

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: D030348

PIN #: 1765494486

OP DATE: 0912712005

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.)

00982

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 20 in
☐ 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

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#: D030348 STATUS: A APP. DATE: 05/07/2004 BLDG. PERMIT#: 0043309
PIN: 1765.01 49 4486 000 TAX MAP: 0444 0000 RECORDED: Y ORIG. PERMIT#:
TOWNSHIP: 10 MARKS CREEK JURISDICTION: WC ZONING: R30
APPLICANT: FREDERICK V POWELL
6008 GLENNEVIS LANE
WENDELL, NC 27591
(919) 422 - 5392
USE: HD USE: 101 ONE-FAMILY HOUSE
EXIST USE:
DISPOSAL: BEDROOMS: 3 BASEMENT: N #EMPLOYEES: 0
SITE: ADDRESS: 3709 CARRIAGE MANOR CT
SUBDIVISION: RAMSEY FARMS LOT: 27 ACRES: 0.94
DIRECTION: 64E L MARKS CREEK RD R ROLESVILLE RD 1/4MI L ON
GLENNEVIS LN 2ND LOT ON R

Well System: WATER: INDIVIDUAL - TYPE: NEW

WELL LOG INFORMATION DEPTH: 44 CASING DEPTH: 44 YIELD: 50 STATIC LEVEL: 70
WELL CONTRACTOR: Badger P.C. REG.# 479 PUMP CONTRACTOR: J.D. Y. REG.# 5175
Construction Compliance GROUT APPROVED ☒ DATE 6/16/05 EHS ☒
WELLHEAD APPROVED ☒ DATE 6/16/05 EHS ☒
SYSTEM FINALIZED ☒ DATE 6/26/05 EHS ☒

COMMENTS:

Operation Permit

DESIGN FLOW: _____ gal./min. ACTUAL FLOW: _____ INNOVATIVE LETTER: Y

INSTALLED BY: D. Brantley INSTALLATION APPROVED BY: Tom Whaley
PROPRIETARY SYSTEM: _____ FILTER NO: _____
COMMENTS:

OPERATIONS PERMIT ISSUED? _____ OP DATE: 09/27/05 BY: TXW

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: 10-14-05 Benchmark: _____ Rod reading: _____ Distance to Structure: 11'
ST: 1000 gals ID#: 645 D.O.M.: 1-31-05 Elev.: 153 3/4' Distance to Well: _____
PT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____
D-box/FD/PM elev.: 26 1/4" Supply Line: 30 ft. Pump/Control Panel: _____
Line 1: 4' 5 1/2" _____ 110' _____ Date: _____
Line 2: 5' 0" _____ _____ Date: _____
Line 3: 5' 3 1/4" _____ _____ Date: _____
Line 4: _____ _____ Date: _____
Line 5: _____ _____ Date: _____
Distance to P/L: _____ Notes: _____

EZ- Lay

23" Outlet @ Tank
27"



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WENDELL, NC 27691
(919) 422 - 5392
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EXIST USE:
DISPOSAL: BEDROOMS: 3 BASEMENT: N #EMPLOYEES: 0 FOUND DRAIN: N
SITE: ADDRESS: 3709 CARRIAGE MANOR CT
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DIRECTION: 64E L MARKS CREEK RD R ROLESVILLE RD 1/4MI L ON
GLENNEVIS LN 2ND LOT ON R

IMPROVEMENT PERMIT

TANK SIZE: 1000 gal. PUMP Tank: ____ gal. SQ FT: 982 INNOVATIVE MAX DEPTH LINE: 20 in.
WASTEWATER: INDIVIDUAL SEWAGE: DOMESTIC TYPE SYSTEM: III G PUMP: N P/M: N
DAILY FLOW: 360 gal/day DESIGN FEE REQ?: PAID?: WATER: INDIVIDUAL

COMMENTS:

IP ISSUED? Y DATE: 06/02/2004 BY: (SBG) *Lucie T. Grand* 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:**
MAINTAIN ALL SETBACKS. STAY ON CONTOUR. 25% REDUCTION ALREADY ACCOUNTED FOR IN DESIGN. GRAVITY TO 3X110' LINES. NO HEAVY MACHINERY ON SYSTEM OR REPAIR AREAS. CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION.

TANK SIZE: 1000 gal. PUMP TANK: ____ gal. SQ FT: 982 INNOVATIVE MAX DEPTH LINE: 20 in.
MAINT: N OPER: N L/O: Y TRENCH#: 3 LENGTH: 110 ft. WIDTH: 36 in. DESIGNER: ____
SUBFIELDS: ____ DESIGN HEAD PRESSURE: ____ DESIGN FLOW: ____ gal/min DOSE VOLUME: ____ gal.

CA ISSUED? Y DATE: 03/17/2005 BY: (ELC) *Ernest L. Carter* PHONE#: 856-5380

AS
BUILT

Zoning R30 By SH
 Approve ✓ Date 5.7.04
 Revise _____ Use 101
 Reject _____ MBL _____
 Front 30 Rear 30
 Side 10 Corner 30
 Comments:

PIN: 01501494484

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.

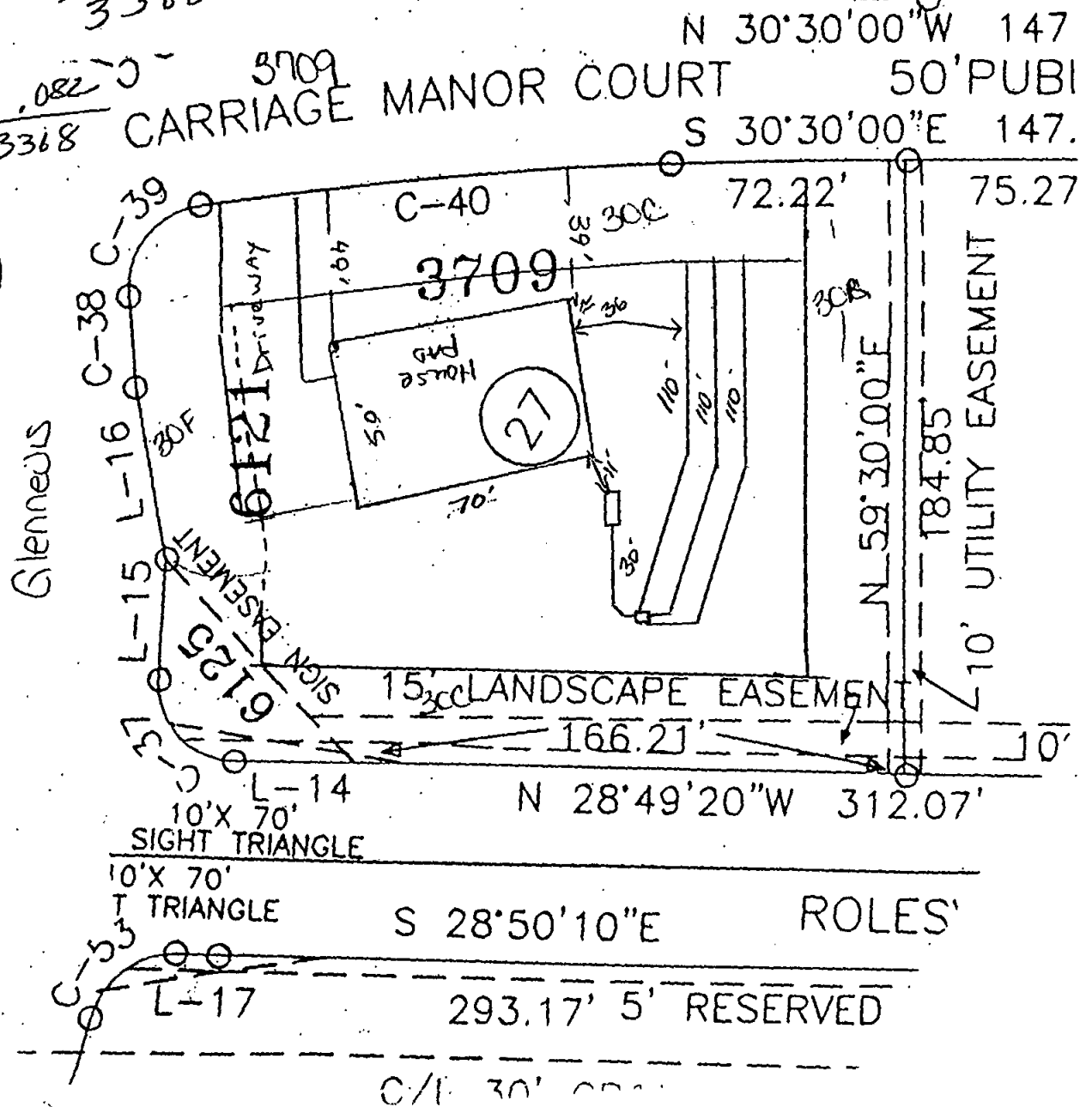
Andrew V. Foell
 Signature of Owner or Authorized Agent

0043309
 D30348

House $37 \times 64 = 2368$
 Drive $50 \times 20 = 1000$
3368

$43560 \times .94 =$
 $40946 \overline{) 3368} \quad .082$

8.2%



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Frederick V. Foll
Signature of Owner or Authorized Agent

Comments:

House $37 \times 64 = 2368$
 Drive $50 \times 20 = 1000$
3368

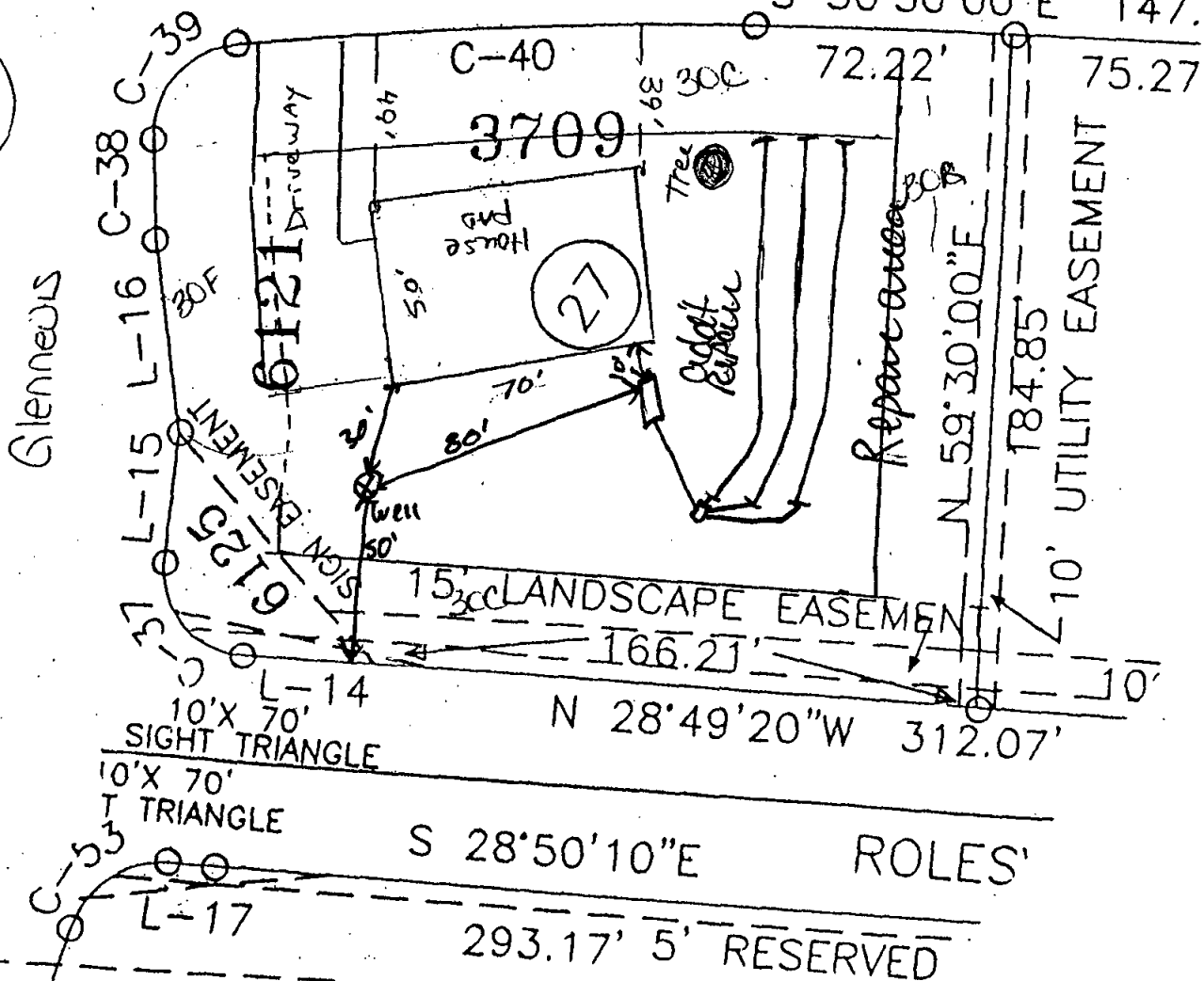
$$43560 \times .94 =$$

560 x .94 = 526.40
410946 | 3368 CA

3709
CARRIAGE MANOR COURT

N 30°30'00"W 147
RT 50' PUBLI
S 30°30'00"E 147

8.2%



Grady Poole Well & Pump Co., Inc.

5809 Farmwell Rd.
Raleigh, NC 27610
919-266-2185

PERMIT NO.D-030348

Jason

Jon

Grady

WELL CONSTRUCTION RECORD

WELL CONTRACTOR (INDIVIDUAL) NAME (print) Edna Thibault CERTIFICATION # 2215
WELL CONTRACTOR COMPANY NAME GRADY POOLE WELL COMPANY PHONE # (919) 266-2185
STATE WELL CONSTRUCTION PERMIT# _____ ASSOCIATED WQ PERMIT# _____
(if applicable) (if applicable)

1. WELL USE (Check Applicable Box): Residential ☐ Municipal/Public ☐ Industrial ☐ Agricultural ☐
Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use _____

2. WELL LOCATION:

Nearest Town: WENDELL County WAKE
LOT #27, RAMSEY FARMS, 3709 CARRIAGE MANOR CT.
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting
☐ Ridge ☐ Slope ☐ Valley ☐ Flat
(check appropriate box)
Latitude/longitude of well location

3. OWNER: FREDERICK V. FOELL
Address 6008 CLEMENS LANE
(Street or Route No.)
WENDELL, NC 27591

City or Town State Zip Code
(919) 422-5397

Area code- Phone number

4. DATE DRILLED 1-11-05

5. TOTAL DEPTH: 2.12

6. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒

7. STATIC WATER LEVEL Below Top of Casing: 26 FT.
(Use "+" if Above Top of Casing)

8. TOP OF CASING IS 1 FT. Above Land Surface*

*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.

9. YIELD (gpm): 225 METHOD OF TEST RIM

10. WATER ZONES (depth): 2.12

(degrees/minutes/seconds)
Latitude/longitude source: ☐ GPS ☐ Topographic map
(check box)

DEPTH

From	To
0	2
2	2.12
2.12	2.12

DRILLING LOG

Formation Description

Top Soil
Clay
Gravel

LOCATION SKETCH

Show direction and distance in miles from at least two State Roads or County Roads. Include the road numbers and common road names.

11. DISINFECTION: Type HTH Amount 1 LB.

12. CASING:

Depth	Diameter	Wall Thickness	Material
From 0 To 11 Ft.	6"	.188	GAUV.
From _____ To _____ Ft.	_____	_____	_____
From _____ To _____ Ft.	_____	_____	_____

13. GROUT: Depth Material Method
From 0 To 20 FT. FILL/SCREENINGS GRAVITY
From _____ To _____ Ft. _____

14. SCREEN: Depth Diameter Slot Size Material
From _____ To _____ Ft. _____ in. _____ in. _____
From _____ To _____ Ft. _____ in. _____ in. _____

15. SAND/GRAVEL PACK: Depth Size Material
From _____ To _____ Ft. _____
From _____ To _____ Ft. _____

16. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER

SIGNATURE OF PERSON CONSTRUCTING THE WELL

DATE

2005