

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: D 0 3 0 6 1 1

PIN #: 1 8 2 0 7 3 9 9 9 8

OP DATE: 0 6 1 1 1 1 2 0 0 4

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 1 6 0 0

*Note that all characteristics
of the septic system are estimated
since the original permit was not
found.*

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#: D030611 STATUS: A APP. DATE: 06/03/2004 BLDG. PERMIT#:
 PIN: 1820.04 73 9998 000 TAX MAP: 0215 RECORDED: Y ORIG. PERMIT#: D4629
 TOWNSHIP: 14 NEW LIGHT JURISDICTION: WC ZONING: R80W
 APPLICANT: AQUAGROOM INC/KURT CANDLER
 628 MAYWOOD AVE
 RALEIGH, NC 27603
 (919) 779 - 0620
 USE: HD USE: 0002 VERIFY/EXISTING SYSTEM
 EXIST USE: 101 ONE-FAMILY HOUSE
 DISPOSAL: BEDROOMS: 5 BASEMENT: N #EMPLOYEES: 0
 SITE: ADDRESS: 6324 WAKEFALLS DR
 SUBDIVISION: WAKEFIELD LOT: 121 ACRES: 2.79
 DIRECTION: FALLS OF NEUSE N, LT ON WAKEFALLS DR

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: _____

DESIGN FLOW: _____ gal./min. ACTUAL FLOW: _____ **Operation Permit**
 INNOVATIVE LETTER: _____

INSTALLED BY: _____ INSTALLATION APPROVED BY: _____
 PROPRIETARY SYSTEM: _____ FILTER NO: _____
 COMMENTS: _____

OPERATIONS PERMIT ISSUED? yg OP DATE: 6/11/04 BY: EGJ

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:

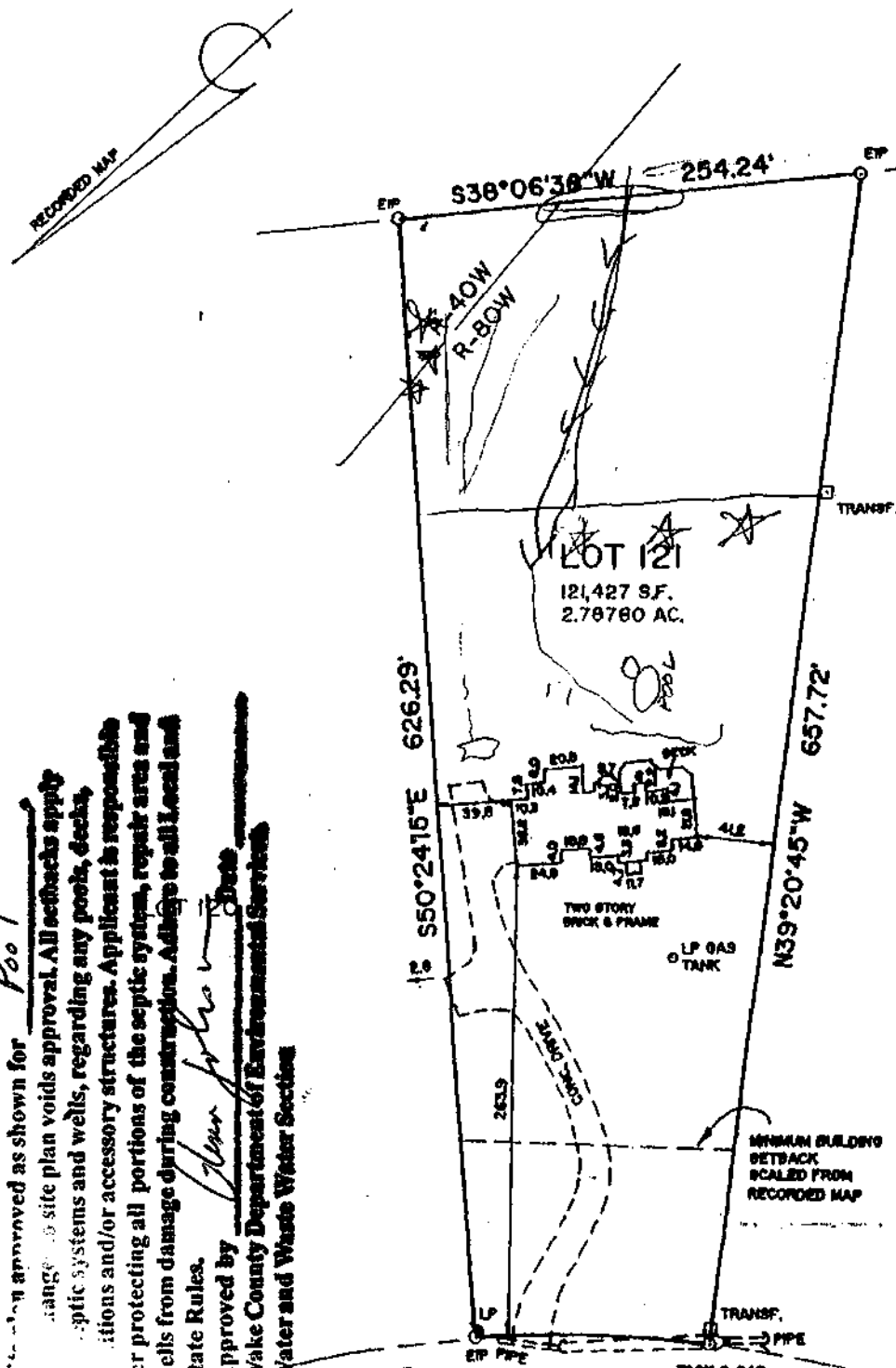
Date: _____ Benchmark: _____ Rod reading: _____ Distance to Structure: _____
 ST: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Distance to Well: _____
 PT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____
 D-box/FD/PM elev.: _____ Supply Line: _____ ft. Pump/Control Panel: _____
 Line 1: _____ Date: _____
 Line 2: _____ Date: _____
 Line 3: _____ Date: _____
 Line 4: _____ Date: _____
 Line 5: _____ Date: _____
 Distance to P/L: _____ Notes: _____

SUBJECT PROPERTY: IS ☐ IS NOT ☒ LOCATED IN A SPECIAL FLOOD HAZARD AREA AS DESIGNATED ON
FEDERAL EMERGENCY MANAGEMENT AGENCY (F.E.M.A.) FLOOD INSURANCE RATE MAP (F.I.R.M.)
NUMBER 37183C0160 E ZONE X

D30611
FUTURE EQUESTRIAN CENTER

RECORDED MAP

WAKEFALLS DR.
SITE
ROLLING
ROCK RD.
FALLS OF HOUSE RD.



Approved as shown for Pool
Change of site plan voids approval. All setbacks apply
to septic systems and wells, regarding any pools, decks,
patios and/or accessory structures. Applicant is responsible
for protecting all portions of the septic system, repair area and
wells from damage during construction. Adhere to all local and
State Rules.
Approved by John Y. Phelps, Jr.
Wake County Department of Environmental Services
Water and Waste Water Section

883.89' TO POINT WHERE
WAKEFALLS DR. BEGINS TO
CURVE INTO DAK LANE WAY

R=659.73'
A=28.83'
C=28.62'
CB=N45°13'57"E

FIELD CLOSURE=1: 68,939
RECORDED MAP BASED ON N.C. GRID.

WAKEFIELD-PHASE 2
WAKEFALLS DRIVE
50' RW

LEGEND

EXP EXISTING IRON PIPE MH MAN HOLE
NIP NEW IRON PIPE PP POWER POLE
MON MONUMENT R/W RIGHT OF WAY
PH PARKER KALON MAIL C CENTER LINE

LOT 121 BLOCK NOT FOR RECORDING, INFORMATION FOUND
RECORDED IN BOOK OF MAPS 1995 VOL. PAGE 740,741 WAKE COUNTY, N.C.

I, JOHN Y. PHELPS, JR., HEREBY CERTIFY THAT
THIS MAP IS CORRECT AND THAT THE BUILDINGS
LIE WHOLLY ON THE LOT AND THAT THERE ARE
NO ENCROACHMENTS OF OTHER BUILDINGS ON
SAID LOT UNLESS SHOWN OTHERWISE

PROPERTY OF
STEVE SCHILLING &
MARY SCHILLING

6324 WAKEFALLS DR.
NEW LIGHT TWP., WAKE CO., N.C.

SCALE
1 in. = 100 ft.
DATE
9/9/97
FIELD BOOK
787

JOHN Y. PHELPS, JR.
REGISTERED LAND SURVEYOR
RALEIGH, NORTH CAROLINA

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IMPROVEMENT PERMIT

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

COMMENTS:

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

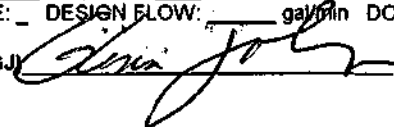
AUTHORIZATION FOR WASTEWATER/WATER SYSTEM CONSTRUCTION

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:**
POOL DOES NOT ENCROACH UPON SEPTIC AREA. ADD RISERS TO INLET AND OUTLET ENDS OF SEPTIC TANK SO THAT RISERS ARE 6" ABOVE FINISHED GRADE.

TANK SIZE: _____ gal. PUMP TANK: _____ gal. SQ FT: _____ INNOVATIVE 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: 06/11/2004 BY: (EGJ)  PHONE#: 856-7413