

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: **D 0 5 5 2 4 9**

PIN #: **I 6 I 8 9 3 8 I 2 0**

OP DATE: **0 6 / I 5 / 2 0 I 6**

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.)

0 I 2 0 0

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#: D055249 STATUS: A APP. DATE: 05/31/2016 BLDG. PERMIT#: 0163804
 PIN: 1618 93 8120 000 TAX MAP: 0 RECORDED: Y ORIG. PERMIT#:
 TOWNSHIP: 15 PANTHER BRANCH JURISDICTION: WC ZONING: R30 SW DEVICE: N S#:
 APPLICANT: L AND L OF RALEIGH (919) 812 - 1068
 2301 STONEHENGE DRIVE RALEIGH, NC 27615
 USE: HD USE: 433 ADD/ALT-HSEKEEPING MORE UNITS EXIST USE: 101A CONVENTIONAL ONE-FAMILY HOUSE
 LTAR: 0.30 0.30 BEDROOMS: 1 BASEMENT: N #EMPLOYEES: 0
 SITE: ADDRESS: 5413 FANTASY MOTH DR
 SUBDIVISION: TURNER FARMS LOT: 341 ACRES: 0.70 EASEMENT: N LOC: SYS:
 DIRECTION: 50S R GOLDEN GATE R ROLLING FIELD R FANTASY MOTH

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:

Operation Permit

DESIGN FLOW: _____ gal./min. ACTUAL FLOW: _____ DOSE VOLUME: _____ gal. INNOVATIVE LETTER:
 INSTALLED BY: David Truelove - Trueworks INSTALLATION APPROVED BY: Alan Alcock
 PROPRIETARY SYSTEM: EZ FLOW TYPE SYSTEM: II A
 COMMENTS:

OPERATIONS PERMIT ISSUED? Y OP DATE: 6/15/16 BY: Alan Alcock

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: 6/15/16 Benchmark: ST Rod reading: 37' Distance to Structure: 22'
 ST: 1250 gals ID#: STB 323 D.O.M.: 2/22/16 Elev.: 37' Distance to Well: NA
 PT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Distance to P/L: _____
 GT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Pretreatment: _____
 D-box/FD/PM elev.: 5'6" Supply Line: 15 ft. Pump/Ctrl Panel: _____ Filter: _____
 existing Line 1: _____ Date: _____ Line 6: _____ Date: _____
 Line 2: _____ Date: _____ Line 7: _____ Date: _____
 Line 3: _____ Date: _____ Line 8: _____ Date: _____
 Line 4: _____ Date: _____ Line 9: _____ Date: _____
 New Line 5: 12'9" Date: 6/15 Line 10: _____ Date: _____
 ETM1: _____ CC1: _____ ETM2: _____ CC2: _____ OR: _____ AC: _____ WM: _____
 Notes: _____

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PAID?:
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DIRECTION: 50S R GOLDEN GATE R ROLLING FIELD R FANTASY MOTH

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: 1200 gal. PUMP Tank: _____ gal. GREASE TRAP: _____ gal. SQ FT: 300 ACCEPTED STATUS MAX DEPTH LINE: 24 in.
WASTEWATER: INDIVIDUAL SEWAGE: DOMESTIC TYPE SYSTEM: II A PUMP: N P/M: N LP: TD:
DAILY FLOW: 120 gal/day WATER: COMMUNITY PRETREATMENT: NA 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: ADD 5' TO EACH EXISTING DRAIN LINE, INSTALL 1 NEW 80'X3' INNOVATIVE DRAIN LINE. CONNECT TO EXISTING D-BOX. REPLACE SEPTIC TANK WITH 1200 GALLON TANK. EXISTING TANK MUST BE PUMPED PRIOR TO REMOVAL. PUMP INVOICE MUST BE PROVIDED. MAXIMUM TRENCH DEPTH IS 24". REPAIR IS GRAVITY, LOCATED BELOW.

TANK SIZE: 1200 gal. PUMP TANK: _____ gal. GREASE TRAP: _____ gal. SQ FT: 300 ACCEPTED STATUS MAX DEPTH LINE: 24 in.
MAINT: N OPER: N L/O: Y TRENCH#: 5 LENGTH: 100 ft. WIDTH: 36 in. DESIGNER: _____
SUBFIELDS: _____ DESIGN HEAD PRESSURE: _____ DESIGN FLOW: _____ gal/min DOSE VOLUME: _____ gal. PRETREATMENT: NA

CA ISSUED? Y DATE: 06/06/2016 BY: (AJL) Andrew J. Lake PHONE#: (919)-594-0895

AS BUILT

I, MICHAEL P. GRIFFIN, certify that under my direction and supervision this map was drawn from an actual field survey; that the error of closure of the survey as calculated by coordinates is 1: 10,000+; that the area shown hereon was calculated by coordinates.

Witness my hand and seal this day of MONTH 2015.

WAKE CO. REGISTRY
BM 2007 FGS 2882-2884

Zoning 230 By DLG
Approve ✓ Date 5-31-16
Revise Use 433
Reject MBL 101A
Front 30 Rear 30
Side 10 Corner
Comments:

S 68°11'16" W S 75°04'30" W

24.36'

76.21'

(341)

30,581 SQ. FT.
0.70 AC.

304.95'

PIN#
1618938120
PERMIT#
D163804

(342) D055249

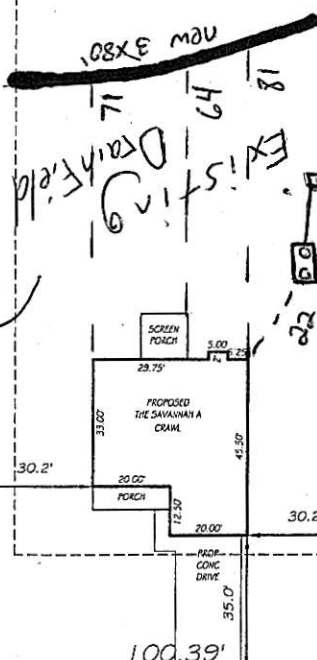
(340)

I certify that the location of planned or existing structure(s) are accurate 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.

Signature of Owner or Authorized Agent

5 added to each existing OL ends

S 14°55'53" E



N 75°04'07" E

FANTASY MOTH DRIVE

50' PUBLIC RW

IMPERVIOUS AREAS

HOUSE	1844 SQ. FT.
DRIVE & WALKS	643 SQ. FT.
PATIO	000 SQ. FT.
TOTAL	2487 SQ. FT.
ALLOWED	5148 SQ. FT.

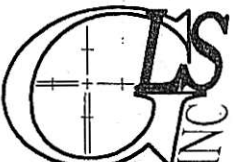
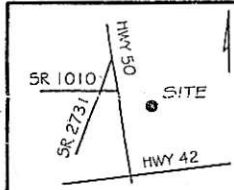
SETBACKS

FRONT	30'
REAR	30'
SIDE	10'
CORNER SIDE	30'

PRELIMINARY
NOT FOR RECORDATION,
SALES OR CONVEYANCE.

LEGEND

EIP	EXISTING IRON PIPE	FES	FLARED END SECTION
IPS	IRON PIPE SET	WM	WATER METER
RAW	RIGHT OF WAY	CO	CLEAN OUT
NF	NOW OR FORMERLY	FH	FIRE HYDRANT
EIS	EXISTING IRON STAKE	CB	CATCH BASIN



GRIFFIN LAND SURVEYING, INC.

P.O. BOX 148
FUQUAY-VARINA, NC 27526
(919) - 567-1963

PLOT PLAN
FOR

L AND L

OF RALEIGH

TURNER FARMS

LOT 341

5413 FANTASY MOTH DRIVE

GARNER, N.C.

WAKE COUNTY PANTHER BRANCH TWSHP

DRAWN BY NMF

DATE 4/1/15

CHECKED BY MPG

SCALE 1" = 50'

CA

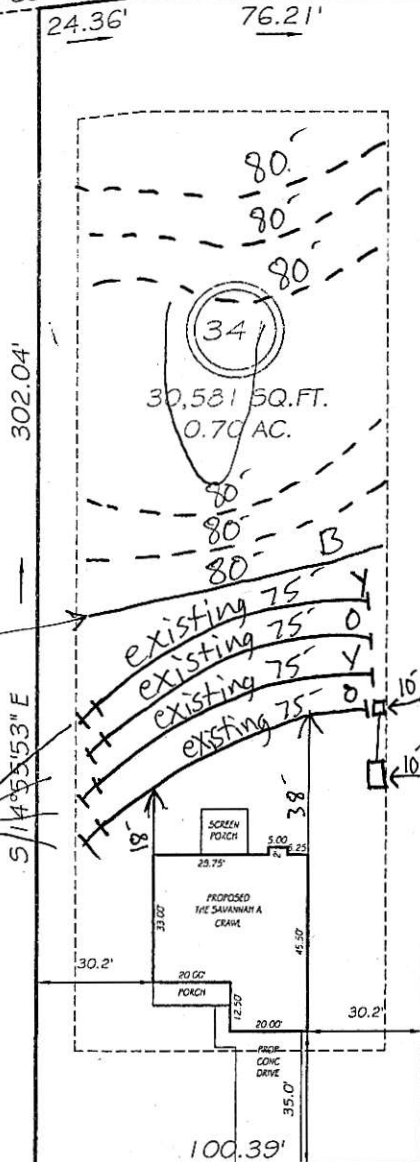
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D163804
DO55249

CA
~: initial drain lines,
add 5' to each existing
drain line, (1) 80'x3'
Replace tank with new
1200 gallon gravity system
24" maximum trench depth
--: repair drain lines,
(5) 80'x3', gravity.

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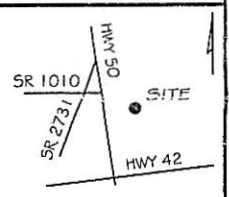
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