

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: **D 0 5 8 3 1 2**

PIN #: **0 7 4 3 1 8 4 9 5 0**

OP DATE: **0 9 / 0 8 / 2 0 1 7**

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 1250 ST ☒ |
| ☒ | | ☒ | None/NA GT or PT |

DRAINFIELD SIZE(SQ. FT.)

0 0 9 0 0

drainfield size estimated.
System specifics unknown.
New tank installed and new
supply line connected to
original supply line prior to ☒

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

TAH

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#: D058312 STATUS: A APP. DATE: 08/25/2017 BLDG. PERMIT#: I014921
 PIN: 0743 18 4950 000 TAX MAP: 0542 0018 RECORDED: Y ORIG. PERMIT#: GC03322
 TOWNSHIP: 20 WHITE OAK JURISDICTION: CAX ZONING: R40 SW DEVICE: N S#:
 APPLICANT: LINGARD, KEVIN (999) 999 - 9999
 1421 JENKS CARPENTER RD CARY, NC 27519
 USE: HD USE: 0001 REPAIR/EXISTING SYSTEM EXIST USE: 101A CONVENTIONAL ONE-FAMILY HOUSE
 LTAR: 0.30 0.30 BEDROOMS: 3 BASEMENT: N #EMPLOYEES: 0
 SITE: ADDRESS: 1421 JENKS CARPENTER RD
 SUBDIVISION: WHITE OAK LOT: ACRES: 3.38 EASEMENT: N LOC: SYS:
 DIRECTION: MAPS

Well System: WATER: INDIVIDUAL - 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: Greg Lyons INSTALLATION APPROVED BY: [Signature]
 PROPRIETARY SYSTEM: _____ TYPE SYSTEM: II A

COMMENTS:

OPERATIONS PERMIT ISSUED? Y OP DATE: 9-8-17 BY: [Signature]

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: 9-8-17 Benchmark: T 51 Rod reading: 3'8 1/2" Distance to Structure: _____
 ST: 1250 gals ID#: MCP 1250 D.O.M.: 573 381 Elev.: 3'8 1/2" Distance to Well: _____
 PT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Distance to P/L: _____
 GT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Pretreatment: Paylet
 D-box/FD/PM elev.: _____ Supply Line: _____ ft. Pump/Ctrl Panel: _____ Filter: _____
 Line 1: _____ 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: _____
 ETM1: _____ CC1: _____ ETM2: _____ CC2: _____ OR: _____ AC: _____ WM: _____
 Notes: _____

- * Old Tank Abandoned & removed from hole.
- * New S.T. Installed in same location
- * Installer located supply line (original) & connected to it.
- * System specifics are not known.

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APPLICANT: LINGARD, KEVIN (999) 999-9999
1421 JENKS CARPENTER RD CARY, NC 27519
HD USE: 0001 REPAIR/EXISTING SYSTEM EXIST USE: 101A CONVENTIONAL ONE-FAMILY HOUSE DESIGN FEE REQ?: PAID?:
LTAR: 0.30 0.30 BEDROOMS: 3 BASEMENT: N #EMPLOYEES: 0 FOUNDATION DRAIN: N
SITE: ADDRESS: 1421 JENKS CARPENTER RD
SUBDIVISION: WHITE OAK LOT: ACRES: 3.38 EASEMENT: N LOC: SYS:
DIRECTION: MAPS

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.

*Maximum depth of line is calculated using the downhill
*side of the trench and includes slope correction.

TANK SIZE: 1000 gal. PUMP Tank: ____ gal. GREASE TRAP: ____ gal. SQ FT: ____ STONE DEPTH: ____ in. MAX DEPTH LINE: ____ in.
WASTEWATER: INDIVIDUAL SEWAGE: DOMESTIC TYPE SYSTEM: II A PUMP: N P/M: N
DAILY FLOW: 360 gal/day WATER: INDIVIDUAL PRETREATMENT: NA
COMMENTS:

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

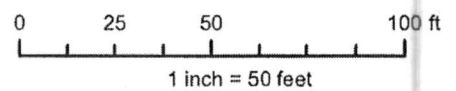
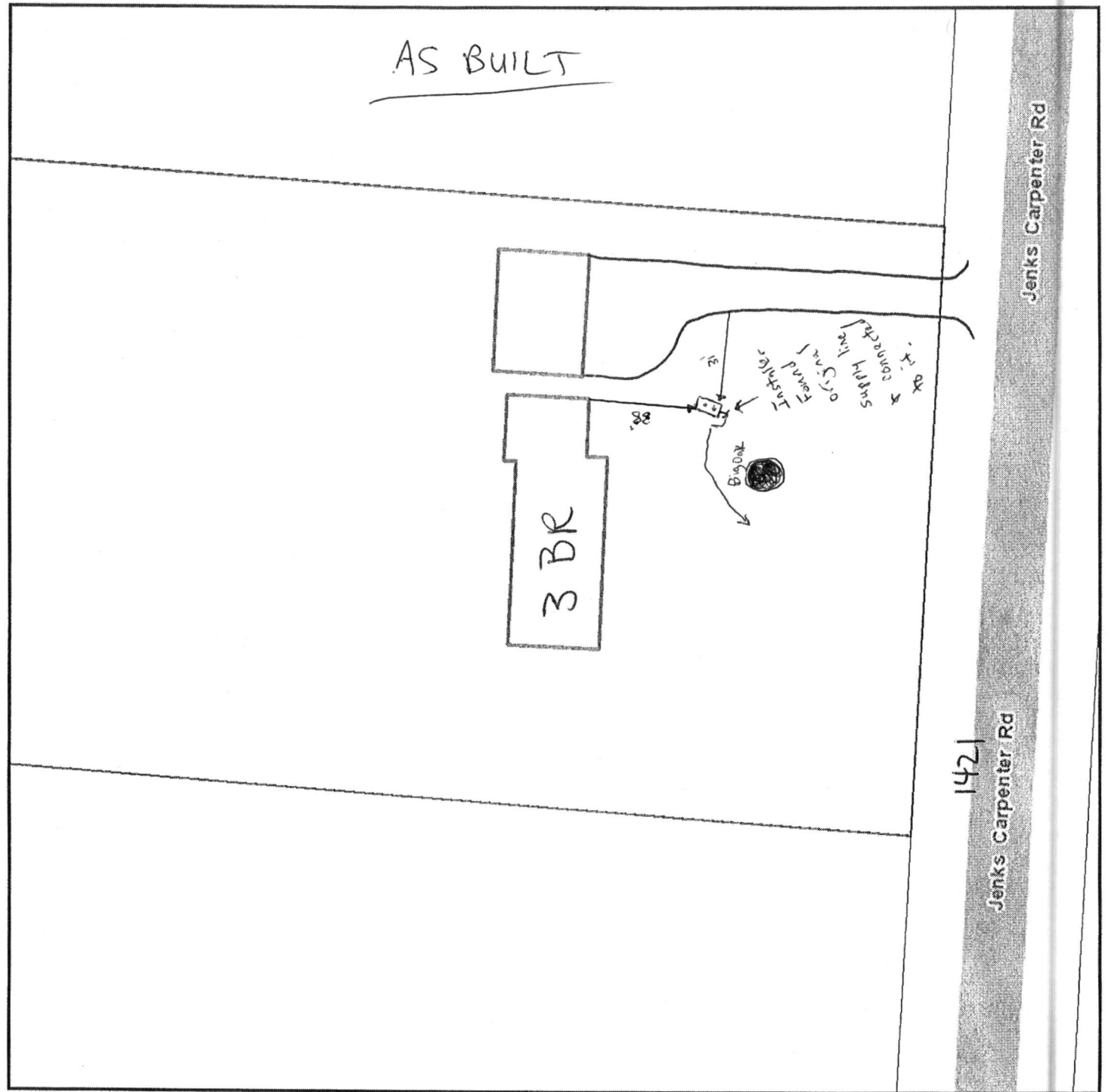
AUTHORIZATION FOR WASTEWATER/WATER SYSTEM CONSTRUCTION
VALIDITY CONCURRENT WITH THE IMPROVEMENT PERMIT
AUTHORIZATION CONDITIONS:

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. Maximum depth of line is calculated using the downhill side of the trench and includes slope correction.

OTHER CONDITIONS: PUMP CRUSH AND FILL EXISTING ST. INSTALL NEW 1000 SEPTIC TANK . MAINTAIN ALL SETBACKS.

TANK SIZE: 1000 gal. PUMP TANK: ____ 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: 08/25/2017 BY: (JFP) *Jill Perkins* PHONE#: (919)-856-7342

AS BUILT



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