

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0037926

PIN #: 0770211658

OP DATE: 0710712014

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.)

01215

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#: **D037926** STATUS: **A** APP. DATE: **09/01/2006** BLDG. PERMIT#: **0133334**
PIN: **0770.03 11-8887-000 2/11/658** TAX MAP: RECORDED: **Y** ORIG. PERMIT#:
TOWNSHIP: **18 SWIFT CREEK** JURISDICTION: **WC** ZONING: **R30** SW DEVICE: **S#:**
APPLICANT: **FULLER LAND DEVELOPMENT**
8801 FAST PARK DRIVE
RALEIGH, NC 27617
(704) 578-3463
USE: **HD USE: 101 ONE-FAMILY HOUSE**
EXIST USE:
LTAR: **0.30 0.30** BEDROOMS: **4** BASEMENT: **N** #EMPLOYEES: **0**
SITE: ADDRESS: **3113 FLORESTA DR**
SUBDIVISION: **BROOKSHIRE MANO** LOT: **16** ACRES: **1.13** EASEMENT: **LOC: SYS:**
DIRECTION: **HWY 401 S, TR 1010, GO 4-5 MI TL WESTLAKE RD,**
S/D 1 MI ON RT

Well System: WATER: INDIVIDUAL - TYPE: NEW

WELL LOG INFORMATION: DEPTH: **224** CASING DEPTH: **119** YIELD: **25 GPM** STATIC LEVEL: **30** 846
WELL CONTRACTOR: **Brantley's** REG.# **47** PUMP CONTRACTOR: **Yellow Symtech** REG.# **846**
Construction Compliance GROUT APPROVED ☒ DATE **4/9/14** EHS **260**
WELLHEAD APPROVED ☒ DATE **6/18/14** EHS **260**
SYSTEM FINALIZED ☒ DATE **7/17/14** EHS **260**
COMMENTS: **INDIVIDUAL WELL PLACED 10' OFF FRONT P/L, 50' OFF L/S P/L, & 32' OFF HOUSE**

DESIGN FLOW: _____ gal./min. ACTUAL FLOW: _____ INNOVATIVE LETTER: **San C Moral**
INSTALLED BY: **Brantley's** INSTALLATION APPROVED BY: **San C Moral**
PROPRIETARY SYSTEM: **92 flow** FILTER NO: **Symtech**
COMMENTS:
OPERATIONS PERMIT ISSUED? ☒ OP DATE: **7/17/14** BY: **San C Moral**

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: **5-6-14** Benchmark: _____ Rod reading: _____ Distance to Structure: _____
ST: **1200** gals ID#: **08B5TB34** D.O.M.: **3-7-14** Elev.: **4'4"** Distance to Well: _____
PT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____
D-box/FD/PM elev.: **5'0 1/2"** Supply Line: _____ ft. Pump/Control Panel: _____
Line 1: **7'11"** _____ Date: _____ Line 6: _____ Date: _____
Line 2: **8'6"** _____ Date: _____ Line 7: _____ Date: _____
Line 3: **8'10"** _____ Date: _____ Line 8: _____ Date: _____
Line 4: _____ Date: _____ Line 9: _____ Date: _____
Line 5: _____ Date: _____ Line 10: _____ Date: _____
Distance to P/L: **>10'** Notes: _____

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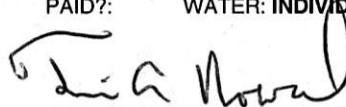
PERMIT VOID IF NOT IN COMPLIANCE WITH ZONING REGULATIONS AND/ OR IF SITE IS ALTERED OR INTENDED USE CHANGED

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RALEIGH, NC 27617
(704) 578-3463
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EXIST USE:
LTAR: **0.30 0.30** BEDROOMS: **4** BASEMENT: **N** #EMPLOYEES: **0** FOUNDATION DRAIN: **Y**
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SUBDIVISION: **BROOKSHIRE MANO** LOT: **16** ACRES: **1.13** EASEMENT: **LOC: SYS:**
DIRECTION: **HWY 401 S, TR 1010, GO 4-5 MI TL WESTLAKE RD,**
S/D 1 MI ON RT

IMPROVEMENT PERMIT

TANK SIZE: **1200** gal. PUMP Tank: _____ gal. SQ FT: **1215** 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: **INDIVIDUAL**

COMMENTS:

IP ISSUED? **Y** DATE: **11/27/2006** BY: **(TAH)**  PHONE#: **369-5974**

AUTHORIZATION FOR WASTEWATER/WATER SYSTEM CONSTRUCTION

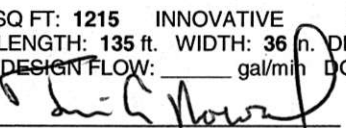
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

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:
SYSTEM DESIGNED AS AN ACCEPTED STATUS SYSTEM WITH A 25% REDUCTION IN LINE LENGTH TAKEN. A 1200 GALLON SEPTIC TANK IS REQUIRED THAT WILL GRAVITY FEED A DISTRIBUTION BOX AND 3-135'X 3' DRAIN LINES. THE MAXIMUM TRENCH DEPTH IS 24". A COLONIAL PIPELINE GAS LINE GOES ACCROSS THE BACK OF THE LOT, BE AWARE OF THIS AND DO NOT DIG IN EASEMENT ZONE. THERE WILL BE NO FOUNDATION DRAIN INSTALLED AROUND THE HOUSE FOUNDATION. PROTECT REPAIR AREA AND MAINTAIN PROPER FOUNDATION AND PROPERTY LINE SETBACKS. CALL PRIOR TO INSTALLATION WITH QUESTIONS OR CONCERNS.TAH

TANK SIZE: **1200** gal. PUMP TANK: _____ gal. SQ FT: **1215** INNOVATIVE MAX DEPTH LINE: **24** in.
MAINT: **N** OPER: **N** L/O: **Y** TRENCH#: **3** LENGTH: **135** ft. WIDTH: **36** in. DESIGNER: _____
SUBFIELDS: _____ DESIGN HEAD PRESSURE: _____ DESIGN FLOW: _____ gal/min DOSE VOLUME: _____ gal.

CA ISSUED? **Y** DATE: **06/28/2013** BY: **(TAH)**  PHONE#: **369-5974**

AS BUILT

NOTES:

- 1) The basis of North and all easements, right-of-way's, buffers, setbacks and adjoiners, etc., referenced from Book of Maps 2006, Page 1573 unless otherwise noted.
- 2) No investigation into the existence of jurisdictional wetlands or riparian buffers performed by this firm.
- 3) Surveyor has made no investigation or independent search for easements, restrictive covenants, ownership title evidence or any other facts that may require disclosure.
- 4) Field survey performed June 8, 2013.

I certify that the location of planned or existing structure(s) are accurately shown. I understand failure to locate structure(s) in accordance with this record plan may encumbrances, restrictive covenants, ownership title evidence or any other facts that may require disclosure. I hereby grant permission to Municipal/County Representatives the right of entry to make evaluations or inspections upon this property.

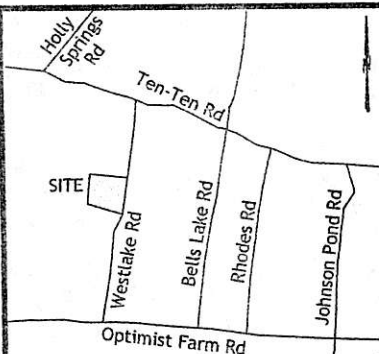
John E. Eide
Signature of Owner or Authorized Agent



BM 2006, Page 1573

0 20 40
SCALE: 1" = 40'

Vicinity Map
(No Scale)



CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING	DELTA ANGLE
C1	975.80'	138.03'	137.55'	S 51°45'56" E	16°38'59"

- LEGEND:**
- Ex. property corner
 - Set property corner
 - Calculated point
 - X— Fence
 - SS— Sanitary sewer pipe
 - SD— Storm drain pipe
 - OU— Overhead utility

BUILDING SETBACKS:

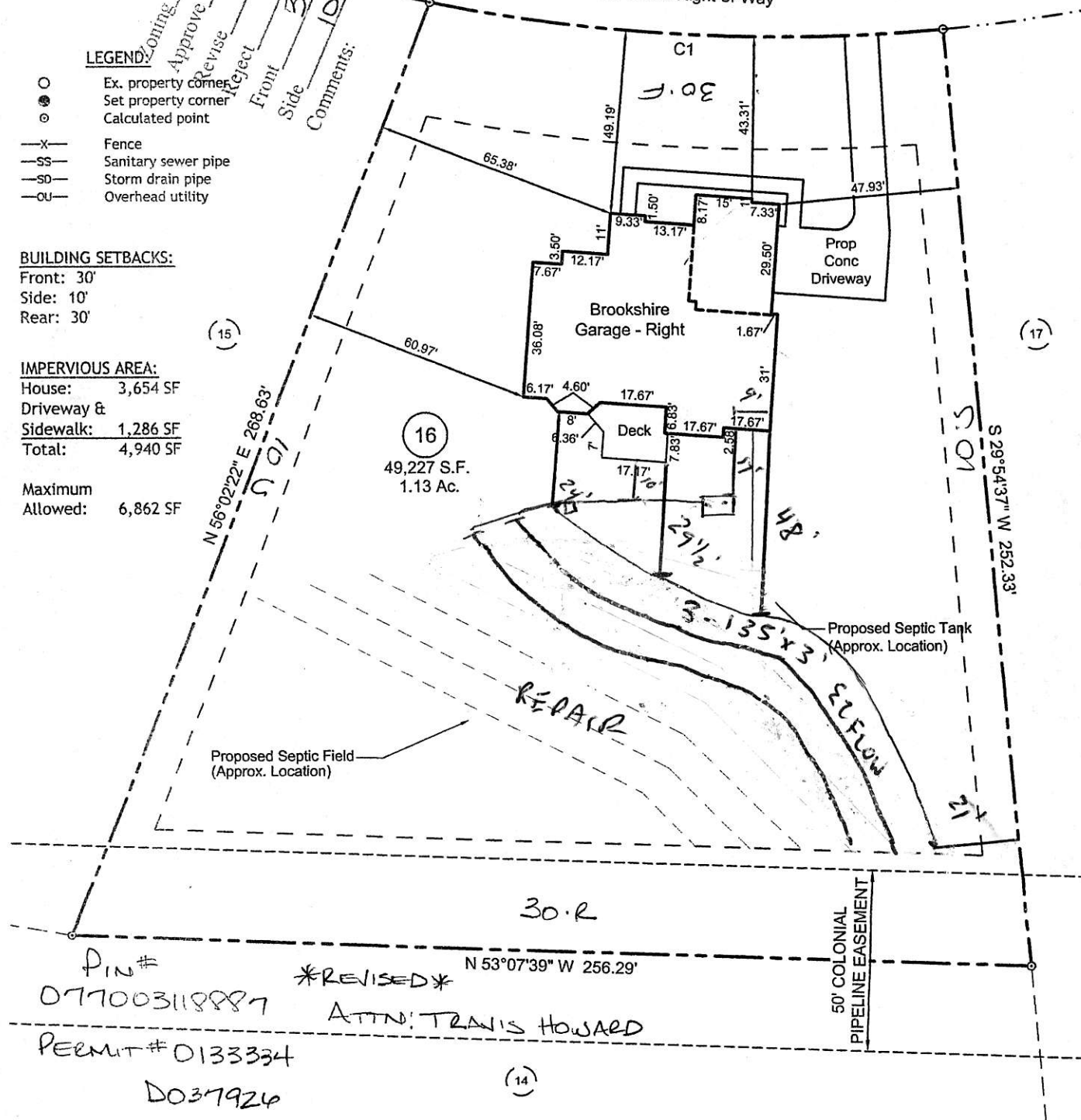
Front: 30'
Side: 10'
Rear: 30'

IMPERVIOUS AREA:

House: 3,654 SF
Driveway & Sidewalk: 1,286 SF
Total: 4,940 SF

Maximum Allowed: 6,862 SF

FLORESTA DRIVE
50' Public Right-of-Way



I, Jeremy Taylor, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed and description recorded in Books referenced); that the boundaries not surveyed are clearly indicated as drawn from information found in Books referenced; that the ratio of precision as calculated exceeds 1:10,000; and that this plat meets the requirements of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56.1600).

TAYLOR
LAND CONSULTANTS, PLLC
License No P-0829

5448 Apex Peakway, #165
Apex, NC 27502

(919) 337-7998

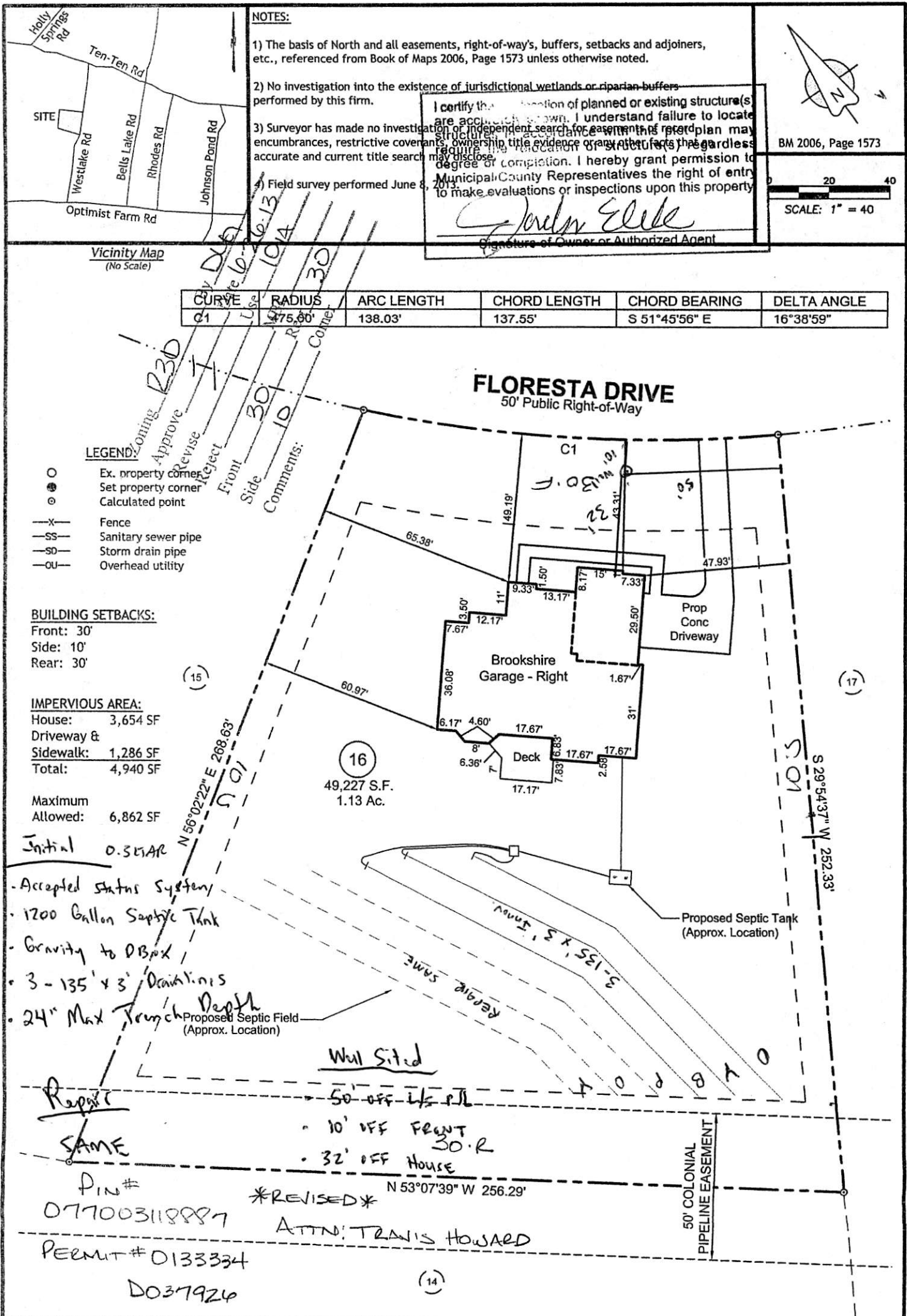
**PRELIMINARY
FOR BUILDING PERMIT
PURPOSES ONLY**

PLOT PLAN

FULLER LAND & DEVELOPMENT

Client:
Address: 3113 FLORESTA DRIVE
PIN: 0770-21-1658
Subdivision: BROOKSHIRE MANOR
Reference: B.M. 2006, PAGE 1573
Lot Num: 16
Township: SWIFT CREEK
County: WAKE
Date: MAY 31, 2013
Revision: June 25, 2013

CA



I, Jeremy Taylor, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed and description recorded in Books referenced); that the boundaries not surveyed are clearly indicated as drawn from information found in Books referenced; that the ratio of precision as calculated exceeds 1:10,000; and that this plat meets the requirements of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56.1600).

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Lot Num: 16
Township: SWIFT CREEK
County: WAKE
Date: MAY 31, 2013
Revision: June 25, 2013

WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

London E. Phillips

Well Contractor Name

3441-A

NC Well Contractor Certification Number

N.W. Poole Well & Pump Co.

Company Name

2. Well Construction Permit #:

1037926

List all applicable well construction permits (i.e. County, State, Variance, etc.)

3. Well Use (check well use):

Water Supply Well:

- ☐ Agricultural ☐ Municipal/Public
☐ Geothermal (Heating/Cooling Supply) ☒ Residential Water Supply (single)
☐ Industrial/Commercial ☐ Residential Water Supply (shared)
☐ Irrigation

Non-Water Supply Well:

- ☐ Monitoring ☐ Recovery

Injection Well:

- ☐ Aquifer Recharge ☐ Groundwater Remediation
☐ Aquifer Storage and Recovery ☐ Salinity Barrier
☐ Aquifer Test ☐ Stormwater Drainage
☐ Experimental Technology ☐ Subsidence Control
☐ Geothermal (Closed Loop) ☐ Tracer
☐ Geothermal (Heating/Cooling Return) ☐ Other (explain under #21 Remarks)

4. Date Well(s) Completed:

4-9-14

5. Well Location:

Fuller Land Dev.

Facility/Owner Name

Facility ID# (if applicable)

3113 Floresta Dr., Apex

Physical Address, City, and Zip

Wake

County

Parcel Identification No. (PIN)

5b. Latitude and Longitude in degrees/minutes/seconds or decimal degrees: (if well field, one lat/long is sufficient)

35°40'40" N 78°45'25" W

6. Is (are) the well(s): ☒ Permanent or ☐ Temporary

7. Is this a repair to an existing well: ☐ Yes or ☒ No

If this is a repair, fill out known well construction information and explain the nature of the repair under #21 remarks section or on the back of this form.

8. Number of wells constructed: 1

For multiple injection or non-water supply wells ONLY with the same construction, you can submit one form.

9. Total well depth below land surface: 223.5 (ft.)

For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 30 (ft.)

If water level is above casing, use "+"

11. Borehole diameter: 6 (in.)

12. Well construction method: Rotary

(i.e. auger, rotary, cable, direct push, etc.)

13. FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 25 Method of test: Blow n

13b. Disinfection type: H+H Amount: 2002

For Internal Use ONLY:

FROM	TO	DESCRIPTION
180 ft	185 ft	2 gpm
200 ft	205 ft	20 gpm

FROM	TO	DIAMETER	THICKNESS	MATERIAL
1.5 ft	118.5 ft	6 in.	.188	galv

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		
ft.	ft.	in.		

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft	20 ft	portland	grout
ft.	ft.		
ft.	ft.		

FROM	TO	MATERIAL	EMPLACEMENT METHOD
ft.	ft.		
ft.	ft.		

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft	2 ft	top soil
2 ft	105 ft	sand & clay
105 ft	225 ft	slate, quartz
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

used hardened steel drive shoe

22. Certification:

London E. Phillips
Signature of Certified Well Contractor

4-9-14
Date

By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with 15A NCAC 02C .0100 or 15A NCAC 02C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

23. Site diagram or additional well details:

You may use the back of this page to provide additional well site details or well construction details. You may also attach additional pages if necessary.

24. Submittal Instructions:

24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

24b. For Injection Wells: In addition to sending the form to the address in 24a above, also submit a copy of this form within 30 days of completion of well construction to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

24c. For Water Supply & Geothermal Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where constructed.