

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0034955

PIN #: 1729206881

OP DATE: 0912812005

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"/> | | 750 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 900 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1,000 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" 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 type="checkbox"/> | None/NA GT or PT |

DRAINFIELD SIZE(SQ. FT.)

01028

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#: D034956 STATUS: A APP. DATE: 09/14/2006 BLDG. PERMIT#: _____
PIN: 1729.03 20 6881 000 TAX MAP: 0263 RECORDED: Y ORIG. PERMIT#: _____
TOWNSHIP: 13 NEUSE JURISDICTION: RAX ZONING: R4
APPLICANT: FOX, TERRA D & LARRY S PAYNE
1605 OCTOBER RD
RALEIGH, NC 27614
(889) 889-9999
USE: HD USE: 0001 REPAIR/EXISTING SYSTEM
EXIST USE: 101 ONE-FAMILY HOUSE
DISPOSAL: BEDROOMS: 3 BASEMENT: Y #EMPLOYEES: 0
SITE: ADDRESS: 1605 OCTOBER RD
SUBDIVISION: RIVER OAKS LOT: 66 2 ACRES: 1.69
DIRECTION: FALLS OF NEUSE, R ON OCTOBER, HOUSE ON L

Well System: WATER: PUBLIC 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: _____ INSTALLATION APPROVED BY: _____
PROPRIETARY SYSTEM: _____ FILTER NO: _____
COMMENTS: _____

OPERATIONS PERMIT ISSUED? yes OP DATE: 9/28/05 BY: SLC

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: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Distance to Well: _____
PT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____
D-box/FD/PM elev.: _____ Supply Line: _____ ft. Pump/Control Panel: _____
Line 1: _____ Date: _____
Line 2: _____ Date: _____
Line 3: _____ Date: _____
Line 4: _____ Date: _____
Line 5: _____ Date: _____
Distance to P/L: _____ Notes: _____

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TOWNSHIP: 13 NEUSE JURISDICTION: RAX ZONING: R4
APPLICANT: FOX, TERRA D & LARRY S PAYNE
1606 OCTOBER RD
RALEIGH, NC 27614
(988) 989 - 9999
USE: HD USE: 0001 REPAIR/EXISTING SYSTEM
EXIST USE: 101 ONE-FAMILY HOUSE
DISPOSAL: BEDROOMS: 3 BASEMENT: Y #EMPLOYEES: 0 FOUND DRAIN:
SITE: ADDRESS: 1606 OCTOBER RD
SUBDIVISION: RIVER OAKS LOT: 58 2 ACRES: 1.89
DIRECTION: FALLS OF NEUSE, R ON OCTOBER, HOUSE ON L

IMPROVEMENT PERMIT

TANK SIZE: EXIST gal. PUMP Tank: EXIST gal. SQ FT: _____ INNOVATIVE MAX DEPTH LINE: _____ in.
WASTEWATER: INDIVIDUAL SEWAGE: DOMESTIC TYPE SYSTEM: III G PUMP: Y P/M: N
DAILY FLOW: 360 gal/day DESIGN FEE REQ?: PAID?: WATER: PUBLIC

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:**

CHECK BOTTOM LINE OUT OF DISTRIBUTION BOX FOR BLOCKAGE OR DAMAGE THAT PREVENTS EFFLUENT FROM FLOWING DOWN LINE AND CORRECT AS NEEDED. REMOVE MAPLE NEAR DISTRIBUTION BOX. IF THERE IS NO BLOCKAGE WITHIN FIRST 20 FEET OF LINE, CHECK STEPDOWN FOR DAMAGE.

TANK SIZE: EXIST gal. PUMP TANK: EXIST gal. SQ FT: _____ INNOVATIVE 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: 09/14/2005 BY: (ELC) *Emily D. Loefer* PHONE#: 856-3366

