

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0043380

PIN #: 0788207419

OP DATE: 0110512008

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

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

scr

**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#: D043380 STATUS: A APP. DATE: 12/29/2008 BLDG. PERMIT#:
PIN: 0788.18 20 7419 000 TAX MAP: 0299 0370 RECORDED: Y ORIG. PERMIT#: B16109
TOWNSHIP: 08 LEESVILLE JURISDICTION: WC ZONING: SW DEVICE: N S#:
APPLICANT: ROSE, ROBERT W
4913 SPRINGWOOD DR
RALEIGH, NC 27613
(999) 999 - 9999
USE: HD USE: 0001 REPAIR/EXISTING SYSTEM
EXIST USE: 101 ONE-FAMILY HOUSE
LTAR: 0.30 0.30 BEDROOMS: 4 BASEMENT: Y #EMPLOYEES: 0 FOUNDATION DRAIN: Y
SITE: ADDRESS: 4913 SPRINGWOOD DR
SUBDIVISION: SPRINGDALE WOOD LOT: 8 ACRES: 0.72 EASEMENT: N LOC: SYS:
DIRECTION: 50 N LEFT ON STRICKLAND. LEFT ON LEESVILLE RD.
RT ON ONEAL. LEFT ON SPRINGWOOD.

IMPROVEMENT PERMIT

TANK SIZE: EXIST gal. PUMP Tank: 1200 gal. SQ FT: _____ STONE DEPTH: in. MAX DEPTH LINE: _____ in.
WASTEWATER: INDIVIDUAL SEWAGE: DOMESTIC TYPE SYSTEM: III B PUMP: Y P/M: N
DAILY FLOW: 480 gal/day DESIGN FEE REQ?: _____ PAID?: _____ WATER: COMMUNITY

COMMENTS:

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

AUTHORIZATION FOR WASTEWATER/WATER SYSTEM CONSTRUCTION

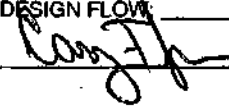
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

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:**

EXISTING TANK CAN BE USED IF RISER AND FILTER ADDED. CRUSH AND FILL OLD PUMP TANK. SET NEW 1200 GAL PUMP TANK WITH FLOAT TREE AND NEMA 4X WAKE COUNTY PANEL BOX WITH DUAL CIRCUIT. HOOK BACK UP TO EXSITING DRAIN FIELD. CALL WITH QUESTIONS.

TANK SIZE: EXIST gal. PUMP TANK: 1200 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.

CA ISSUED? Y DATE: 12/28/2008 BY: (CWF)  PHONE#: 625-5967

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Well System: WATER: COMMUNITY 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:

DESIGN FLOW: _____ gal./min. ACTUAL FLOW: _____ Operation Permit
INNOVATIVE LETTER: _____
INSTALLED BY: JC Maddox INSTALLATION APPROVED BY: Cory Th
PROPRIETARY SYSTEM: Gravel FILTER NO: TEFLI
COMMENTS: _____
OPERATIONS PERMIT ISSUED? Y OP DATE: 1-5-08 BY: CWP

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: _____ Rod reading: _____ Distance to Structure: _____
ST: EXIST gals ID#: _____ D.O.M.: _____ Elev.: _____ Distance to Well: _____
PT: 1200 gals ID#: PT170 D.O.M.: 10-6-08 Elev.: 4'6"
D-box/FD/PM elev.: _____ Supply Line: _____ ft. Pump/Control Panel: _____
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: _____
Distance to P/L: _____ Notes: _____

Added Riser + filter to existing ST

D-43380

C.A.

- Add riser + filler to existing St
- Crush + fill old PT

- Set new 100gal PT with Dual Float + Tree
- Wake county panel box



ST

PT-100G



Wake County
Environmental Services
(919) 856-7400
<http://www.wakegov.com>

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4913 SPRINGWOOD 50 SCALE

