

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0051710

PIN #: 0782274274

OP DATE: 1211412014

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 <i>exist</i>
☐	☐	☐	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.)

01080

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

[Handwritten signature]

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#: D051710 STATUS: A APP. DATE: 08/25/2014 BLDG. PERMIT#: I011989
PIN: 0782 27 4274 000 TAX MAP: 0602 0000 RECORDED: Y ORIG. PERMIT#: D018003
TOWNSHIP: 18 SWIFT CREEK JURISDICTION: RAX ZONING: RR SW DEVICE: N S#:
APPLICANT: DARLING, PATRICK D (919) 614 - 2330
4908 MAJESTIC PRINCE CT RALEIGH, NC 27606
USE: HD USE: 0001 REPAIR/EXISTING SYSTEM EXIST USE: 101A CONVENTIONAL ONE-FAMILY HOUSE
LTAR: 0.30 0.30 BEDROOMS: 4 BASEMENT: N #EMPLOYEES: 0
SITE: ADDRESS: 4908 MAJESTIC PRINCE CT
SUBDIVISION: BAILEY'S LANDIN LOT: 8 ACRES: 0.57 EASEMENT: N LOC: SYS:
DIRECTION: GORMAN ST TO TRYON RD TURN RIGHT, L ON BAILES LANDING DR 1ST L ON MAJESTIC PRINCE CT DES ON LE
FT

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: _____ DOSE VOLUME: _____ gal. INNOVATIVE LETTER: _____

INSTALLED BY: *Jill Perkins* INSTALLATION APPROVED BY: *Jill Perkins*
PROPRIETARY SYSTEM TYPE SYSTEM: II A

COMMENTS:

OPERATIONS PERMIT ISSUED? *yes* OP DATE: *12-24-14* BY: *Jill Perkins*

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: _____ Benchmark: _____ Rod reading: _____ Distance to Structure: _____
ST: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ 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.: _____ Supply Line: _____ ft. Pump/Ctrl Panel: _____ Filter: _____
Line 1: *1.8* _____ Date: _____ Line 6: _____ Date: _____
Line 2: *9.3* _____ Date: _____ Line 7: _____ Date: _____
Line 3: _____ Date: _____ Line 8: _____ Date: _____
Line 4: _____ Date: _____ Line 9: _____ Date: _____
Line 5: _____ Date: _____ Line 10: _____ Date: _____
ETM1: _____ CC1: _____ ETM2: _____ CC2: _____ OR: _____ AC: _____ WM: _____
Notes: _____

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#: D051710 STATUS: A APP. DATE: 08/25/2014 BLDG. PERMIT#: I011989
PIN: 0782 27 4274 000 TAX MAP: 0602 0000 RECORDED: Y ORIG. PERMIT#: D018003
TOWNSHIP: 18 SWIFT CREEK JURISDICTION: RAX ZONING: RR SW DEVICE: N S#:
APPLICANT: DARLING, PATRICK D (919) 614 - 2330
4908 MAJESTIC PRINCE CT RALEIGH, NC 27606
HD USE: 0001 REPAIR/EXISTING SYSTEM 3 EXIST USE: 101A CONVENTIONAL ONE-FAMILY HOUSE DESIGN FEE REQ?: PAID?:
LTAR: 0.30 0.30 BEDROOMS: 4 BASEMENT: N #EMPLOYEES: 0 FOUNDATION DRAIN: Y
SITE: ADDRESS: 4908 MAJESTIC PRINCE CT
SUBDIVISION: BAILEY'S LANDIN LOT: 8 ACRES: 0.57 EASEMENT: N LOC: SYS:
DIRECTION: GORMAN ST TO TRYON RD TURN RIGHT, L ON BAILES LANDING DR 1ST L ON MAJESTIC PRINCE CT DES ON LE
FT

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

COMMENTS:

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

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: INSTALL NEW D-BOX AS NEEDED TO FULLY UTILIZE DRAINLINES. REMOVE ALL ROOTS AND INSTALL PORT TO ADD COPPER SULFATE INTO DRAINLINES TO PREVENT FUTURE ROOT GROTH

TANK SIZE: EXIST gal. PUMP TANK: EXIST gal. GREASE TRAP: gal. SQ FT: _____ STONE DEPTH: ____ in. MAX DEPTH LINE: ____ in.

MAINT: N OPER: N L/O: N TRENCH#: _____ LENGTH: ____ ft. WIDTH: ____ in. DESIGNER: _____

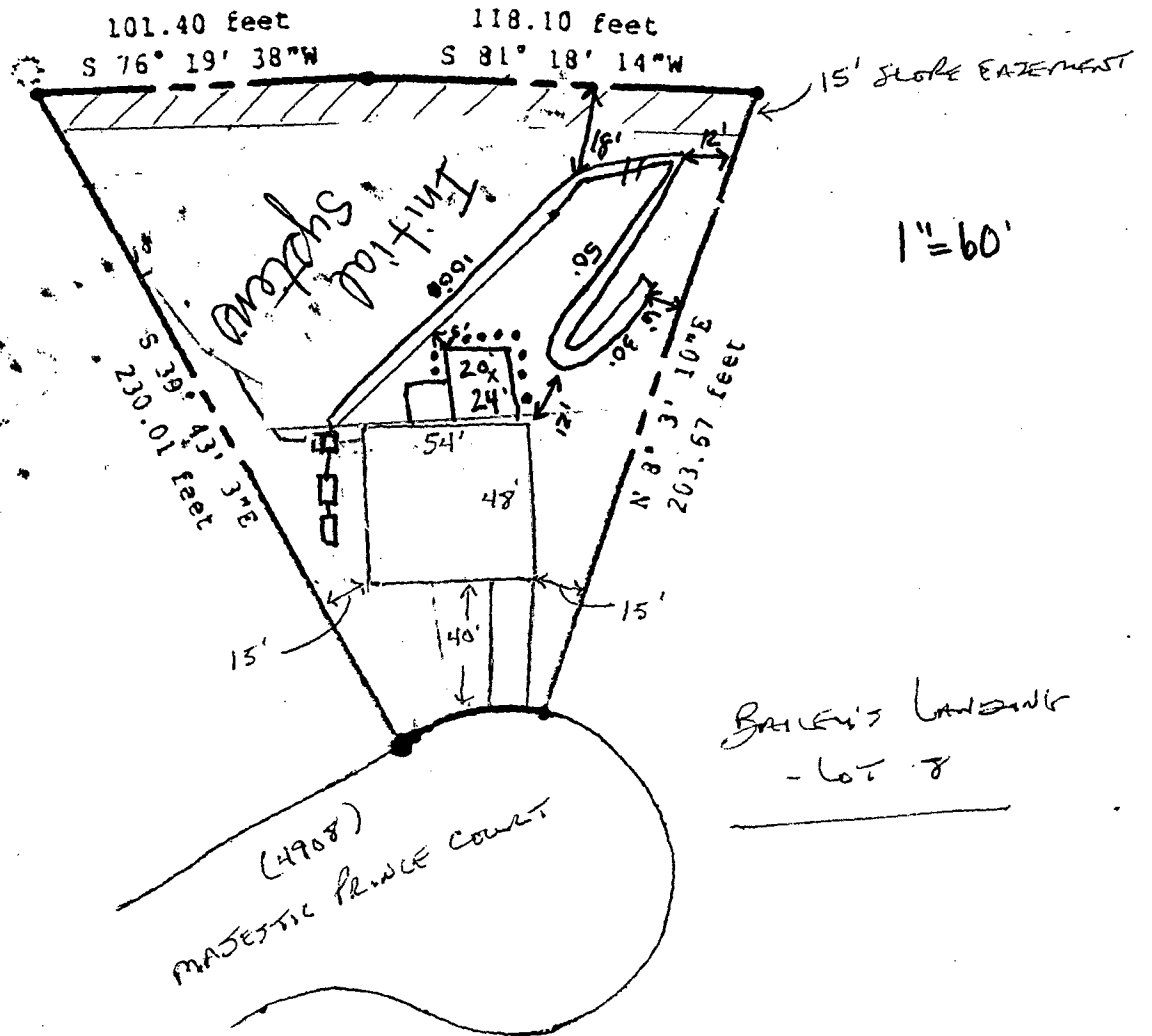
SUBFIELDS: _____ DESIGN HEAD PRESSURE: _____ DESIGN FLOW: _____ gal/min DOSE VOLUME: _____ gal. PRETREATMENT: NA

CA ISSUED? Y DATE: 08/25/2014 BY: (JEW) *Jill Perkins* PHONE#: (919)-856-7342

Dat. darling@BLDR.com

1, Lot 8 On Site Waste Water Design Specifications
 it 40', Left side 15' (4bd innovative/3bd conv)
 n contour, at 24"

q
 on contour, at 24"
 sq



1 Marks
 M= 6.21
 : 6.07

BRUCE'S LANDMARK
 - Lot 8

NOTES:

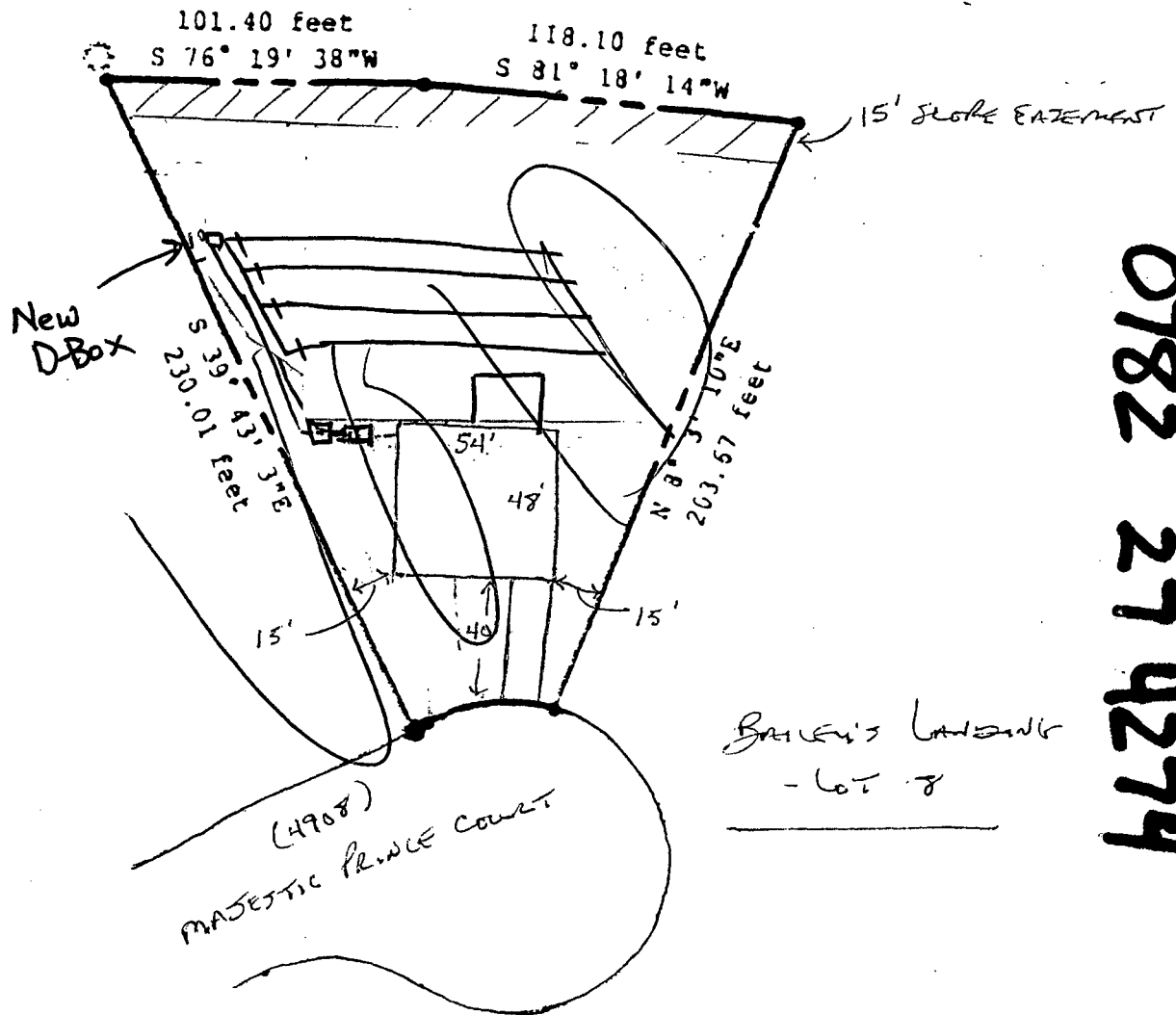
- JUNE 15 2009 1" = 60'
- SUBMITTED SITE PLAN DID NOT SHOW 15' SLOPE EASTERN WHICH IS SHOWN ON PLAT

CALASBUILT

1, Lot 8 On Site Waste Water Design Specifications
 it 40', Left side 15' (4bd innovative/3bd conv)
 n contour, at 24"

q
 on contour, at 24"
 sq

D51710
 - Move D-box



1 Marks
 M= 6.21
 : 6.07

Baker's Landing
 - Lot 8

0782 274274

Notes:

- SCALE 1" = 60'
- SUBMITTED SITE PLAN DID NOT SHOW 15' SLOPE EASEMENT WHICH IS SHOWN ON PLAT

Attn. Steve Smith

WAKE COUNTY
Department of Environmental Services
Water, Wastewater and Development Services
(919) 953-7400 FAX: (919) 953-7407
PO Box 880, Raleigh, NC 27602



REVISIONS THAT DO NOT NEED REVISED SITE PLANS

D# 18003
PIN# _____

Building Permit # _____

- Change of Bedrooms from 4
to 3
- Change of Name on Permit * _____
- Change of Foundation _____
- Change of Garbage Disposal _____
- Change of Employers _____

* Need Name, Address and Phone Number of New Applicant

Comments:

Applicant Signature

Marti Leone

Date

6/27/01

Permit Processor

Date

To protect and improve the quality of Wake County's environment and ensure a healthy future
for its citizens through cooperation, education, management and enforcement