

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 1047138

PIN #: 0880217437

OP DATE: 0210812012

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.)

01500

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

Ampl

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#: **D047138** STATUS: **A**

APP. DATE: **01/13/2012**

BLDG. PERMIT#: **0121345**

PIN: **0880.03 21 7437 000**

TAX MAP: **0223 0111**

RECORDED: **Y** ORIG. PERMIT#:

TOWNSHIP: **08 LEESVILLE**

JURISDICTION: **WC**

ZONING: **R40W** SW DEVICE: **N S#:**

APPLICANT: **GRESS INC**

**56 WEAVER TRAIL
NEW HILL, NC 27562
(919) 427 - 2699**

USE:

HD USE: **439E RES - OUTDOOR ABOVE GRND**

EXIST USE: **101A CONVENTIONAL ONE-FAMILY H**

LTAR: **0.40 0.30** BEDROOMS: **0** BASEMENT: **N** #EMPLOYEES: **0**

SITE:

ADDRESS: **5117 SWISSWOOD DR**

SUBDIVISION: **HUNTER HILLS** LOT: **65**

ACRES: **3.38** EASEMENT: **N** LOC: **SYS:**

DIRECTION:

LEESVILLE RD R HICKORY GROVE CHURCH R CARPENTER

POND R SWISSWOOD

Well System: WATER: INDIVIDUAL

TYPE: EXISTING

WELL LOG INFORMATION: DEPTH: _____ CASING DEPTH: _____ YIELD: _____ STATIC LEVEL: _____

WELLI 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: David Traylor

INSTALLATION APPROVED BY: Adrienne Hollaway RETHS

PROPRIETARY SYSTEM:

FILTER NO: White yellow

COMMENTS:

OPERATIONS PERMIT ISSUED? Y

OP DATE: 02/8/12

BY: Adrienne Hollaway RETHS

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: 2/8/12

Benchmark: Back

Rod reading: 3'0 1/2"

Distance to Structure: _____

ST: 500 gals

ID#: DB 522

D.O.M.: 7-10-11

Elev.: 100.0'

Distance to Well: _____

PT: 500 gals

ID#: DB 243

D.O.M.: 11-11-10

Elev.: 3'8"

D-box/FD/PM elev.: EXIST

Supply Line: _____ ft. Pump/Control Panel: _____

Line 1: 6x6

Date: _____

Line 6: _____

Date: _____

Line 2: _____

Date: _____

Line 7: _____

Date: _____

Line 3: _____

Date: _____

Line 8: _____

Date: _____

Line 4: _____

Date: _____

Line 9: _____

Date: _____

Line 5: _____

Date: _____

Line 10: _____

Date: _____

Distance to P/L: _____

Notes: Pipe sleeved as required. Pump final OK.

61 + 5 1/2" = 63

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PERMIT#: **D047138** STATUS: **A** APP. DATE: **01/13/2012** BLDG. PERMIT#: **0121345**
PIN: **0880.03 21 7437 000** TAX MAP: **0223 0111** RECORDED: **Y** ORIG. PERMIT#:
TOWNSHIP: **08 LEESVILLE** JURISDICTION: **WC** ZONING: **R40W** SW DEVICE: **N S#:**
APPLICANT: **GRESS INC**
56 WEAVER TRAIL
NEW HILL, NC 27562
(919) 427 - 2699
USE: HD USE: **439E RES - OUTDOOR ABOVE GRND**
EXIST USE: **101A CONVENTIONAL ONE-FAMILY H**
LTAR: **0.40 0.30** BEDROOMS: **0** BASEMENT: **N** #EMPLOYEES: **0** FOUNDATION DRAIN: **Y**
SITE: ADDRESS: **5117 SWISSWOOD DR**
SUBDIVISION: **HUNTER HILLS** LOT: **65** ACRES: **3.38** EASEMENT: **N** LOC: **SYS:**
DIRECTION: **LEESVILLE RD R HICKORY GROVE CHURCH R CARPENTER**
POND R SWISSWOOD

IMPROVEMENT PERMIT

TANK SIZE: **1500** gal. PUMP Tank: **1500** gal. SQ FT: _____ STONE DEPTH: _____ in. MAX DEPTH LINE: _____ in.
WASTEWATER: **INDIVIDUAL** SEWAGE: **DOMESTIC** TYPE SYSTEM: **III B** PUMP: **Y** P/M: **Y**
DAILY FLOW: **600** gal/day DESIGN FEE REQ?: _____ PAID?: _____ WATER: **INDIVIDUAL**

COMMENTS:

IP ISSUED? _____ DATE: _____ BY: () NA PHONE#: _____

AUTHORIZATION FOR WASTEWATER/WATER SYSTEM CONSTRUCTION
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE
AUTHORIZATION CONDITIONS:

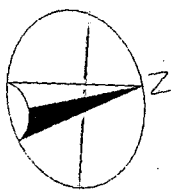
Contractors shall install system on contours, see attached site plan for wastewater system design and well location. No underground utilities, water lines or sprinkler systems may be located in the original system or repair areas. A septic tank filter with a riser for access is required. The wastewater system shall not be covered or placed into use until inspected by the Wake County Department of Environmental Services and an Operation Permit issued. 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:**

PERMIT ISSUED TO REPLACE EXISTING SEPTIC TANK AND PUMP TANK TO LEAVE ROOM FOR PROPOSED INGROUND POOL. CRUSH AND FILL EXISTING TANKS AS NORMALLY REQUIRED. INSTALL NEW 1500 TANKS WITH RISERS AND FILTER. NEW CONTROL PANEL AND UPDATED PUMP SYSTEM COMPONENTS REQUIRED. EXISTING PUMP MAY CAN BE USED. NEW SUPPLY LINE MUST BE KEPT 10' FROM EDGE OF POOL AND EDGE OF DITCH. SUPPLY LINE CAN BE SLEEVED WITH DUCTILE IRON OR IT EQUIVALENT IN ORDER TO ENCROACH ON DITCH. DO NOT ENCROACH ON 10' POOL SETBACK. TIE INTO EXSITING SUPPLY LINE AFTER BYPASSING POOL AREA. PUMP FINAL REQUIRED AT INSPECTION. CALL OFFICE WITH ANY QUESTIONS PRIOR TO OR DURING INSTALLATION.

TANK SIZE: **1500** gal. PUMP TANK: **1500** 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.

CA ISSUED? **Y** DATE: **01/30/2012** BY: (SCR) *[Signature]* PHONE#: **856-6194**

534.091



REPAIR AREA

8-81

25x38

36-7-93

24-10^u

517 swisswood d

104

LINE

As Built Copy

Q-24

088003217437

PERMIT

0121345

DO47138

Zoning R-40w B16

Approve / Date 1-13-12

Revise _____ Use 439E

Reject MBL 101A

Front 604 Rear 5

Side 5 Corner

Comments:

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.

Paula Hernandez
Signature of Owner or Authorized Agent

5117 SWISSWOOD

534.09'

Repair Area per
original permit
2515

REPAIR AREA

Pin#

088003217437

PERMIT#

0121345

DO47138

Zoning R40W

By DLG

Approve

Date 1-13-12

Revise

Use 439E

Reject

MBL 101A

Front

FOA

Rear

5

Side

5

Corner

Comments:

GA. Site Plan

- Permit issued to replace existing septic + pump tanks that are too close to proposed Pool (inground)
- crush + fill existing tanks as normally required
- 1500 gal S.T. P.T. required required of dual risers + filter
- updated Control Panel + pump system components required
- existing pump may can be used
- New supply line must be 10' from edge of pool + must be sleeved w/ ductile iron if w/in 10' of existing gully/ditch
- tie back into existing supply line after by passing proposed pool Area



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.

Debra Hernandez
Signature of Owner or Authorized Agent