

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0050401

PIN #: 0760141762

OP DATE: 08/15/2014

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.)

01200

~ 1200 ft²

2 - 60' x 3' ez flow

EXTENSIONS ADDED

Drainage Abandoned

under shelter.

include permit W-10631

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#: D050401 STATUS: A APP. DATE: 01/06/2014 BLDG. PERMIT#:
PIN: 0760 14 1762 000 TAX MAP: 0719 0370 RECORDED: Y ORIG. PERMIT#:
TOWNSHIP: 06 HOLLY SPRINGS JURISDICTION: WC ZONING: SW DEVICE: N S#:
APPLICANT: ARRAZOLA, KENNETH (919) 228 - 1005
4109 MILLYORK CT APEX, NC 27639
HD USE: 101A CONVENTIONAL ONE-FAMILY HOUSE EXIST USE: DESIGN FEE REQ?: PAID?:
LTAR: 0.35 0.35 BEDROOMS: 4 BASEMENT: N #EMPLOYEES: 0 FOUNDATION DRAIN: Y
SITE: ADDRESS: 4109 MILLYORK CT
SUBDIVISION: HALLMARK LOT: 108 ACRES: 0.75 EASEMENT: N LOC: SYS:
DIRECTION: KILDAIRE FARM RD. LT GRAYLING, LT MILLYORK

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: EXIST gal. PUMP Tank: ___ gal. GREASE TRAP: ___ gal. SQ FT: 360 STONE DEPTH: ___ in. MAX DEPTH LINE: 18 in.
WASTEWATER: INDIVIDUAL SEWAGE: DOMESTIC TYPE SYSTEM: II A PUMP: N P/M: N LP: TD:
DAILY FLOW: 480 gal/day WATER: COMMUNITY PRETREATMENT: NA FILL: DAF: DEEP: REDUCE35%:

COMMENTS:

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

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: THIS PERMIT SPECIFIES THE REQUIREMENTS NEEDED TO MODIFY THE SEPTIC SYSTEM TO MEET THE PROPER SETBACKS TO AN EXISTING SHELTER. CONTINUE TO USE THE EXISTING SEPTIC TANK. THE HEADWORKS OF THE SEPTIC SYSTEM WILL NEED TO BE ABANDONED AS THE DRAINLINES GO UNDER THE SHELTER. CUT DRAINLINES OFF AND RE-FEED GREATER THAN 5' OFF SHELTER. SERVICE DISTRIBUTION BOX/ REPLACE AS NEEDED. REMOVE 10' OF ABANDONED PRODUCT ON BACK SIDE OF NEW HEAD WORKS AND DAM OFF WITH CLAY OR CONCRETE. STEP DOWN/ HARD PIPE ENDS OF LINES AND ADD BACK THE LOST LINE LENGTH. 18" MAX TRENCH DEPTH. THE APPROXIMATED NEW LINE SEGMENTS ARE 70'X 3' FOR OUTSIDE LINE AND 45'X 3' INSIDE LINE. SNAKE THE LENGTHS GOING UNDER SHELTER FOR A BETTER ESTIMATION OF DRAINLINE LOST AND ADD BACK ACCORDINGLY. INNOVATIVE PRODUCT OR GRAVEL MAY BE USED. IF INNOVATIVE PRODUCT USED THERE MUST BE A 2'+ SECTION OF HARD PIPE/ STEPDOWN. NO REDUCTION TO BE TAKEN. PLEASE CALL PRIOR TO INSTALLING WITH QUESTIONS, CHANGES, OR CONCERNS. TAH 919-369-5974

TANK SIZE: EXIST gal. PUMP TANK: ___ gal. GREASE TRAP: ___ gal. SQ FT: 360 STONE DEPTH: ___ in. MAX DEPTH LINE: 18 in.
MAINT: N OPER: N L/O: Y TRENCH#: 2 LENGTH: 60 ft. WIDTH: 36 in. DESIGNER: ___
SUBFIELDS: ___ DESIGN HEAD PRESSURE: ___ DESIGN FLOW: ___ gal/min DOSE VOLUME: ___ gal. PRETREATMENT: NA

CA ISSUED? Y DATE: 01/06/2014 BY: (TAH) *TAH* PHONE#: (919)-369-5974

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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#: D050401 STATUS: A APP. DATE: 01/06/2014 BLDG. PERMIT#: _____
PIN: 0760 14 1762 000 TAX MAP: 0719 0370 RECORDED: Y ORIG. PERMIT#: _____
TOWNSHIP: 06 HOLLY SPRINGS JURISDICTION: WC ZONING: SW DEVICE: N S#: _____
APPLICANT: ARRAZOLA, KENNETH (919) 228 - 1005
4109 MILLYORK CT APEX, NC 27539
USE: HD USE: 101A CONVENTIONAL ONE-FAMILY HOUSE EXIST USE: _____
LTAR: 0.35 0.35 BEDROOMS: 4 BASEMENT: N #EMPLOYEES: 0
SITE: ADDRESS: 4109 MILLYORK CT
SUBDIVISION: HALLMARK LOT: 108 ACRES: 0.75 EASEMENT: N LOC: SYS:
DIRECTION: KILDAIRE FARM RD. LT GRAYLING, LT MILLYORK

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: COMMUNITY WATER

Operation Permit

DESIGN FLOW: _____ gal./min. ACTUAL FLOW: _____ DOSE VOLUME: _____ gal. INNOVATIVE LETTER: _____

INSTALLED BY: Tommy Coley INSTALLATION APPROVED BY: [Signature]
PROPRIETARY SYSTEM: _____ TYPE SYSTEM: II A

COMMENTS: Y

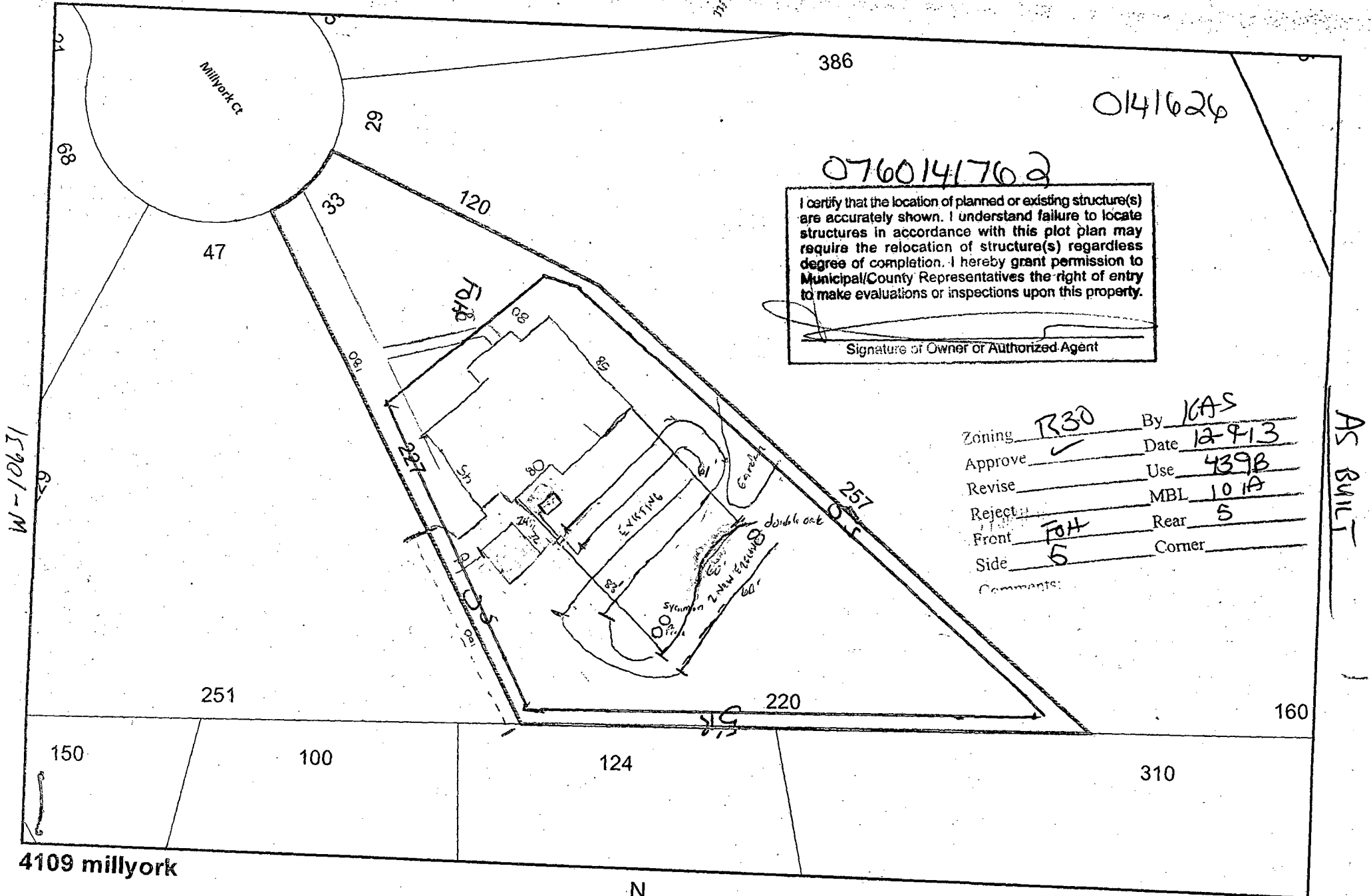
OPERATIONS PERMIT ISSUED? Y OP DATE: 8/15/14 BY: [Signature]

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). 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: 8-15-14 Benchmark: _____ Rod reading: _____ Distance to Structure: _____
ST: 9' x 3' gals ID#: _____ D.O.M.: _____ Elev.: _____ Distance to Well: _____
PT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Distance to P/L: _____
GT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Pretreatment: _____
D-box/FD/PM elev.: NW Supply Line: 10 ft. Pump/Ctrl Panel: _____ Filter: _____
Line 1: 9' x 3' _____ Date: _____ Line 6: _____ Date: _____
Line 2: 9' x 3' _____ Date: _____ Line 7: _____ Date: _____
Line 3: _____ Date: _____ Line 8: _____ Date: _____
Line 4: _____ Date: _____ Line 9: _____ Date: _____
Line 5: _____ Date: _____ Line 10: _____ Date: _____
ETM1: _____ CCI: _____ ETM2: _____ CC2: _____ OR: _____ AC: _____ WM: _____
Notes: _____

- Line abandoned under structure.
- New DBox Installed (only 1 line getting majority of effluent as was)
- 2 New 60' x 3' 22 Flow extensions.



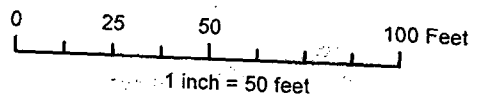
0760141762

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 of Owner or Authorized Agent

Zoning R30 By ICAS
 Approve ✓ Date 12-9-13
 Revise _____ Use 439B
 Reject _____ MBL 101A
 Front FOH Rear 5
 Side 5 Corner _____
 Comments:

4109 millyork



Disclaimer
 iMaps makes every effort to produce and publish the most current and accurate information possible. However, the maps are produced for information purposes, and are NOT surveys. No warranties, expressed or implied, are provided for the data therein, its use, or its interpretation.

AS BUILT

W-10631 → D# 50401

Initial CA

Continue to use existing S.T.

Abandon portions of drainlines that go through the shelter.

Unable to prime these sections.

Approximately - 70' outside Line

- 45' Inside Line

Snake Lines to get a better determination for West line.

Cut Lines off > 5' off shelter & feed lines starting here.

Service DBOX, Replace AS needed.

Remove 10' of Abandoned product on back side of New head works & dam-off w/ clay or concrete.

Add back lost portions of Plumbing

~ 70' Outside Line

~ 45' Inside Line

18" Max

Trench Depth

EXISTING LINES

HARD PIPE/SID

New ~ 45' Section

New ~ 70' Section

Feed here to start Lines. Abandon portions of each line that goes through shed. Remove 10' of product & dam off back side of ents. Create Pans with clay or concrete.

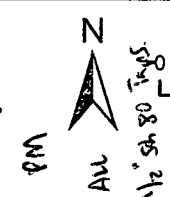
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Signature of Owner or Authorized Agent

Zoning R30 By KAS
Approve ✓ Date 12-9-13
Revise _____ Use 439B
Reject: _____ MBL 10 1A
Front FOH Rear S
Side S Corner _____
Comments: _____

4109 millyork

Repair
Front 50'
Back 50'
Back 60'
Back 60'+
Back 60'+



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0141626

0760141762

Signature of Owner or Authorized Agent

Zoning R30 By KAS
 Approve ✓ Date 12-9-13
 Revise _____ Use 439B
 Reject _____ MBL 10A
 Front FOH Rear S
 Side S Corner _____
 Comments: _____

4109 millyork



0 25 50 100 Feet

1 inch = 50 feet

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