

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0053012

PIN #: 0784009238

OP DATE: 0611812015

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

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|------------------|
| ☐ | ☐ | ☐ | 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.)

00873

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#: D053012 STATUS: A APP. DATE: 04/23/2015 BLDG. PERMIT#: I012426
PIN: 0784 00 9238 000 TAX MAP: 0520 0239 RECORDED: Y ORIG. PERMIT#: NA
TOWNSHIP: 01 RALEIGH JURISDICTION: RAX ZONING: SW DEVICE: N S#:
APPLICANT: ALBERT, WILLIAM L (919) 345 - 8306
27 BURTON AVE RALEIGH, NC 27606
HD USE: 0001 REPAIR/EXISTING SYSTEM EXIST USE: 101A CONVENTIONAL ONE-FAMILY HOUSE DESIGN FEE REQ?: PAID?:
LTAR: 0.00 0.00 BEDROOMS: 3 BASEMENT: Y #EMPLOYEES: 0 FOUNDATION DRAIN:
SITE: ADDRESS: 5701 WAYCROSS ST
SUBDIVISION: OAKDALE LOT: 66 65 ACRES: 0.22 EASEMENT: LOC: SYS:
DIRECTION: WESTERN BLVD WEST. LT BURTON. RT WAYCROSS.

IMPROVEMENT PERMIT

As 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: 1000 gal. PUMP Tank: _____ gal. GREASE TRAP: _____ gal. SQ FT: 840 STONE DEPTH: 12 in. MAX DEPTH LINE: 22 in.
WASTEWATER: INDIVIDUAL SEWAGE: DOMESTIC TYPE SYSTEM: II A PUMP: N P/M: N LP: TD:
DAILY FLOW: 360 gal/day WATER: INDIVIDUAL PRETREATMENT: FILL: DAF: DEEP: REDUCE35%:

COMMENTS:

IP ISSUED? DATE: BY: () PHONE#: (919)-

**AUTHORIZATION FOR WASTEWATER/WATER SYSTEM CONSTRUCTION
VALIDITY CONCURRENT WITH THE IMPROVEMENT PERMIT**

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: MAINTAIN ALL SETBACKS. THE EXISTING SEPTIC TANK MUST BE PUMPED CRUSHED AND REMOVED TO ALLOW FOR THE NEW DRAINLINE. A NEW 1000 GALLON SEPTIC TANK MUST BE AT LEAST FIVE FEET FROM THE HOUSE AND NOT INTO THE EASEMENT FOR BURTON AVE. A NEW 1X 140' X 72" DRAINLINE SHOULD BE INSTALLED AS HIGH UP ON THE SLOPE AS POSSIBLE. THE ORIGINAL DRAINLINE MUST BE DAMMED IN THE AREAS WHERE THE NEW LINE WILL CROSS IT. PLEASE CALL THE OFFICE WITH ANY QUESTIONS OR CONCERNS PRIOR TO INSTALLATION.

TANK SIZE: 1000 gal. PUMP TANK: _____ gal. GREASE TRAP: _____ gal. SQ FT: 840 STONE DEPTH: 12 in. MAX DEPTH LINE: 22 in.
MAINT: N OPER: N L/O: Y TRENCH#: 1 LENGTH: 140 ft. WIDTH: 72 in. DESIGNER: _____
SUBFIELDS: _____ DESIGN HEAD PRESSURE: _____ DESIGN FLOW: _____ gal/min DOSE VOLUME: _____ gal. PRETREATMENT:

CA ISSUED? Y DATE: 04/23/2015 BY: (TXW)  PHONE#: (919)-868-6412

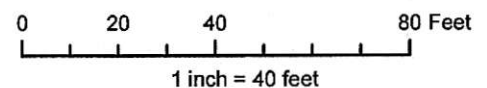
AS BUILT



5701 Waycross St. Permit #: D053012

PIN: 0784009238 000
 Real Estate ID: 0067278
 Map Name: 0784 17
 Owner: ALBERT, WILLIAM L ALBERT, BESS M
 Mailing Address 1: 27 BURTON AVE
 Mailing Address 2: RALEIGH NC 27606-1207
 Deed Book: 008152
 Deed Page: 02029
 Deed Date: 09/25/1998
 Deeded Acreage: 0.22
 Assessed Building Value: \$74,777
 Assessed Land Value: \$72,000
 Total Assessed Value: \$146,777
 Billing Class: Individual
 Property Description: LO66 & PT LT 65
 OAKDALE SUB BM1920 -00253
 Heated Area: 1735
 Site Address: 5701 WAYCROSS ST

Township: Raleigh
 Year Built: 1925
 Total Sale Price: \$98,000
 Sale Date: 09/25/1998
 Type and Use: SINGLFAM
 Design Style: Conventional
 Land Class: RES 10 AC
 Old Parcel Number: 520-00000-0239



Disclaimer
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TOWNSHIP: **01 RALEIGH** JURISDICTION: **RAX** ZONING: **SW** DEVICE: **N S#:**
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USE: **HD USE: 0001 REPAIR/EXISTING SYSTEM** EXIST USE: **101A CONVENTIONAL ONE-FAMILY HOUSE**
LTAR: **0.00 0.00** BEDROOMS: **3** BASEMENT: **Y** #EMPLOYEES: **0**
SITE: **ADDRESS: 5701 WAYCROSS ST**
SUBDIVISION: **OAKDALE** LOT: **66 65** ACRES: **0.22** EASEMENT: **LOC: SYS:**
DIRECTION: **WESTERN BLVD WEST. LT BURTON. RT WAYCROSS.**

Well System: WATER: INDIVIDUAL - 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: _____ DOSE VOLUME: _____ gal. INNOVATIVE LETTER: _____
INSTALLED BY: Quality Landscape INSTALLATION APPROVED BY: Andrew J. Lake
PROPRIETARY SYSTEM: gravel beds TYPE SYSTEM: **II A**

COMMENTS:

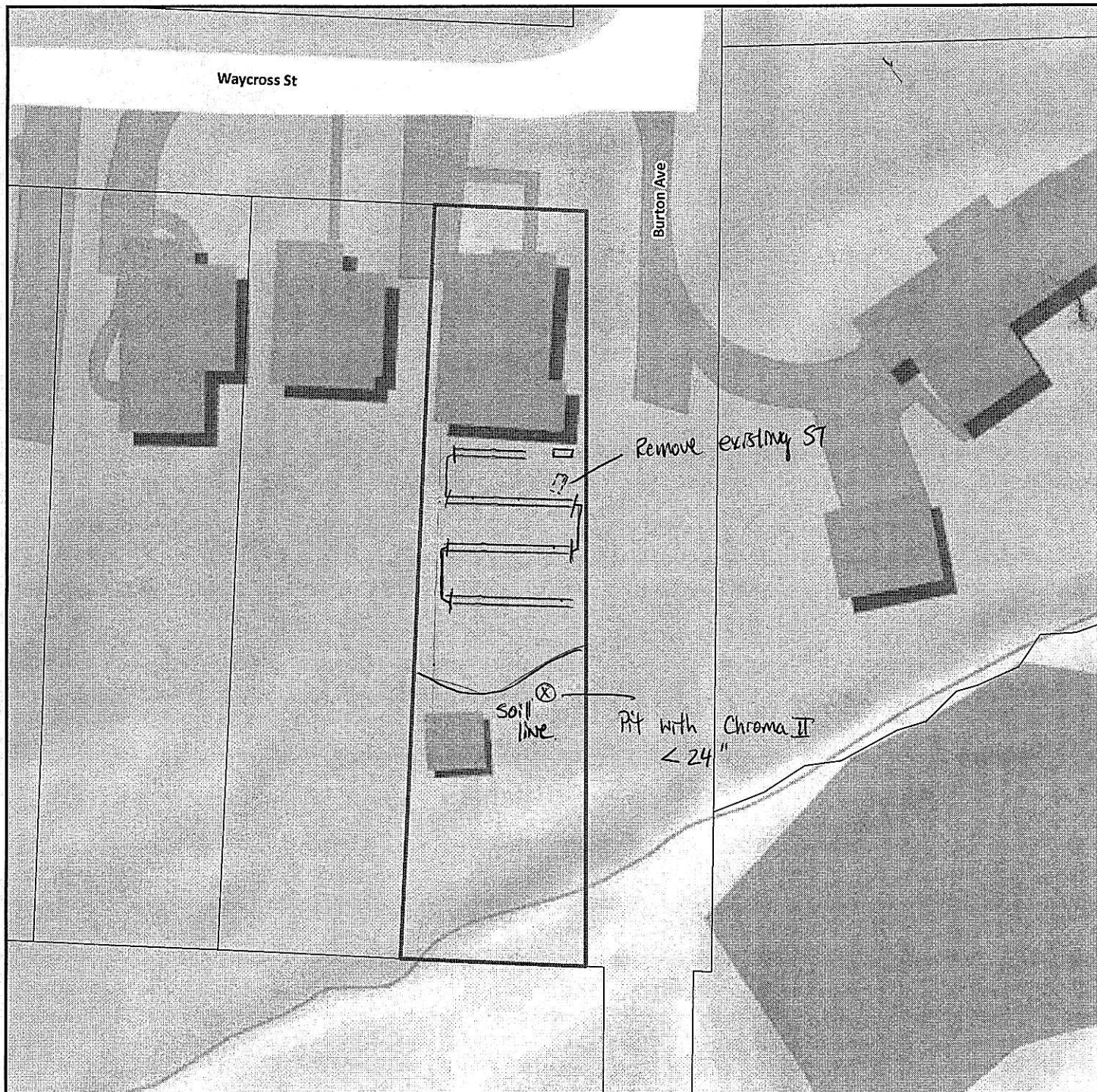
OPERATIONS PERMIT ISSUED? yes OP DATE: 6/18/15 BY: txw

Systems defined as either a Type IIIb, 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: 6/18/15 Benchmark: Septic Tank Rod reading: 6' 1" Distance to Structure: 8'
ST: 1000 gals ID#: STB 858 D.O.M.: 4/20/15 Elev.: 6' 1" 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.: 6' 9 1/2" Supply Line: 3 ft. Pump/Ctrl Panel: _____ Filter: Red Polylok
Line 1: 7' 7" _____ Date: _____ Line 6: _____ Date: _____
Line 2: 8' 2" _____ Date: _____ Line 7: _____ Date: _____
Line 3: 9' 1/2" _____ Date: _____ Line 8: _____ Date: _____
Line 4: _____ Date: _____ Line 9: _____ Date: _____
Line 5: _____ Date: _____ Line 10: _____ Date: _____
ETM1: _____ CC1: _____ ETM2: _____ CC2: _____ OR: _____ AC: _____ WM: _____
Notes: _____

CA



MAP TITLE

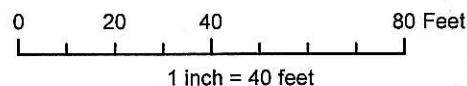
ST- Pump, Crush and remove the existing Septic Tank.

ADD a new 1000 gallon ST

DL- 1 x 140' x 72"
Accepted Status System.

Total sq. ft. 840'

Max Trench depth 22"



Disclaimer

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