

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0028667

PIN #: 1813157392

OP DATE: 0912212004

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

BW 2/5/14

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#: **D028667** STATUS: **A** APP. DATE: **10/31/2003** BLDG. PERMIT#: **0041299**
PIN: **1813.01 15 7392 000** TAX MAP: **0156 0000** RECORDED: **Y** ORIG. PERMIT#: _____
TOWNSHIP: **14 NEW LIGHT** JURISDICTION: **WC** ZONING: **40W**
APPLICANT: **BOCK CONSTRUCTION**
316-101 WEST MILLBROOK RD
RALEIGH, NC 27609
(919) 676 - 2220
USE: **HD USE: 101 ONE-FAMILY HOUSE**
EXIST USE: _____
DISPOSAL: **BEDROOMS: 4 BASEMENT: N #EMPLOYEES: 0**
SITE: **ADDRESS: 8705 ORMAND WAY**
SUBDIVISION: CRESCENT RIDGE LOT: 23 ACRES: 0.92
DIRECTION: **US1N L NC 98 R NEW LIGHT R WOODLIEF**

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: _____ INSTALLATION APPROVED BY: _____
PROPRIETARY SYSTEM: _____ FILTER NO: _____
COMMENTS: _____

OPERATIONS PERMIT ISSUED? _____ OP DATE: 9/22/04 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 2: _____ Date: _____
Line 3: _____ Date: _____
Line 4: _____ Date: _____
Line 5: _____ Date: _____
Distance to P/L: _____ Notes: _____

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PERMIT VOID IF NOT IN COMPLIANCE WITH ZONING REGULATIONS AND/ OR IF SITE IS ALTERED OR INTENDED USE CHANGED

PERMIT#: D028667 STATUS: A APP. DATE: 10/31/2003 BLDG. PERMIT#: 0041299
PIN: 1813.01 15 7392 000 TAX MAP: 0156 0000 RECORDED: Y ORIG. PERMIT#:
TOWNSHIP: 14 NEW LIGHT JURISDICTION: WC ZONING: 40W
APPLICANT: **BOCK CONSTRUCTION**
316-101 WEST MILLBROOK RD
RALEIGH, NC 27609
(919) 676 - 2220
USE: HD USE: 101 ONE-FAMILY HOUSE
EXIST USE:
DISPOSAL: BEDROOMS: 4 BASEMENT: N #EMPLOYEES: 0 FOUND DRAIN: N
SITE: ADDRESS: 8705 ORMAND WAY
SUBDIVISION: CRESCENT RIDGE LOT: 23 ACRES: 0.92
DIRECTION: US1N L NC 98 R NEW LIGHT R WOODLIEF

IMPROVEMENT PERMIT

TANK SIZE: 1000 gal. PUMP Tank: 1000 gal. SQ FT: 900 INNOVATIVE MAX DEPTH LINE: 24 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? Y DATE: 01/16/2004 BY: (AMB) Odienne Brown PHONE#: 856-5524

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:**

INSTALL SYSTEM ON CONTOUR AS SHOWN ON SITE PLAN. SYSTEM HAS BEEN FLAGGED IN FIELD. DO NOT GRADE OR FILL IN SEPTIC OR REPAIR AREA. OBSERVE ALL SETBACKS AND REGULATIONS. ANY CHANGES TO THE SITE PLAN MAY CAUSE PERMIT TO BE VOIDED. CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION.

TANK SIZE: 1000 gal. PUMP TANK: 1000 gal. SQ FT: 900 INNOVATIVE MAX DEPTH LINE: 24 in.
MAINT: N OPER: N L/O: Y TRENCH#: 2 LENGTH: 150 ft. WIDTH: 36 in. DESIGNER:
SUBFIELDS: _ DESIGN HEAD PRESSURE: _ DESIGN FLOW: _ gal/min DOSE VOLUME: _ gal.

CA ISSUED? Y DATE: 01/16/2004 BY: (AMB) Odienne Brown PHONE#: 856-5524

JCK

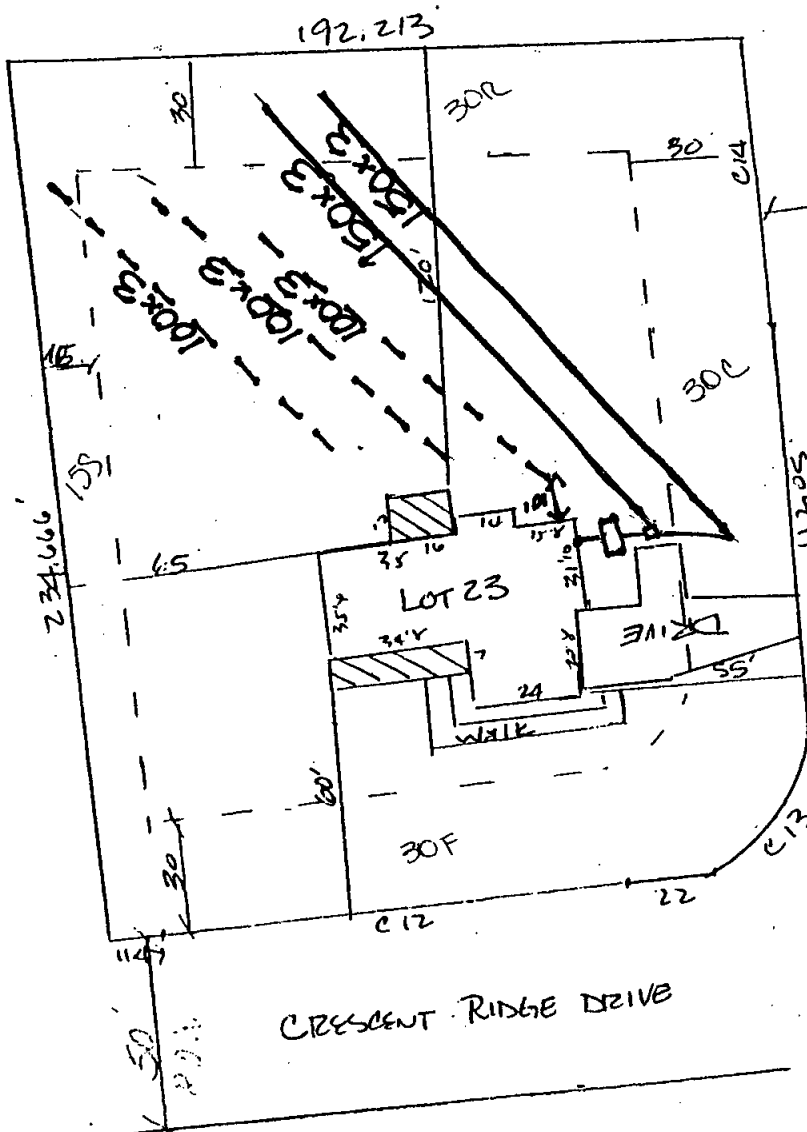
struction Co., Inc.
 1 Stonehenge Drive
 Suite 112
 Raleigh, N.C. 27615
 919-676-2220
 Fax 919-676-2454

Pin: 181301157392

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

LOT 23 CRESCENT RIDGE
 8705 DEMAND WAY
 WAKE FOREST, NC
 R-40W



IMPERVIOUS SURFACE

House & Stoop & Decks.
 3023'

Driveway & Walks 1420'

Total Impervious 4443'
 = 10.9%

Total Lot 40,701'

Total Allowable 15%
 = 6,105 sq ft

0041299

DZ86607

CA Site Plan

2x150x3 Initial
 Innovative System

3x100x3 Repair

Innovative
 24" Trench Depth

Zoning 40W By SV

Approve ☒ Date 10/3/03

Revise Use 101

Reject MBL

Front 30 Rear 30

Side 15 Corner

Comments:

SETBACKS

FRONT 30'
 REAR 30'
 SIDE 15'
 CORNER SIDE 30'

Legend

System
 Repair

SCALE 1" = 50'