

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: **0050424**

PIN #: **0890394917**

OP DATE: **0912512014**

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.)

01200

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

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#: **D050424** STATUS: **A** APP. DATE: **01/09/2014** BLDG. PERMIT#: **0141832**
 PIN: **0890 39 4917 000** TAX MAP: **0** RECORDED: **Y** ORIG. PERMIT#: _____
 TOWNSHIP: **02 BARTON'S CREEK** JURISDICTION: **WC** ZONING: **R40W** SW DEVICE: **N S#:** _____
 APPLICANT: **HOMES BY DICKERSON** (919) 847-4447
7201 CREEDMOOR RD RALEIGH, NC 27613
 USE: **HD USE: 101A CONVENTIONAL ONE-FAMILY HOUSE** EXIST USE: _____
 LTAR: **0.30 0.30** BEDROOMS: **4** BASEMENT: **N** #EMPLOYEES: **0**
 SITE: **ADDRESS: 7108 CARRIES REACH WAY**
 SUBDIVISION: **CARRIE'S REACH** LOT: **8** ACRES: **0.95** EASEMENT: **N** LOC: **SYS:** _____
 DIRECTION: **50 NORTH R MOUNT VERNON L PEED R CARRIES REACH**

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: **COMMUNITY WATER**

Operation Permit

DESIGN FLOW: _____ gal./min. ACTUAL FLOW: _____ DOSE VOLUME: _____ gal. INNOVATIVE LETTER: _____
 INSTALLED BY: David Truelove INSTALLATION APPROVED BY: [Signature]
 PROPRIETARY SYSTEM: EZFlow TYPE SYSTEM: **III G**

COMMENTS:

OPERATIONS PERMIT ISSUED? ☒ OP DATE: 9/25/14 BY: [Signature]

Systems defined as either a Type IIb, IIIg 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: 10'
 ST: 1200 gals ID#: DB-34 D.O.M.: 4-29-14 Elev.: 1'6" 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.: 2'7 1/2" Supply Line: 8 ft. Pump/Ctrl Panel: _____ Filter: Feed Polylock
 Line 1: 6'2" 6'1" 6'0" Date: _____ Line 6: _____ Date: _____
 Line 2: 7'3" 7'3 1/2" 7'4" Date: _____ Line 7: _____ Date: _____
 Line 3: 8'0 1/2" 8'0" 8'3 3/4" Date: _____ Line 8: _____ Date: _____
 Line 4: 9'1 1/2" 9'1" 9'2" Date: _____ Line 9: _____ Date: _____
 Line 5: 10'2" 10'2 1/2" 10'2 1/2" Date: _____ Line 10: _____ Date: _____
 ETM1: _____ CC1: _____ ETM2: _____ CC2: _____ OR: _____ AC: _____ WM: _____
 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#: D050424 STATUS: A APP. DATE: 01/09/2014 BLDG. PERMIT#: 0141832
PIN: 0890 39 4917 000 TAX MAP: 0 RECORDED: Y ORIG. PERMIT#:
TOWNSHIP: 02 BARTON'S CREEK JURISDICTION: WC ZONING: R40W SW DEVICE: N S#:
APPLICANT: HOMES BY DICKERSON (919) 847 - 4447
7201 CREEDMOOR RD RALEIGH, NC 27613
HD USE: 101A CONVENTIONAL ONE-FAMILY HOUSE EXIST USE: DESIGN FEE REQ?: PAID?:
LTAR: 0.30 0.30 BEDROOMS: 4 BASEMENT: N #EMPLOYEES: 0 FOUNDATION DRAIN: P
SITE: ADDRESS: 7108 CARRIES REACH WAY
SUBDIVISION: CARRIE'S REACH LOT: 8 ACRES: 0.95 EASEMENT: N LOC: SYS:
DIRECTION: 50 NORTH R MOUNT VERNON L PEED R CARRIES REACH

IMPROVEMENT PERMITAs 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: 1200 gal. PUMP Tank: ____ gal. GREASE TRAP: ____ gal. SQ FT: 1200 INNOVATIVE MAX DEPTH LINE: 30 in.
WASTEWATER: INDIVIDUAL SEWAGE: DOMESTIC TYPE SYSTEM: III G PUMP: N P/M: N LP: TD:
DAILY FLOW: 480 gal/day WATER: COMMUNITY PRETREATMENT: NA FILL: DAF: DEEP: REDUCE35%:

COMMENTS:

IP ISSUED? Y DATE: 03/11/2014 BY: (SCR)  PHONE#: (919)-856-6194**AUTHORIZATION FOR WASTEWATER/WATER SYSTEM CONSTRUCTION**

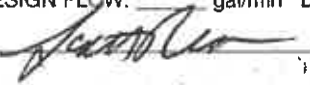
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

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. 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: INITIAL SYSTEM IS DESIGNED AS GRAVITY FLOW TO D-BOX TO FEED 5 80' LINES, FLAGGED OUT IN FIELD. ACCEPTED STATUS MEDIA REQUIRED, 25% REDUCTION ALREADY TAKEN. REPAIR WILL REQUIRE PUMP TO PRESSURE MANIFOLD WHEN NEEDED IN FUTURE. NO FOUNDATION DRAINS ARE ALLOWED WHERE SYSTEM COMPONENTS ARE LESS THAN 15' FROM FOUNDATION. KEEP SUPPLY LINE AND D-BOX 5' FROM FOOTERS SUPPORTING SCREEN PORCH. IF GRAVITY FLOW CANNOT BE ACHIEVED APUMP TO PRESSURE MANIFOLD DISTRIBUTION WILL BE REQUIRED. CALL OFFICE WITH ANY QUESTIONS OR TO SET UP PRE-CONSTRUCTION CONFERENCE.

TANK SIZE: 1200 gal. PUMP TANK: ____ gal. GREASE TRAP: ____ gal. SQ FT: 1200 INNOVATIVE MAX DEPTH LINE: 30 in.
MAINT: N OPER: N L/O: Y TRENCH#: 5 LENGTH: 80 ft. WIDTH: 36 in. DESIGNER:
SUBFIELDS: ____ DESIGN HEAD PRESSURE: ____ DESIGN FLOW: ____ gal/min DOSE VOLUME: ____ gal. PRETREATMENT: NA

CA ISSUED? Y DATE: 03/11/2014 BY: (SCR)  PHONE#: (919)-856-6194

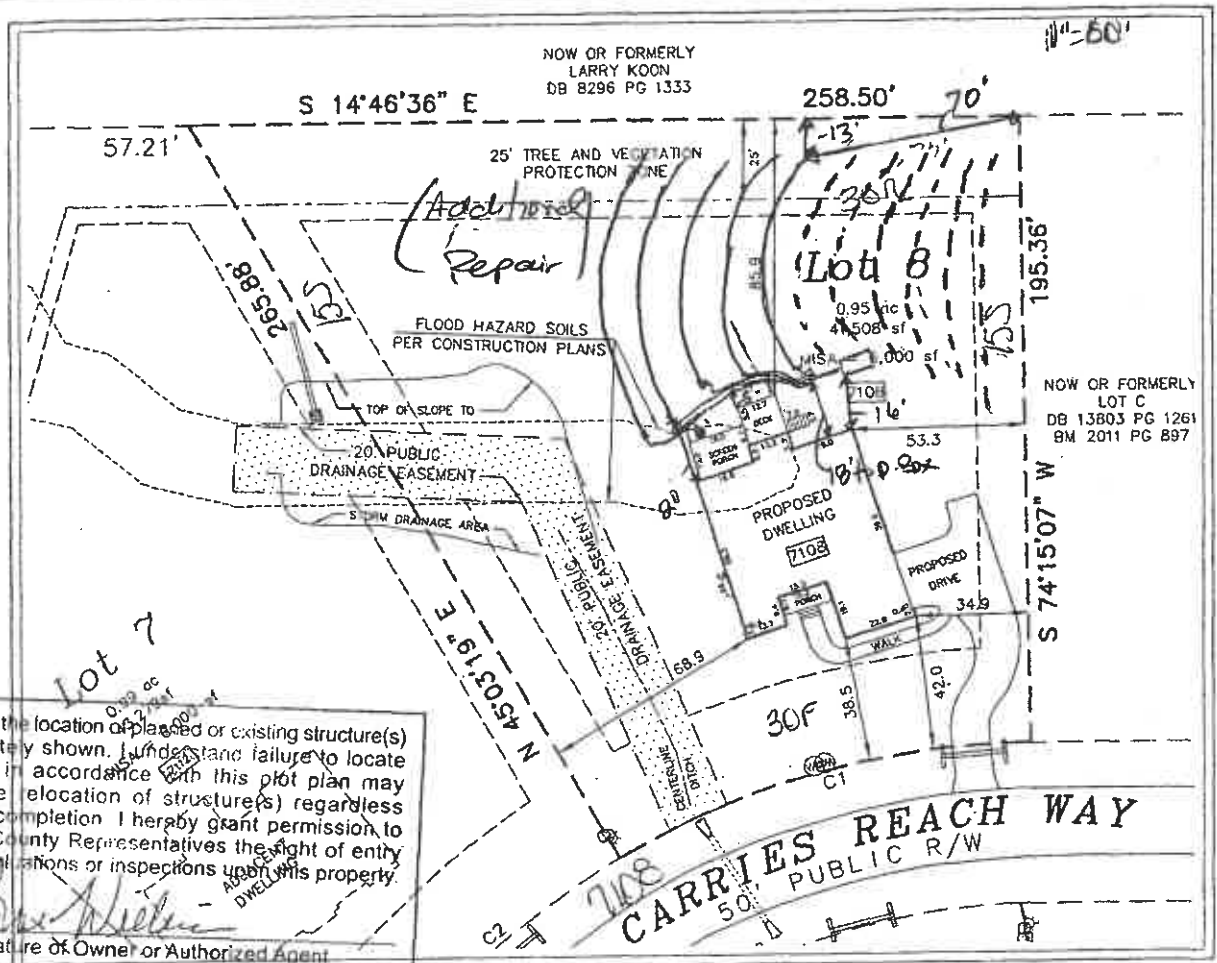
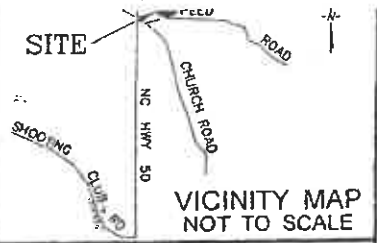
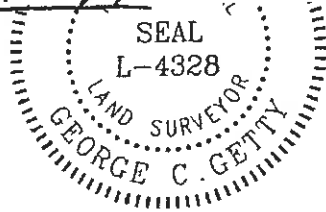
As Built Copy

REFERENCES SHOWN HEREON; THAT THIS PRELIMINARY PLAT IS NOT FOR RECORDATION, CONVEYANCES OR SALES.

WITNESS MY ORIGINAL SIGNATURE AND SEAL THIS THE

24th DAY OF September A.D., 2014

George C Getty L-4328
PROFESSIONAL LAND SURVEYOR LICENSE NUMBER



CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING
C1	255.00'	134.32'	132.77'	N 29°51'19" W

I certify that the location of placed or existing structure(s) are accurately shown. In the event of a failure to locate structures in accordance with this plat 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 Authorized Agent

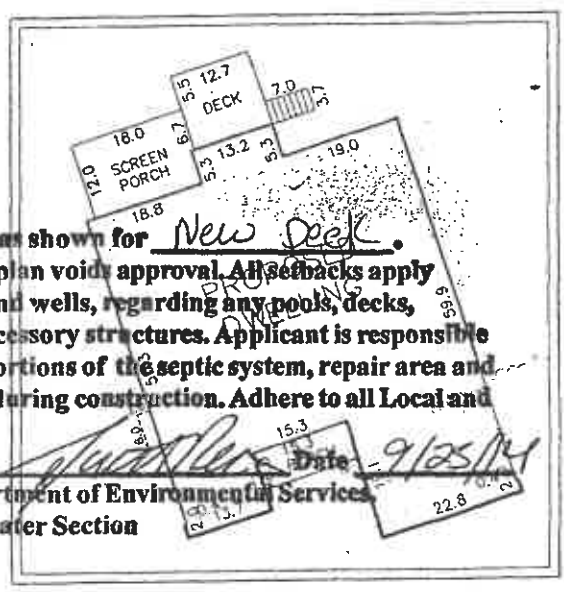
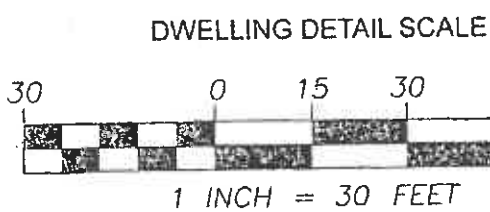
Zoning BHOU By SIL
Approve ✓ Date APR 11 2012 PG 998
Revise ✓ Use IDIA
Reject ✓ MBL
Front 30 Rear 30
Side 15

0141832
D50424

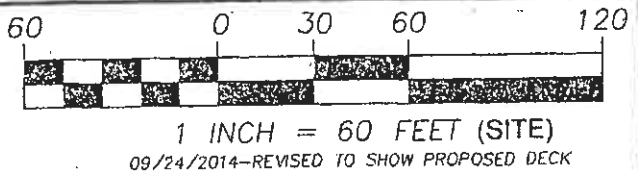
LOT #	BUILDING	DRIVE+WALK	TOTAL
8	3,306 SF	1,666 SF	4,972 SF
IMPERVIOUS AREA MAXIMUM = 6,000 SF			

Site plan approved as shown for New Deck.
Any changes to site plan void 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 [Signature] Date 9/25/14
Wake County Department of Environmental Services and Waste Water Section



- NOTES:
- BOUNDARY AND BASIS OF BEARING BASED ON BM 2012 PG 998
 - REFER TO RECORDED PLATS FOR ADDITIONAL INFORMATION NOT SHOWN HEREON
 - SETBACKS SHOWN TO PROPOSED FOUNDATION MASONRY



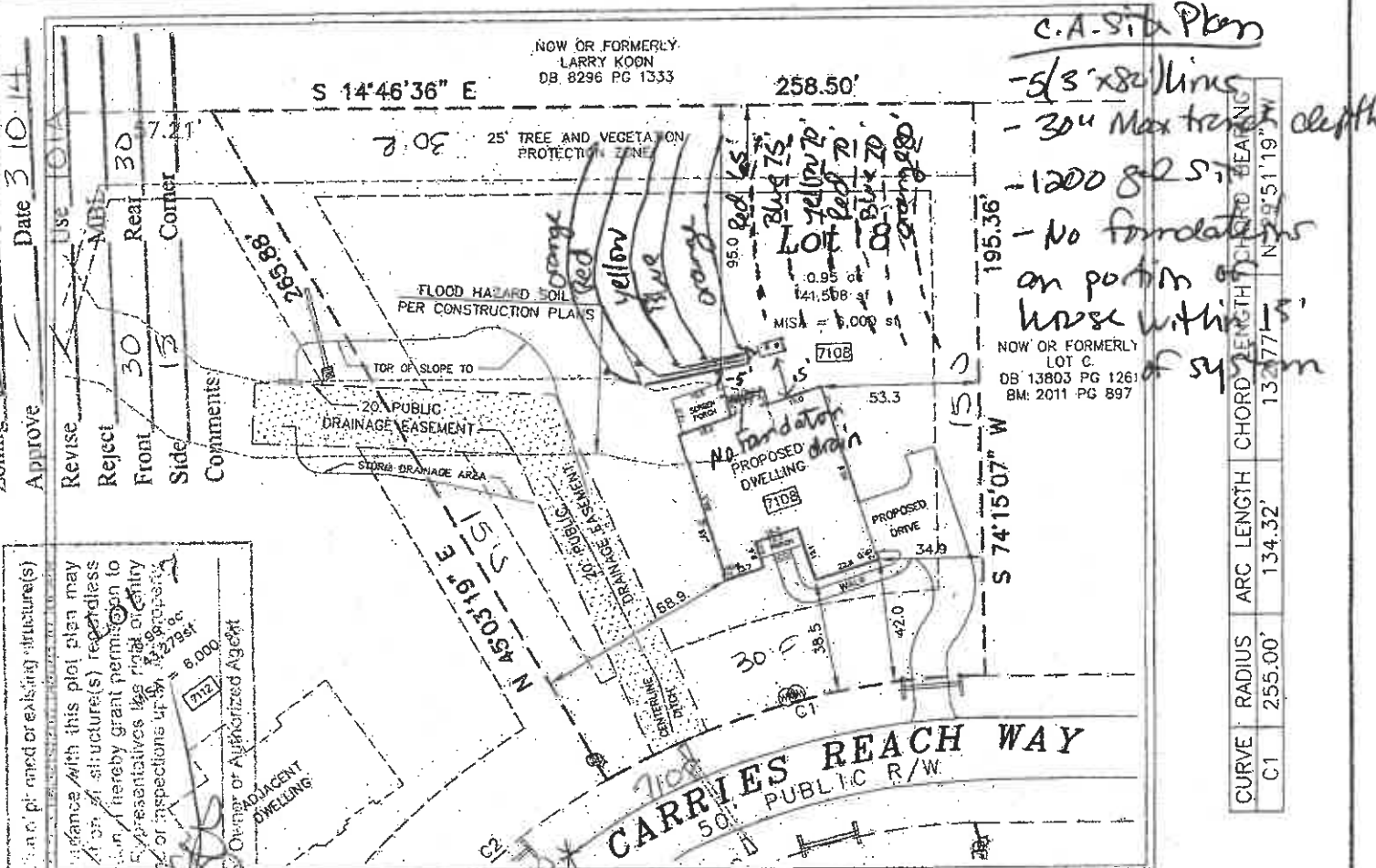
PLOT PLAN LOT 8 FOR HOMES BY DICKERSON

SURVEY CERTIFICATE

I, GEORGE C. GETTY, L-4328, AS A PROFESSIONAL LAND SURVEYOR IN THE STATE OF NORTH CAROLINA, DO HEREBY CERTIFY THAT THIS PRELIMINARY PLAT WAS DRAWN UNDER MY SUPERVISION; THAT THE LOT LINES ARE DRAWN AS DASHED LINES FROM SAID REFERENCES SHOWN HEREON; THAT THIS PRELIMINARY PLAT IS NOT FOR RECORDATION, CONVEYANCES OR SALES.

WITNESS MY ORIGINAL SIGNATURE AND SEAL THIS THE

5 DAY OF March A.D., 2014
George C. Getty L-4328
PROFESSIONAL LAND SURVEYOR LICENSE NUMBER



I certify that no part of this plot plan may be used for any purpose other than the one for which it was prepared. I am hereby granting permission to the representatives of the local authority to make inspections of the property to insure compliance with the provisions of the local ordinance.

Owner or Authorized Agent: [Signature]

LOT #	BUILDING	DRIVE+WALK	TOTAL
8	3,126 SF	1,666 SF	4,792 SF
IMPERVIOUS AREA MAXIMUM = 6,000 SF			

DWELLING DETAIL SCALE

