

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0036314

PIN #: 1802692363

OP DATE: 0411312009

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.)

01350

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

SFT

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#: D036314 STATUS: A APP. DATE: 02/21/2006 BLDG. PERMIT#: 0062639
PIN: 1802.02 69 1852-000 2363 TAX MAP: 0170 0003 RECORDED: Y ORIG. PERMIT#:
TOWNSHIP: 14 NEW LIGHT JURISDICTION: WC ZONING: R40W SW DEVICE: S#:
APPLICANT: HOMES BY THADD
8305 SIX FORKS RD.
RALEIGH, NC 27613
(919) 669-7875
USE: HD USE: 101 ONE-FAMILY HOUSE
EXIST USE:
LTAR: 0.00 0.00 BEDROOMS: 4 BASEMENT: N #EMPLOYEES: 0
SITE: ADDRESS: 5621 BELLA TERRA CT
SUBDIVISION: CASTELLI LOT: 17 ACRES: 1.82 EASEMENT: LOC: SYS:
DIRECTION: HWY 50 N, TR HWY 98, TR NEW LIGHT, TL PURNELL,
TR CASTELLI

Well System: WATER: COMMUNITY - 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:

DESIGN FLOW: gal./min. ACTUAL FLOW: Operation Permit
INNOVATIVE LETTER:
INSTALLED BY: Jay Adcock INSTALLATION APPROVED BY: Cathy Fip
PROPRIETARY SYSTEM: E2 FLOW FILTER NO: PL 68
COMMENTS:

OPERATIONS PERMIT ISSUED? Y OP DATE: 4-13-09 BY: Cathy Fip

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As Built Information:

Date: 4-9-09 Benchmark: ST Rod reading: 3'03" Distance to Structure: 27' Line 1
ST: 1800 gals ID#: STB 106 Blackwell D.O.M.: 3-11-08 Elev.: 3'03" Distance to Well: NA
PT: gals ID#: D.O.M.: Elev.:
D-box/FD/PM elev.: 5' 24" Supply Line: ft. Pump/Control Panel:
Line 1: 6'11 1/4" ✓ ✓ ✓ Date: 4-9 Line 6: _____ Date: _____
Line 2: 7'4 1/2" ✓ ✓ ✓ Date: _____ Line 7: _____ Date: _____
Line 3: 8'3 1/2" ✓ ✓ ✓ Date: _____ Line 8: _____ Date: _____
Line 4: 9'6" ✓ ✓ ✓ Date: _____ Line 9: _____ Date: _____
Line 5: 9'11" ✓ ✓ ✓ Date: _____ Line 10: _____ Date: _____
Distance to P/L: 14' D-130A Notes:

WAKE COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES WELL AND SEWAGE SITE LOCATION PERMIT
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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#: D036314 STATUS: A APP. DATE: 02/21/2006 BLDG. PERMIT#: 0062639
PIN: 1802.02 89 1257 000 TAX MAP: 0170 0003 RECORDED: Y ORIG. PERMIT#:
TOWNSHIP: 14 NEW LIGHT JURISDICTION: WC ZONING: R40W SW DEVICE: S#:
APPLICANT: HOMES BY THADD
8305 SIX FORKS RD.
RALEIGH, NC 27613
(919) 669-7875
USE: HD USE: 101 ONE-FAMILY HOUSE
EXIST USE:
LTAR: 0.00 0.00 BEDROOMS: 4 BASEMENT: N #EMPLOYEES: 0 FOUNDATION DRAIN:
SITE: ADDRESS: 5621 BELLA TERRA CT
SUBDIVISION: CASTELLI LOT: 17 ACRES: 1.82 EASEMENT: LOC: SYS:
DIRECTION: HWY 50 N, TR HWY 98, TR NEW LIGHT, TL PURNELL,
TR CASTELLI

IMPROVEMENT PERMIT

TANK SIZE: 1200 gal. PUMP Tank: ____ gal. SQ FT: 1350 INNOVATIVE MAX DEPTH LINE: 24 in.
WASTEWATER: INDIVIDUAL SEWAGE: DOMESTIC TYPE SYSTEM: III G PUMP: N P/M: N
DAILY FLOW: 480 gal/day DESIGN FEE REQ?: PAID?: WATER: COMMUNITY

COMMENTS:

IP ISSUED? Y DATE: 03/06/2006 BY: (CWF)  PHONE#: 625-5967

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

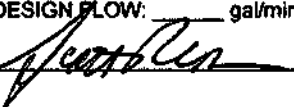
AUTHORIZATION CONDITIONS:

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:

INITIAL SYSTEM 5 90' LINES USING ACCEPTED STATUS PRODUCT. 25% REDUCTION ALREADY TAKEN. LINES ARE FLAGGED IN FIELD, CONTRACTOR TO FOLLOW LAYOUT. REPAIR WILL REQUIRE PRESSURE MANIFOLD WHEN NEEDED. EXISTING TANK ON LOT MUST BE LOCATED AND PROPERLY ABANDON BEFORE OP CAN BE ISSUED. IF EXISTING LINE IS ENCOUNTERED DURING INSTALLATION CALL OFFICE IMMEDIATELY BEFORE CONTINUING THE REST OF INSTALLATION. INITIAL SYSTEM AND REPAIR AREA CANNOT BE PUSHED BACK ANY FURTHER THAN WHERE SYSTEM IS CURRENTLY PLACED DUE TO UNSUITABLE SOILS. FUTURE POOL WILL HAVE TO BE LOCATED IN AREA THAT IS AVAILABLE ON CA SITE PLAN. SITE VISIT TO PROPERTY WILL BE REQUIRED WHEN APPLICATION FOR POOL IS MADE. CALL OFFICE WITH ANY QUESTIONS

TANK SIZE: 1200 gal. PUMP TANK: ____ gal. SQ FT: 1350 INNOVATIVE MAX DEPTH LINE: 24 in.
MAINT: N OPER: N L/O: Y TRENCH#: 5 LENGTH: 90 ft. WIDTH: 36 in. DESIGNER: ____
SUBFIELDS: ____ DESIGN HEAD PRESSURE: ____ DESIGN FLOW: ____ gal/min DOSE VOLUME: ____ gal.

CA ISSUED? Y DATE: 12/18/2008 BY: (SCR)  PHONE#: 856-6194

Signature of Owner or Authorized Agent

6062639
03614

Pin # 1802-02691287

20' DRAINAGE EASEMENT

552.16'

60' DRAINAGEWAY BUFF

20' BUILDING SETBACK LINE

As Built
Scale 1" = 50'

16

17
1.82 AC.

18

NEED AREA BEHIND
HOUSE FOR FUTURE POOL
(+/- 45' BEHIND HOUSE)

FUTURE
POOL AREA

PROPOSED HOUSE

DRIVE

WALK

S 31°08'49" E

658.18'

N 72°00'07" E

5621 BELLA TERRA

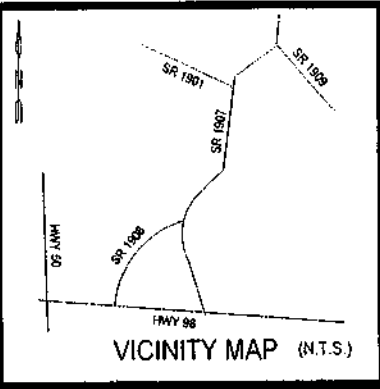
[C1]

Zoning R-40W By PSM
Approve 12/16/08
Revise ✓ 101

Tap Chart

TAP CHART

Bench Mark 5.75		is = 100.00 set at		Septic Tank					
Pump tank elev.		Pump elev.		Manifold elev.					
line	color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR
1			105.75	90	1/2in SCH 40	7.11	94.43	270	0.350
2			105.75	80	1/2in SCH 40	7.11	94.43	240	0.393
3			105.75	60	1/2in SCH 80	5.48	72.78	180	0.404
4			105.75	60	1/2in SCH 80	5.48	72.78	180	0.404
5			105.75	60	1/2in SCH 80	5.48	72.78	180	0.404
6			105.75	60	1/2in SCH 80	5.48	72.78	180	0.404
7			105.75		NA		0.00	0	#DIV/0!
8			105.75		NA		0.00	0	#DIV/0!
9			105.75		NA		0.00	0	#DIV/0!
10			105.75		NA		0.00	0	#DIV/0!
11			105.75		NA		0.00	0	#DIV/0!
12			105.75		NA		0.00	0	#DIV/0!
		total	feet =	410	gal/min =	36.14	<u>LTAR =</u>		0.300
% of Dose Vol.		70	<u>Des. Flow</u>		480	(ltar + 5%)		0.32	
Dose Volume		186.55	Pump Run=		13.28	(ltar W/ INOV)		0.40	
Dose Pump Time		5.16	Tank Gal/IN		30	(ltar + 5%)		0.420	
Drawdown in Inches		6.22	Elevation Head		0.00				



LEGEND

- Lines Surveyed
- - - Lines not surveyed
- E.I.P. Existing Iron Pipe
- I.P.S. Iron Pipe Set
- P.P. Power Pole
- M.H. Manhole

No.	Radius	Arc Length	Chord	Ch Bear
C1	700.00'	47.66'	47.65'	N 70°03'05" E

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.

[Signature]
Signature of Owner or Authorized Agent

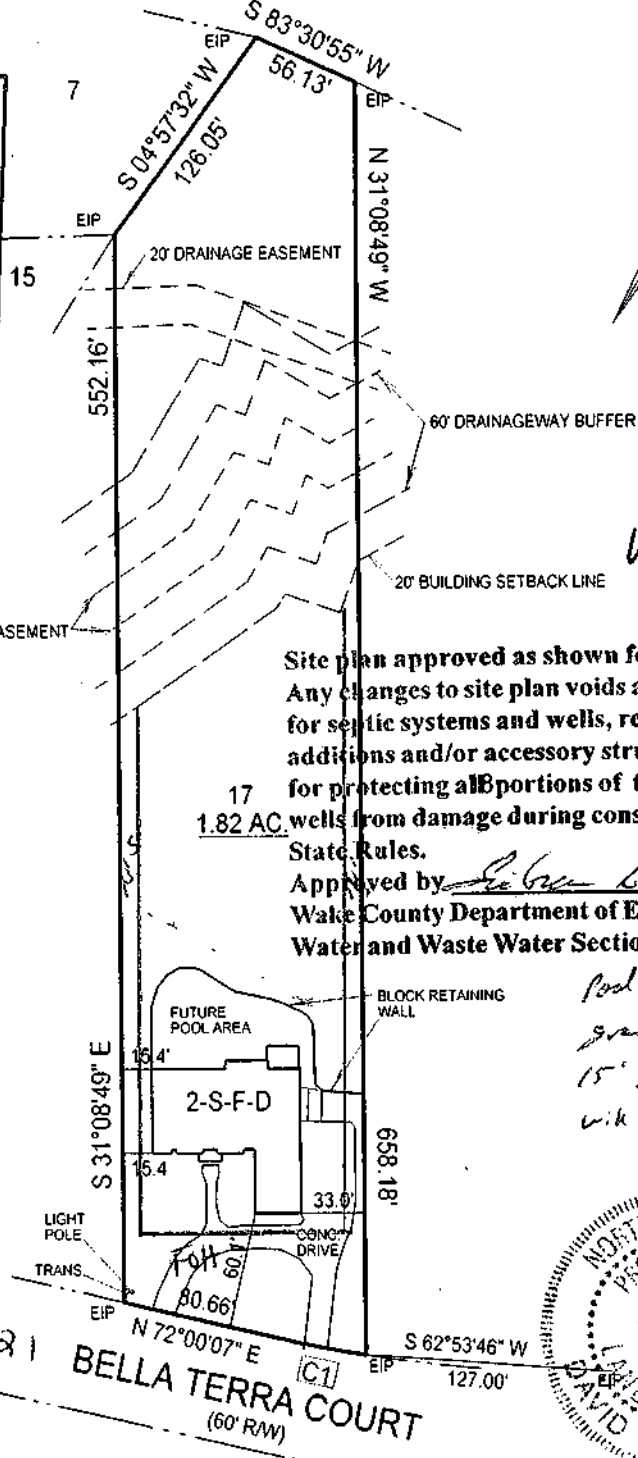
Pin-180202692343
0092666

Zoning R240W By KAS
 Approve — Date 6-26-09
 Revise — Use 329A
 Reject — MBL 101
 Front FOH Rear 10
 Side 10 Corner 16
 Comments: Pool

IMPERVIOUS DATA
 HOUSE 4415 s.f.
 POOL AREA 3250 s.f.
 DRIVE/WALK 3976 s.f.
 TOTAL 11,641 s.f.

14.6% MISC 151

5621 BELLA TERRA COURT
(60' RW)



Site plan approved as shown for Pool (Above grade)
 Any changes to site plan voids approval. All setbacks apply for septic systems and wells, regarding any pools, decks, additions 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 [Signature] Date 6-25-09
 Wake County Department of Environmental Services,
 Water and Waste Water Section

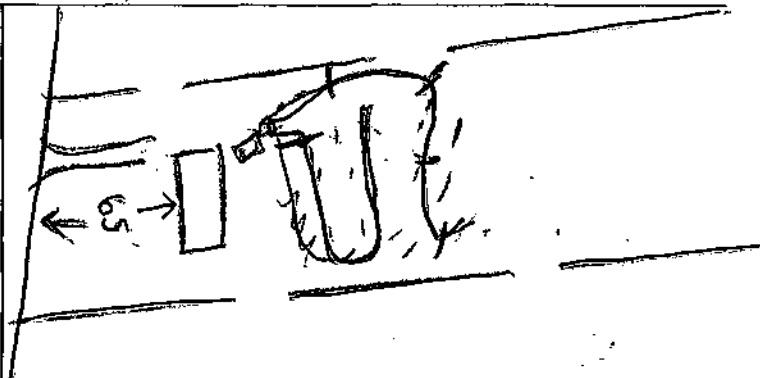
Pool cannot extend to original grade more than 24" or 15' setback to lines will be required.



Wrike
TAX MAP NO. 170 PARCEL NO. 315 PERMIT NO. B 28023
CONTRACTOR Jimmy D. Goldston Jr.
OWNER _____ DATE 7-11-84
LOCATION * Permit is abandoned * EF6

S. R. NO. 1909
SUBDIVISION NAME Goldstone LOT NO. 17 SECTION OR BLOCK NO. _____

REPAIR ☐ ORIGINAL PERMIT NO. _____
GARBAGE DISPOSAL UNIT YES ☐ NO ☒
HOUSE ☐ MOBILE HOME ☒ BUSINESS ☐
NO. BEDROOMS 3 LOT AREA 40,000
SIZE OF TANK V-360 900 gal.
NITRIFICATION LINE 2(150x3) 900 sq. ft.
DEPTH OF STONE IN LINES: 12" ☒
RISER AND BAFFLE REQUIRED ☒ PUMP REQUIRED ☐
WATER SUPPLY: INDIVIDUAL ☐ PUBLIC ☒ OTHER ☐
* PERMIT VOID 36 MONTHS FROM DATE OF ISSUANCE.
* PERMIT VOID IF NOT IN COMPLIANCE WITH ZONING REGULATIONS
* PERMIT MAY BE VOIDED IF SITE ALTERATIONS MADE



LAYOUT BY Kathy Tew, R.S.

DATE 8-23-84

INSTALLED BY Wayne Lowery

APPROVED BY Kathy Tew, R.S. 590-GP09

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map No. 170 Parcel No. 3(S)

No. **C 02664**

Contractor: JOE Rigsbee

Operation Permit []

Date: 8/4/87

Location: 170

Subdivision Name: Goldstone * Permitted System Abandoned * EFF

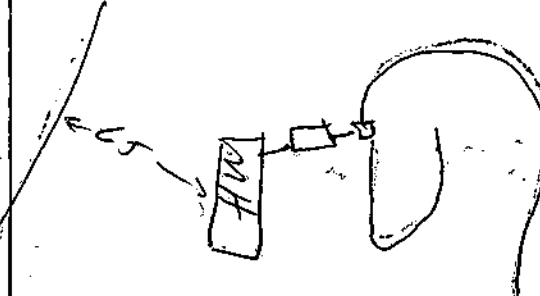
Lot No. 17

Section or Block No. _____

Sewage System
 Repair [] Original Permit No. B-23.023
 Garbage Disposal Unit Yes [] No ☒
 House [] Mobile Home ☒ Business []
 No. Bedrooms 3 Lot Area 40,000
 Size of Tank 900 gal.
 Nitrification Line 900 2(150x3) sq. ft.
 Depth of Stone in Lines: 12" x
 Riser and Baffle Required [] Pump Required []

Improvement Permit

*Permit Void 36 months from date of issuance
 *Permit Void if not in compliance with zoning regulations
 *Permit may be voided if site alterations made
 Layout By: K Tew



EXISTING System
Approx. Functioning
properly to MH Replacement

Date: 8/4/87

Installed By: WAYNE Lowery

Approved By: Kathy Tew R.S.

Well System

Individual [] Semi-Public [] Public ☒
 New [] Replacement [] Repair ☒
 Fee Paid Yes [] No ☒
 Construction Compliance Yes [] No []
 Site Approved []
 Well Head Approved []
 Grouting Approved []

Bacteriological Results

Initial Sample: _____ Date: _____
 *Re-sample #1 _____ Date: _____
 *Re-sample #2 _____ Date: _____
 Re-chlorination as required Yes [] No []
 Comments: _____

*\$10.00 fee for all re-samples

All checks payable to: **Wake County Health Department**

Well Installed By: _____

Date System Finalized _____

Sanitarian _____

Date Inspected	Sanitarian	
	Yes	No
Final Inspection		
Required Slab	[]	[]
Chlorinated	[]	[]
Required Certificate	[]	[]
Variance (Explain)	[]	[]
WCHD I.D. Affixed	[]	[]
Sample Collected	[]	[]

**Well permit void 12 months from issuance date

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* Permitted System Abandoned * SFA

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

VOID SIXTY(60) MONTHS FROM DATE OF ISSUANCE

DATE: <u>2-9-96</u>	IMPROVEMENT PERMIT NO.: <u>D746</u>	
TAX MAP NO.: _____	PARCEL NO.: _____	PIN NO.: <u>1802.02693429</u>
OWNER/CONTRACTOR: <u>Richard Hammond</u>		
LOCATION/ADDRESS: <u>5621 Sugartree (A-98, NORTH ON Story Hill Rd, WEST ON Purnell Rd, SOUTH ON Sugartree on left)</u>		
SUBDIVISION NAME: <u>Goldstone</u>		
LOT NO.: <u>17</u>	SECTION OR BLOCK NO.: _____	
AUTHORIZATION ISSUED BY: <u>D. R. Purnell Jr.</u>		

PIN #:

AUTHORIZATION CONDITIONS

- 1 WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. D746 AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE "REGULATIONS GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL IN WAKE COUNTY" AND ANY OTHER APPLICABLE RULES AND LAWS.
- 2 THE WASTEWATER SYSTEM SHALL NOT BE COVERED OR PLACED INTO USE UNTIL INSPECTED BY THE WAKE COUNTY DEPARTMENT OF HEALTH AND AN OPERATION PERMIT ISSUED.
- 3 ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY VOID THIS AUTHORIZATION AND ASSOCIATED PERMITS.
- 4 OTHER CONDITIONS: Existing system shows no visible sign of malfunction upon inspection. Keep mobile home at least five feet from septic tank.

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

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UNTIL AN AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION HAS BEEN ISSUED

Pin # 1802.02693429 Project # 0962022Improvement Permit D746

Tax Map No. _____ Parcel No. _____

Well Permit No. _____

Zoning Wake Township New Lt.

Operation Permit []

Owner/Contractor: _____

Date: 2-9-96Location/Address: 5621 Sugartree (A98, NORTH ON Stony Hill, west on
Purnell Rd, south on Sugartree, on left) S.R. # 1909Subdivision Name: GoldstoneLot No. 17

Section or Block No. _____

Preliminary Layout Mobile home relocation• See C.A. for conditions
of permit.**Final Layout****Sewage System Specifications**

Repair [] Original Permit No. _____

Garbage Disposal Unit Yes [] No ☒House ☒ Mobile Home [] Business []No. of Bedrooms 3 Lot Area _____Size of Tank existing 900 gal.

Wastewater: Sewage [] Industrial [] Comments: _____

Nitrification Line existing 900 sq. ft.Depth of Stone: 12" Max Depth of Trenches: _____ in.Riser and Baffle Required ☒ Pump Required []

• Permit void if not in compliance with zoning regulations

• Permits may be voided if site is altered or intended use changed

Layout by: D R Parrell Jr

Date: _____ Installed By: _____ Approved By: _____

Well System		
Individual []	Semi-Public []	Public ☒
New []	Replacement []	Repair []
Fee Paid: Yes []	No []	
Construction Compliance		
Site Approved	Yes []	No []
Well Head Approved	[]	[]
Grouting Approved	[]	[]

Date Inspected _____ Sanitarian _____

Bacteriological Results

Initial Sample: _____ Date: _____

* Re-Sample #1 _____ Date: _____

* Re-Sample #2 _____ Date: _____

* Re-chlorination as required [] Yes [] No

* Fees for all resamples

All checks payable to: **Wake County Health Department**

Final Inspection	Yes	No
Required Slab	[]	[]
Chlorinated	[]	[]
Required Certificate	[]	[]
Variance (Explain)	[]	[]
WCHD I.D. Affixed	[]	[]
Sample Collected	[]	[]

Comments: _____

Well Installed By: _____

Date System Finalized _____

Sanitarian _____

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COPY TO HEALTH DEPARTMENT