

Environmental Services - Water Quality  
Onsite Wastewater Scan Data Entry Form

PERMIT #: **D 0 5 8 8 6 0**

PIN #: **0 6 9 8 2 2 1 9 7 2**

OP DATE: **1 2 / 1 3 / 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

- |                                     |                                     |                                     |                  |
|-------------------------------------|-------------------------------------|-------------------------------------|------------------|
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 750              |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 900              |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 1,000            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 1,200            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 1,500            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 1,800            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 2,100            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 2,500            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 3,000            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 4,000            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 5,000            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 8,000            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 10,000           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Other            |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | None/NA GT or PT |

DRAINFIELD SIZE(SQ. FT.)

**0 0 9 0 0**

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

BXW

**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#: D058860 STATUS: A APP. DATE: 12/06/2017 BLDG. PERMIT#: I015172  
 PIN: 0698 22 1972 000 TAX MAP: 0805 0006 RECORDED: Y ORIG. PERMIT#: C009791  
 TOWNSHIP: 15 PANTHER BRANCH JURISDICTION: WC ZONING: R30 SW DEVICE: N S#:  
 APPLICANT: PRESTIGE HOME SOLUTIONS L (999) 999 - 9999  
 10601 FANNY BROWN RD RALEIGH, NC 27603  
 USE: HD USE: 0001 REPAIR/EXISTING SYSTEM EXIST USE: 101A CONVENTIONAL ONE-FAMILY HOUSE  
 LTAR: 0.30 0.30 BEDROOMS: 2 BASEMENT: N #EMPLOYEES: 0  
 SITE: ADDRESS: 10601 FANNY BROWN RD  
 SUBDIVISION: LOT: ACRES: 0.77 EASEMENT: N LOC: SYS:  
 DIRECTION: OFF TEN TEN

**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: \_\_\_\_\_ INSTALLATION APPROVED BY: \_\_\_\_\_  
 PROPRIETARY SYSTEM: \_\_\_\_\_ TYPE SYSTEM: II A

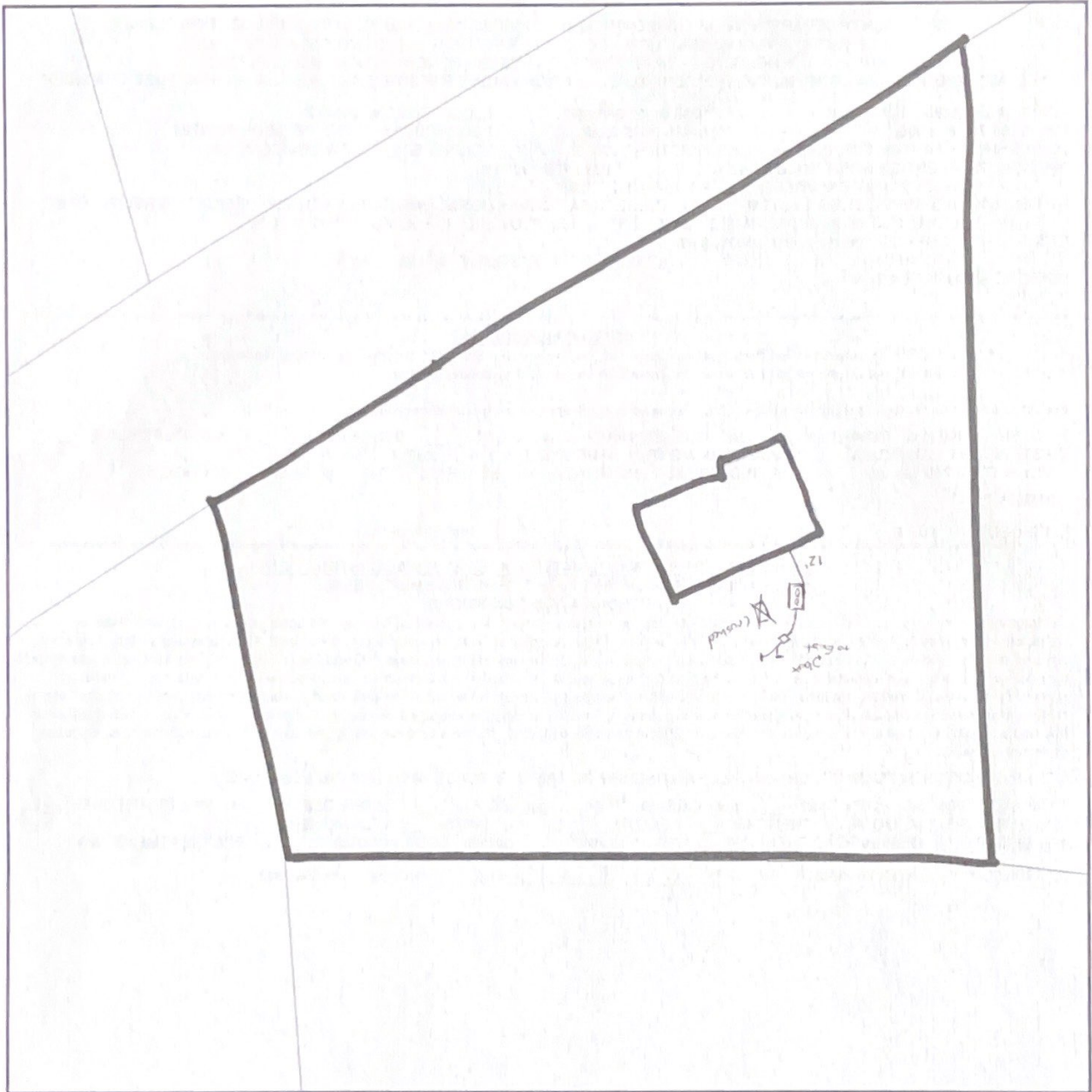
COMMENTS:

OPERATIONS PERMIT ISSUED? 1 OP DATE: 12/13/17 BY: R. Wall REHS

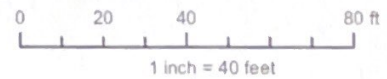
Systems defined as either a Type IIIb, IIIg with a pump, IV, V or VI, in accordance with the North Carolina Administrative Code 15A NCAC 18A .1961, Table V as adopted by reference in the "Regulations Governing Wastewater Treatment and Dispersal Systems in Wake County", require Wake County Environmental 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: \_\_\_\_\_ Benchmark: TOT Rod reading: 4' 2" Distance to Structure: \_\_\_\_\_  
 ST: 1000 gals ID#: MR 814 D.O.M.: 7/23/17 Elev.: \_\_\_\_\_ Distance to Well: \_\_\_\_\_  
 PT: \_\_\_\_\_ gals ID#: \_\_\_\_\_ D.O.M.: \_\_\_\_\_ Elev.: \_\_\_\_\_ Distance to P/L: \_\_\_\_\_  
 GT: \_\_\_\_\_ gals ID#: \_\_\_\_\_ D.O.M.: \_\_\_\_\_ Elev.: \_\_\_\_\_ Pretreatment: \_\_\_\_\_  
 Inlet Box/FD/PM elev.: 5' 4" Supply Line: \_\_\_\_\_ ft. Pump/Ctrl Panel: \_\_\_\_\_ Filter: Red Polylock  
 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: \_\_\_\_\_



D58860



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SITE: ADDRESS: 10601 FANNY BROWN RD  
SUBDIVISION: LOT: ACRES: 0.77 EASEMENT: N LOC: SYS:  
DIRECTION: OFF TEN TEN

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: 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 LP: TD:  
DAILY FLOW: 240 gal/day WATER: INDIVIDUAL PRETREATMENT: NA FILL: DAF: PB DEEP: REDUCE35%:

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.

OTHER CONDITIONS: PUMP CRUSH AND FILL EXISTING SEPTIC TANK. REPLACE WITH 1000 GALLON TANK.

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: 12/06/2017 BY: (JFP) *Jill Perkins* PHONE#: (919)-856-7342