

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0039568

PIN #: 1755697365

OP DATE: 0411912007

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.)

00900

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

CA

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#: D039568 STATUS: A APP. DATE: 03/30/2007 BLDG. PERMIT#: _____
PIN: 1755.02 69 7365 000 TAX MAP: 0443 0128 RECORDED: Y ORIG. PERMIT#: _____
TOWNSHIP: 17 ST MATTHEWS JURISDICTION: WC ZONING: _____
APPLICANT: COOMBS, JAMES
8641 BUFFALOE RD
KNIGHTDALE, NC 27545
(919) 266 - 1439
USE: HD USE: 0001 REPAIR/EXISTING SYSTEM
EXIST USE: 101 ONE-FAMILY HOUSE
DISPOSAL: BEDROOMS: 3 BASEMENT: N #EMPLOYEES: 0
SITE: ADDRESS: 8633 BUFFALOE RD
SUBDIVISION: JAMES ELLSIE LOT: 6A ACRES: 1.27
DIRECTION: CAPITAL BLVD RT ON BUFFALOE RD. HOUSE IS DOWN D
IRT RD ON THE LEFT. LOOK FOR MAILBOX WITH THE A
DDRESS.

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: HBM INSTALLATION APPROVED BY: [Signature]
PROPRIETARY SYSTEM: _____ FILTER NO: _____
COMMENTS:

OPERATIONS PERMIT ISSUED? y OP DATE: 4-19-07 BY: [Signature]

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: 4-19-07 Benchmark: ST Rod reading: 3'2" Distance to Structure: 8'
ST: 1000 gals ID#: 858 D.O.M.: 2-1-07 Elev.: 3'2" Distance to Well: _____
PT: - gals ID#: - D.O.M.: - Elev.: -
D-box/FD/PM elev.: 4'4" Supply Line: 30' ft. Pump/Control Panel: _____
Line 1: 6'6" Date: 4-19-07 Line 6: _____ Date: _____
Line 2: 7'2" Date: _____ Line 7: _____ Date: _____
Line 3: 8'4" Date: _____ Line 8: _____ Date: _____
Line 4: 8'9" Date: _____ Line 9: _____ Date: _____
Line 5: _____ Date: _____ Line 10: _____ Date: _____
Distance to P/L: _____ Notes: _____

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IMPROVEMENT PERMIT

TANK SIZE: EXIST gal. PUMP Tank: ____ gal. SQ FT: 900 INNOVATIVE MAX DEPTH LINE: 36 in.
WASTEWATER: INDIVIDUAL SEWAGE: DOMESTIC TYPE SYSTEM: III G PUMP: N P/M: N
DAILY FLOW: 360 gal/day DESIGN FEE REQ?: PAID?: WATER: INDIVIDUAL

COMMENTS:

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

AUTHORIZATION FOR WASTEWATER/WATER SYSTEM CONSTRUCTION

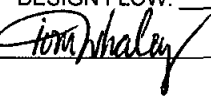
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

AUTHORIZATION CONDITIONS:

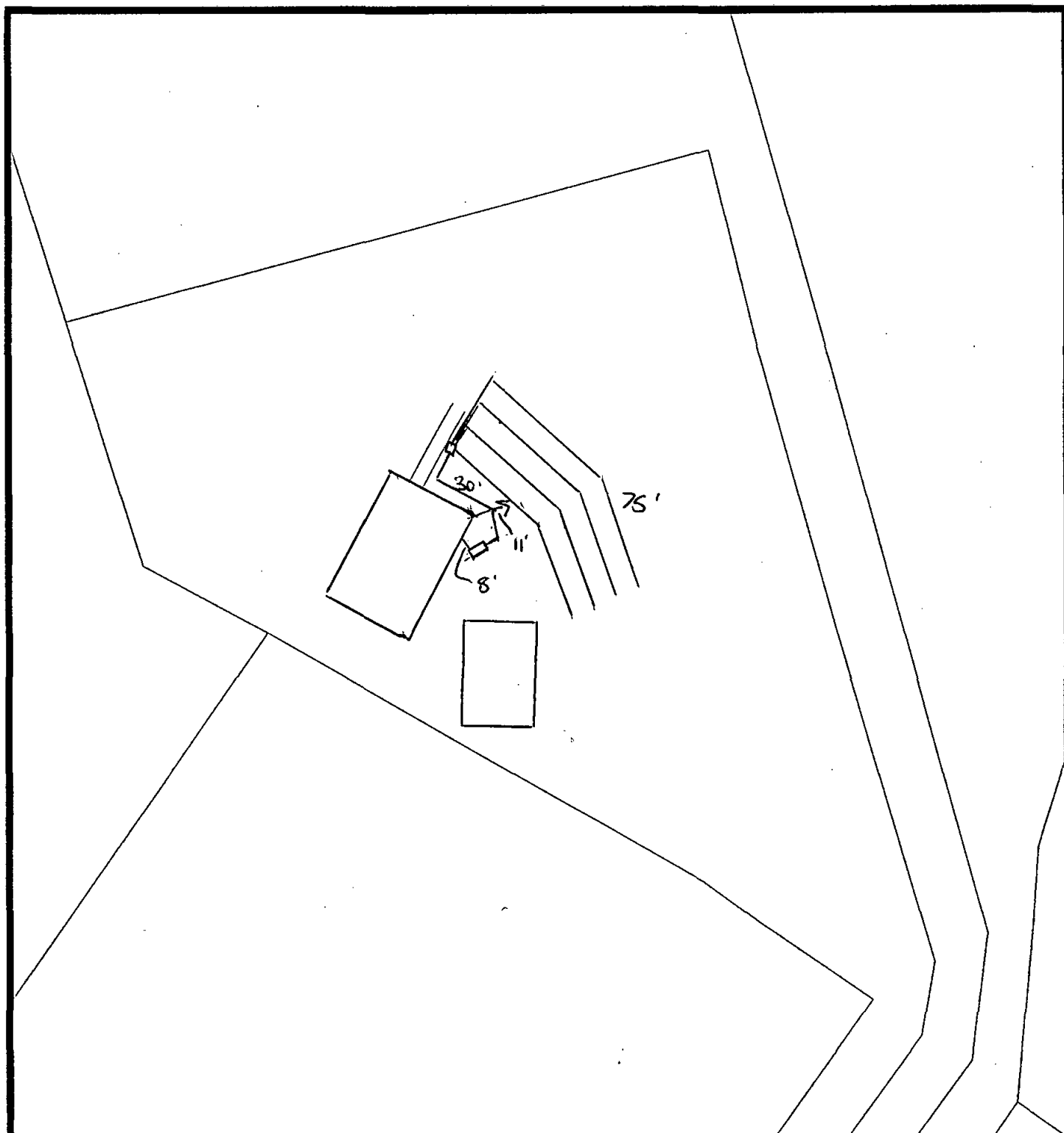
Contractors shall install system on contours, see attached site plan for wastewater system design and well location. No underground utilities, water lines or sprinkler systems may be located in the original system or repair areas. A septic tank filter with a riser for access is required. The wastewater system shall not be covered or placed into use until inspected by the Wake County Department of Environmental Services and an Operation Permit issued. 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 ORIGINAL SEPTIC TANK MAY BE USED IF IN GOOD REPAIR. THE TANK SHOULD BE PUMPED, A NEW FILTER INSTALLED AND RISERS ADDED. A NEW TANK MAY BE INSTALLED IF IT IS A 1000 GAL TANK. INSTALL ALL DRAINLINES ON CONTOUR. PLEASE CALL THE OFFICE WITH ANY QUESTIONS OR CONCERNS PRIOR TO INSTALLATION.

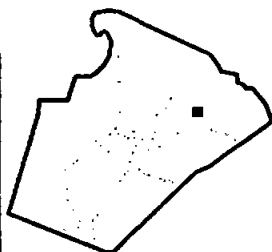
TANK SIZE: EXIST gal. PUMP TANK: ____ gal. SQ FT: 900 INNOVATIVE MAX DEPTH LINE: 36 in.
MAINT: N OPER: N L/O: Y TRENCH#: 4 LENGTH: 75 ft. WIDTH: 36 in. DESIGNER: ____
SUBFIELDS: ____ DESIGN HEAD PRESSURE: ____ DESIGN FLOW: ____ gal/min DOSE VOLUME: ____ gal.

CA ISSUED? Y DATE: 04/02/2007 BY: (TXW)  PHONE#: 868-6412

AS B07H

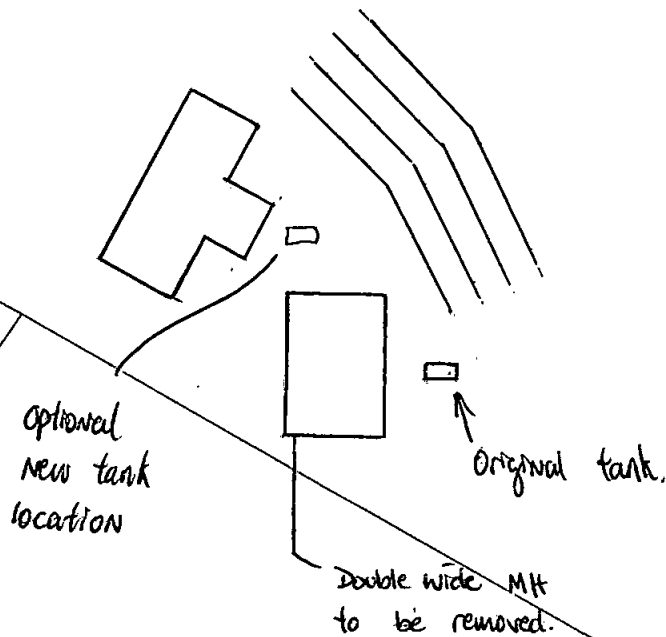


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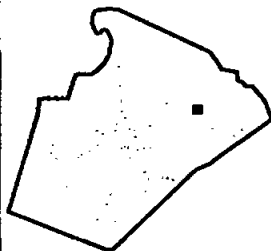


CA.

- ST. → existing tank may be used if proper fall can be achieved, Risers added, filter replaced, and tank pumped.
- ★ 1000 gal. st is to be used if a new tank is installed.
- 4 @ 75' Accepted storm System
- Total sq. ft. 900'
- Max Trench depth 36"
- Please call with questions prior to installation.



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123 OLD MEADOWBROOK

