Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: D 0 3 2 5 5 0 PIN #: 1 8 2 2 6 4 0 2 8 4

OP DATE: 0 5 1 2 6 1 2 0 0 5

SYSTEM USE:
- [x] House
- [ ] Mobile Home
- [ ] Business
- [ ] Other

SEWAGE TYPE:
- [x] Domestic
- [ ] Industrial

PUMP/SIPHON?:
- [ ] Yes
- [x] No

PRESSURE MANIFOLD:
- [ ] Yes
- [x] No

SYSTEM TYPE:
- [ ] I
- [ ] II
- [x] III
- [ ] IV
- [ ] V
- [ ] VI
- [ ] Other

SUB TYPE:
- [ ] A
- [ ] B
- [ ] C
- [ ] D
- [ ] E
- [ ] F
- [x] G

NBR BEDROOMS:
- [ ] 1
- [ ] 2
- [ ] 3
- [x] 4
- [ ] 5
- [ ] 6
- [ ] Other

MAINT. SCHEDULE:
- [ ] Yes
- [x] No

CERT. OPERATOR
- [ ] Yes
- [x] 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.)

0 1 2 0 0

DRAIN TYPE:
- [ ] Stone
- [ ] EZ Flow
- [x] 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
- [x] 30 in. or less
- [ ] 32 in. or less
- [ ] 36 in. or less
- [ ] Other

STONE DEPTH (IN.):
- [ ] 8 in. or less
- [x] 12 in. or less
- [ ] 18 in. or less
- [ ] 24 in. or less
- [ ] Other

TRENCHES:
- [x] Individual
- [ ] Bed

TRENCH WIDTH (IN.):
- [ ] 12 in. or less
- [ ] 18 in.
- [ ] 24 in.
- [x] 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#: **D032550** STATUS: **A** APP. DATE: **01/20/2005** BLDG. PERMIT#: **0052306**
PIN: **1822.04 64 3251 000** TAX MAP: **0181 0012** RECORDED: **Y** ORIG. PERMIT#:
TOWNSHIP: **14 NEW LIGHT** JURISDICTION: **WC** ZONING: **R40W**
APPLICANT: **HOMESTEAD BUILDING COMPANY**
PO BOX 848
WAKE FOREST, NC 27587
(919) 524 - 3904
USE: HD USE: **101 ONE-FAMILY HOUSE**
EXIST USE:
DISPOSAL: BEDROOMS: **4** BASEMENT: **N** #EMPLOYEES: **0** FOUND DRAIN:
SITE: ADDRESS: **8421 MONTAVISTA LN**
SUBDIVISION: **FORREST RIDGE** LOT: **10** ACRES: **0.59**
DIRECTION: **US#1 N. TL PURNELL RD GO 4 MI TL MONTAVISTA LN**
SEPTIC ONLY COMM.WATER

IMPROVEMENT PERMIT

TANK SIZE: **1200** gal. PUMP Tank: _____ gal. SQ FT: **1200** INNOVATIVE MAX DEPTH LINE: **30** 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: **@ipcommit5@**

IP ISSUED? **Y** DATE: **02/28/2005** BY: **(KGD)** PHONE#: **856-7434**

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. **OTHER CONDITIONS:**
INITIAL SYSTEM 4-100' INNOVATIVE LINES, FLAGGED OUT IN FIELD. KEEP ANY PART OF SYSTEM 10' OFF HOUSE FOUNDATION. REPAIR MAY REQUIRE INNOVATIVE SYSTEM WHEN NEEDED. CALL OFFICE WITH ANY QUESTIONS. @cacommit5@

TANK SIZE: **1200** gal. PUMP TANK: _____ gal. SQ FT: **1200** INNOVATIVE MAX DEPTH LINE: **30** in.
MAINT: **N** OPER: **N** L/O: **Y** TRENCH#: **4** LENGTH: **100** ft. WIDTH: **36** in. DESIGNER: ___
SUBFIELDS: __ DESIGN HEAD PRESSURE: _ DESIGN FLOW: _____ gal/min DOSE VOLUME: ____ gal.

CA ISSUED? **Y** DATE: **02/28/2005** BY: **(KGD)** PHONE#: **856-7434**

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PERMIT#: **D032550** STATUS: **A** APP. DATE: **01/20/2005** BLDG. PERMIT#: **0052306**
PIN: **1822.04 64 3251 000** TAX MAP: **0181 0012** RECORDED: **Y** ORIG. PERMIT#:
TOWNSHIP: **14 NEW LIGHT** JURISDICTION: **WC** ZONING: **R40W**
APPLICANT: **HOMESTEAD BUILDING COMPANY**
PO BOX 848
WAKE FOREST, NC 27587
(919) 524 - 3904
USE: HD USE: **101 ONE-FAMILY HOUSE**
EXIST USE:
DISPOSAL: BEDROOMS: **4** BASEMENT: **N** #EMPLOYEES: **0**
SITE: ADDRESS: **8421 MONTAVISTA LN**
SUBDIVISION: **FORREST RIDGE** LOT: **10** ACRES: **0.59**
DIRECTION: **US#1 N. TL PURNELL RD GO 4 MI TL MONTAVISTA LN**
SEPTIC ONLY COMM.WATER

Well System: WATER: **COMMUNITY** - TYPE:

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: **COMMUNITY WATER [wccommit5[**

Operation Permit
DESIGN FLOW: _____ gal./min. ACTUAL FLOW: _____ INNOVATIVE LETTER: R

INSTALLED BY: Andrews Landscaping INSTALLATION APPROVED BY: Eastern
PROPRIETARY SYSTEM: Infiltrator FILTER NO: Polylocks
COMMENTS: **[opcommit5[** 16 yards over trench

OPERATIONS PERMIT ISSUED? Y OP DATE: 5/24/05 BY: Eastern

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: 5-26-05 Benchmark: ST Rod reading: 5'10" Distance to Structure: _____
ST: 1200 gals ID#: Mills 857 D.O.M.: 4-17-05 Elev.: 5'10" Distance to Well: _____
PT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____
D-box/FD/PM elev.: 8'9" Supply Line: _____ ft. Pump/Control Panel: _____

Line 1: 9'11"	16 yards			Date: 5-26-05	101'
Line 2: 10'7"				Date:	
Line 3: 11'2½"				Date:	
Line 4: 12'				Date:	
Line 5: _____				Date:	

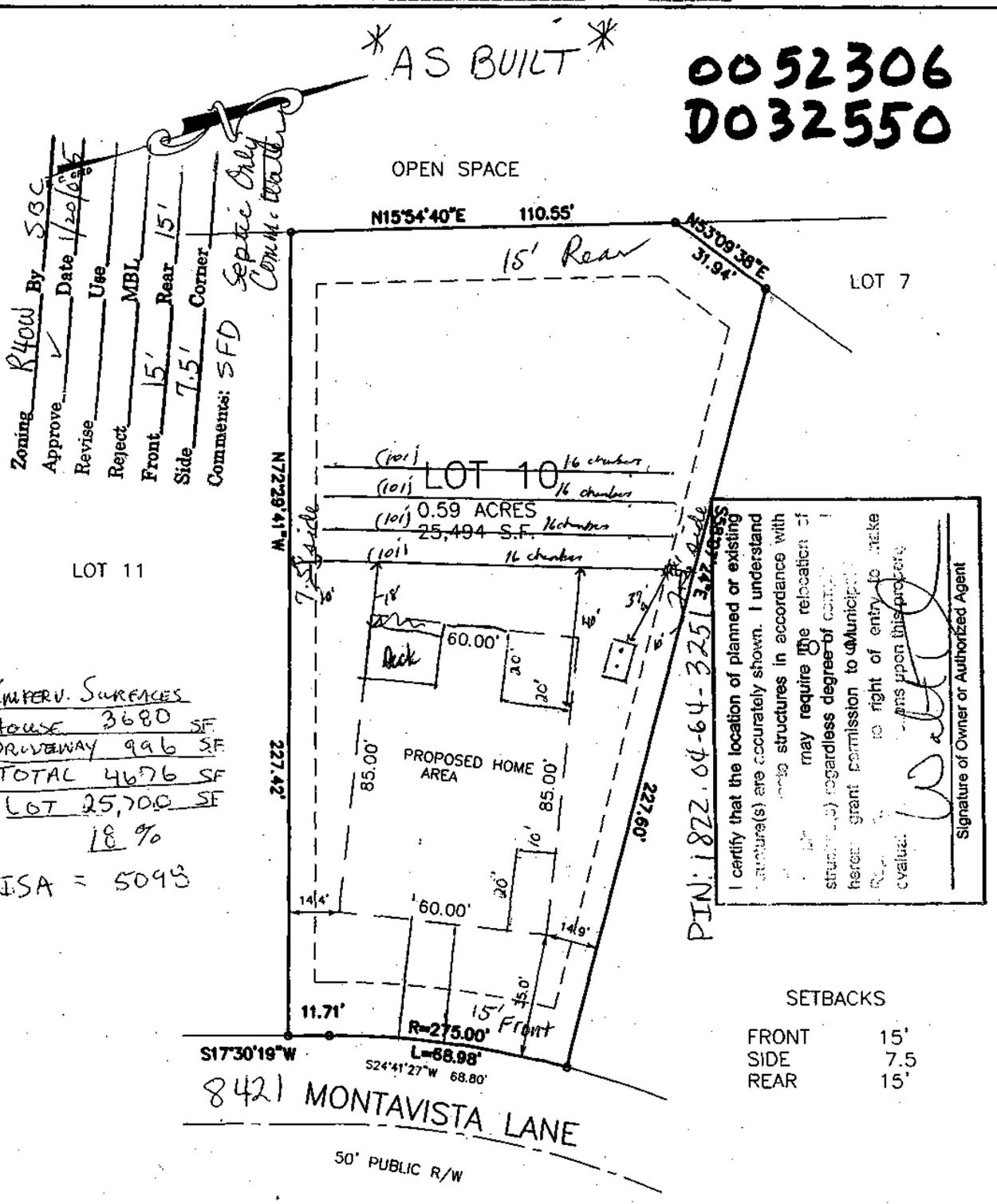
Distance to P/L: _____ Notes: _____

* Waiting on wells for OP

SUBJECT PROPERTY IS___ IS NOT ___ LOCATED IN A SPECIAL FLOOD HAZARD AREA AS DESIGNATED ON FEDERAL EMERGENCY MANAGEMENT AGENCY (F.E.M.A.) FLOOD INSURANCE RATE MAP NUMBER_____ ZONE_____

AS BUILT

0052306
D032550



IMPERV. SURFACES
HOUSE 3680 SF
DRIVEWAY 996 SF
TOTAL 4676 SF
LOT 25,700 SF
18 %

MISA = 5095

SETBACKS

FRONT	15'
SIDE	7.5
REAR	15'

FORREST ~~FOREST~~ RIDGE SUBDIVISION

PRELIMINARY PLAT, NOT FOR RECORDATION, CONVEYANCE OR SALE

BUILDER TO VERIFY HOUSE DIMENSIONS

LOT 10 BLOCK_____

RECORDED IN BOOK OF MAPS 2004, PAGE 1752 WAKE COUNTY, N. C.

I, JOHN Y. PHELPS, JR. HEREBY CERTIFY THAT THIS MAP IS CORRECT AND THAT THE BUILDINGS LIE WHOLLY ON THE LOT AND THAT THERE ARE NO ENCROACHMENTS OF OTHER BUILDINGS ON SAID LOT UNLESS SHOWN OTHERWISE. THIS MAP IS NOT FOR RECORDING.

JOHN Y. PHELPS, JR. PLS # 1319

PLOT PLAN

HOMESTEAD BUILDING COMPANY

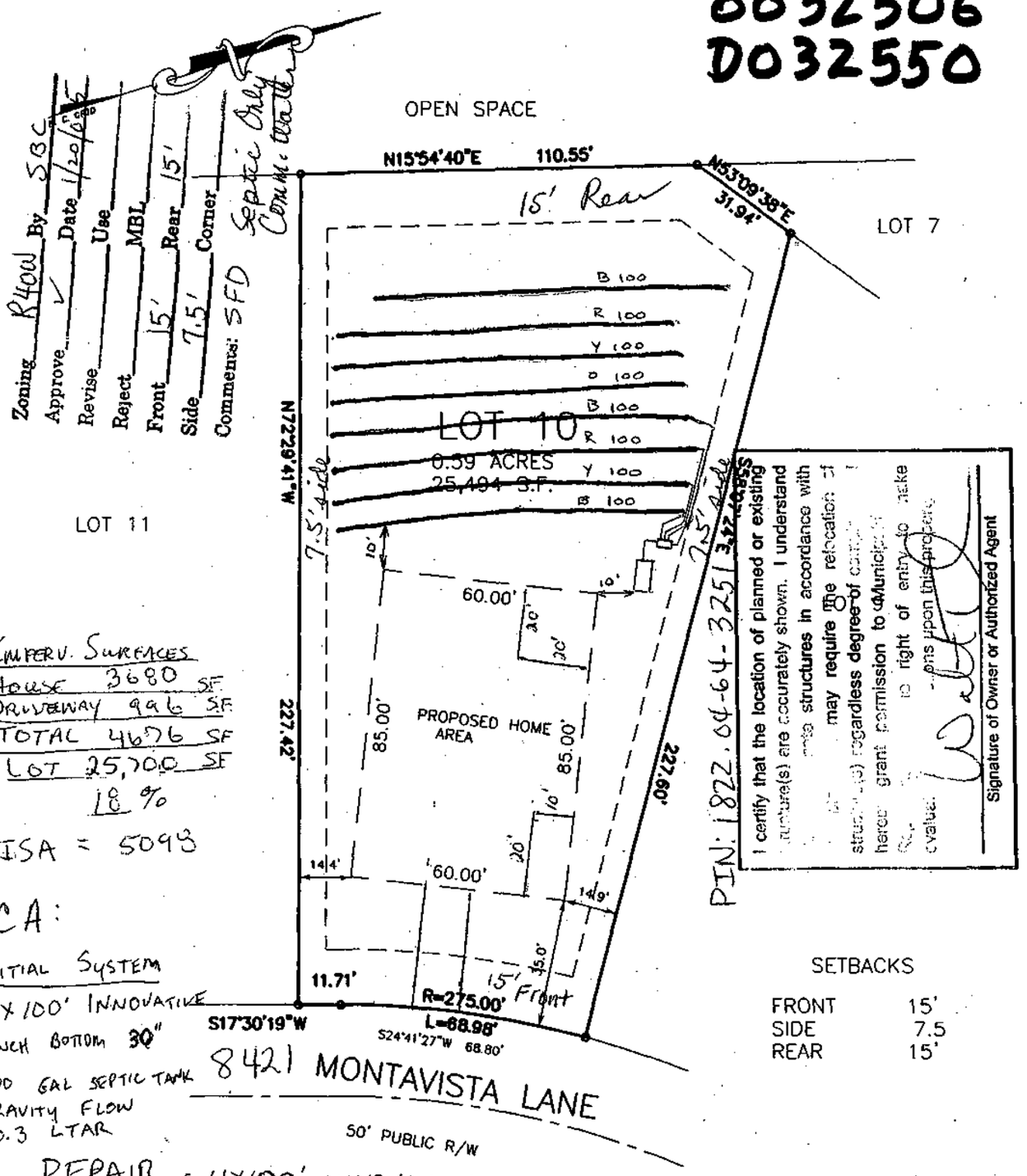
8417 MONTAVISTA LANE
NEW LIGHT TOWNSHIP, WAKE CO., N. C.

SCALE 1"=40'
DATE 1/19/05
FR-10

JOHN Y. PHELPS, JR.
PROFESSIONAL LAND SURVEYOR
5110 BUR OAK CIRCLE
RALEIGH, NORTH CAROLINA, 27612 (919) 787-3658

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0052306
D032550



I certify that the location of planned or existing structure(s) are accurately shown. I understand that I may require the relocation of structure(s) regardless degree of compliance with municipal ordinances, unless I hereby grant permission to City/Municipality to enter upon this property to make evaluations.

Signature of Owner or Authorized Agent

IMPERV. SURFACES
HOUSE 3680 SF
DRIVEWAY 996 SF
TOTAL 4676 SF
LOT 25,700 SF
18 %

MISA = 5093

CA:
INITIAL SYSTEM
4X100' INNOVATIVE
TRENCH BOTTOM 30"
1200 GAL SEPTIC TANK
GRAVITY FLOW
0.3 LTAR

REPAIR = 4X100' INNOVATIVE
30" DEPTH
GRAVITY FLOW 0.3 LTAR

SETBACKS

FRONT	15'
SIDE	7.5
REAR	15'

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