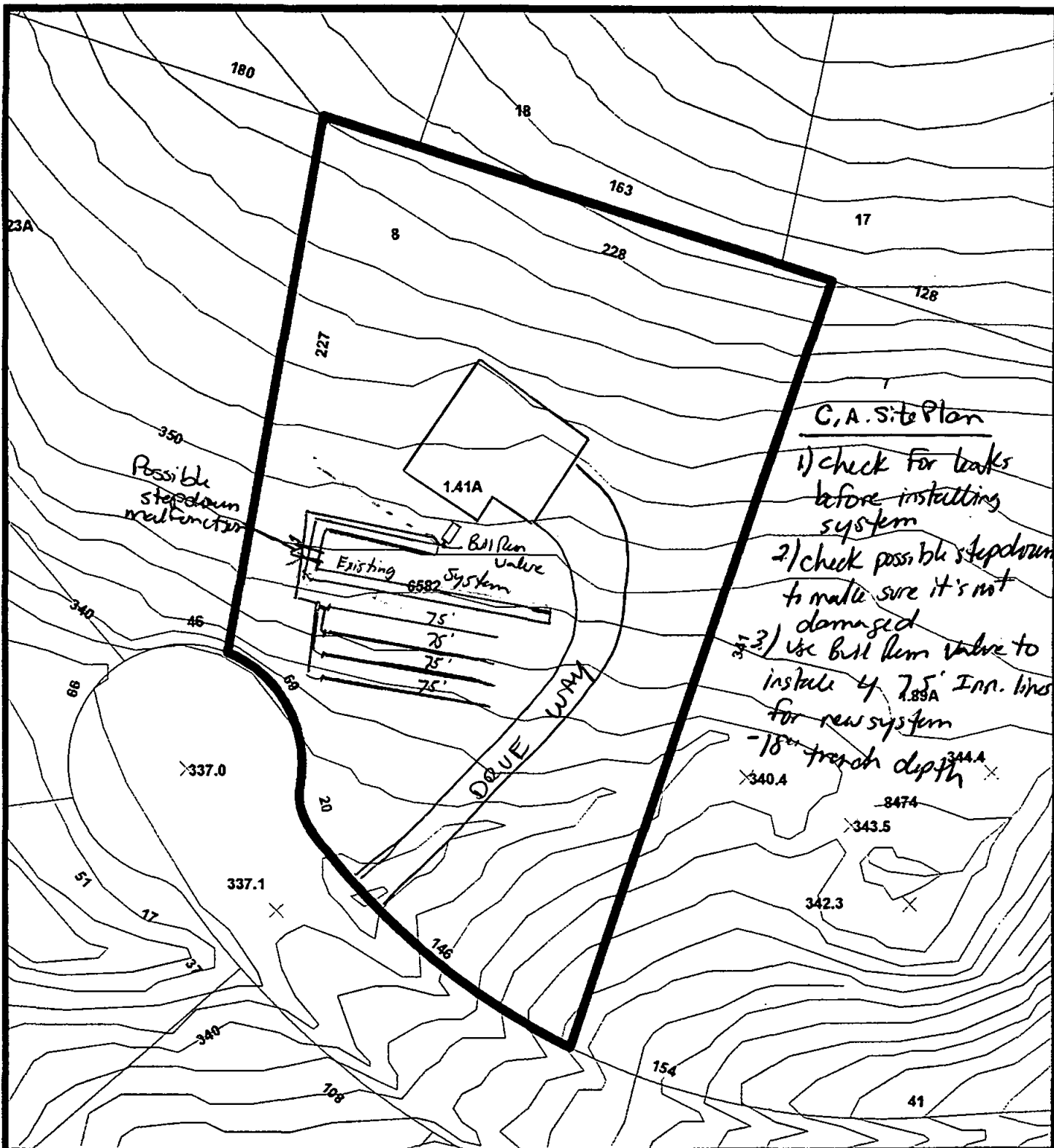


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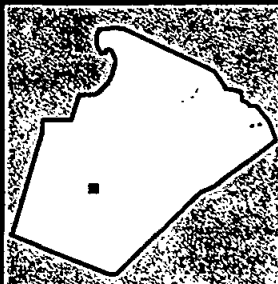


6516
Bakersfield Dr.





Environmental
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D# 31557

6516
Bakersfield Dr.

