

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #:

PIN #:

OP DATE:

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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other
			None/NA GT or PT

DRAINFIELD SIZE(SQ. FT.)

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#: D033655 STATUS: A APP. DATE: 05/02/2005 BLDG. PERMIT#: 0073729
 PIN: 1751.02 76 5865 000 TAX MAP: 0664 0000 RECORDED: Y ORIG. PERMIT#:
 TOWNSHIP: 10 MARKS CREEK JURISDICTION: WC ZONING: R30
 APPLICANT: ROBBIE S. LILES
 1957 HILLTOP RD
 RALEIGH, NC 27610
 (919) 210 - 1589
 USE: HD USE: 101 ONE-FAMILY HOUSE
 EXIST USE:
 DISPOSAL: BEDROOMS: 3 BASEMENT: N #EMPLOYEES: 0
 SITE: ADDRESS: 1208 RIVERCHASE DR
 SUBDIVISION: RIVERCHASE LOT: 04 ACRES: 1.38
 DIRECTION: POOLE RD TOWARDS KNIGHTDALE TR ON BETHELEHEM RD
 TR ON MIAL PLANTATION SUBD ON R

Well System: WATER: COMMUNITY - TYPE: EXISTING

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:

Operation Permit

DESIGN FLOW: _____ gal./min. ACTUAL FLOW: _____ INNOVATIVE LETTER:
 INSTALLED BY: Jeff Thompson INSTALLATION APPROVED BY: ST & DL by Alan Alcock
 PROPRIETARY SYSTEM: EZ-FLOW FILTER NO: Tuf-tite
 COMMENTS:
 OPERATIONS PERMIT ISSUED? OP DATE: 6-13-08 BY: Christ H. Hanger

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: 1/15/08 Benchmark: _____ Rod reading: _____ Distance to Structure: _____
 ST: 1000 gals ID#: STB 814 D.O.M.: 12/10/07 Elev.: _____ Distance to Well: _____
 PT: 1000 gals ID#: PT 53 D.O.M.: 11/26/07 Elev.: _____
 (D-box) FD/PM elev.: 36" Supply Line: _____ ft. Pump/Control Panel: _____
 Line 1: 5'4" 5'4" 5'4" Date: 1/15/08 Line 6: _____ Date: _____
 Line 2: 6'0" 6'0" 6'0" Date: _____ Line 7: _____ Date: _____
 Line 3: 6'6" 6'6" 6'6" Date: _____ Line 8: _____ Date: _____
 Line 4: _____ Date: _____ Line 9: _____ Date: _____
 Line 5: _____ Date: _____ Line 10: _____ Date: _____
 Distance to P/L: _____ Notes: _____

1/15/08 - Need to mark riparian buffer before installing supply

1640
2-7-08

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(919) 210 - 1589
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EXIST USE:
DISPOSAL: BEDROOMS: 3 BASEMENT: N #EMPLOYEES: 0 FOUND DRAIN:
SITE: ADDRESS: 1208 RIVERCHASE DR
SUBDIVISION: RIVERCHASE LOT: 04 ACRES: 1.38
DIRECTION: POOLE RD TOWARDS KNIGHTDALE TR ON BETHELEHEM RD
TR ON MIAL PLANTATION SUBD ON R

210-1589

IMPROVEMENT PERMIT

TANK SIZE: 1000 gal. PUMP Tank: 1000 gal. SQ FT: 1200 STONE DEPTH: 12 in. MAX DEPTH LINE: 24 in.
WASTEWATER: INDIVIDUAL SEWAGE: DOMESTIC TYPE SYSTEM: III B PUMP: Y P/M: N
DAILY FLOW: 360 gal/day DESIGN FEE REQ?: PAID?: WATER: COMMUNITY

COMMENTS:

IP ISSUED? Y DATE: 12/05/2005 BY: (ALE) *[Signature]* PHONE#: 868-4995

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:**

INSTALL AS LAID OUT BY CONSULTANT. KEEP LINES ON CONTOUR. MAINTAIN ALL SET BACKS. PLEASE CALL PRIOR TO INSTALLATION WITH ANY QUESTIONS. 868-4995

TANK SIZE: 1000 gal. PUMP TANK: 1000 gal. SQ FT: 1200 STONE DEPTH: 12 in. MAX DEPTH LINE: 24 in.
MAINT: N OPER: N L/O: Y TRENCH#: 3 LENGTH: 133 ft. WIDTH: 36 in. DESIGNER: ___
SUBFIELDS: ___ DESIGN HEAD PRESSURE: ___ DESIGN FLOW: ___ gal/min DOSE VOLUME: ___ gal.

CA ISSUED? Y DATE: 05/07/2007 BY: (ALE) *[Signature]* PHONE#: 868-4995

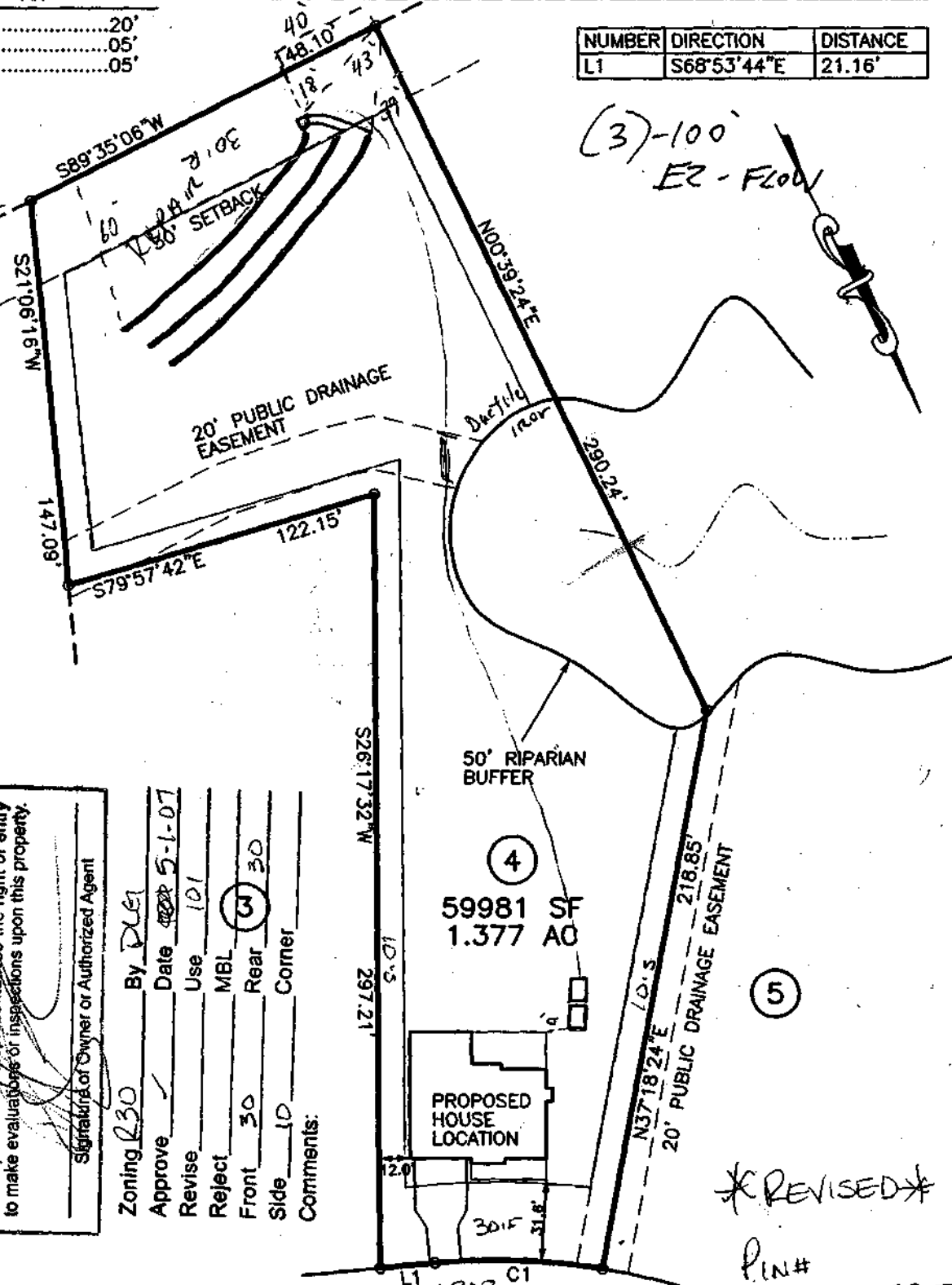
MINIMUM BUILDING SETBACKS
ZONING: AR

FRONT.....20'
SIDE.....05'
REAR.....05'

NUMBER	RADIUS	ARC LENGTH	CHORD DIRECTION	CHORD LENGTH
C1	255.00	64.63	S61°38'05"E	64.46

NUMBER	DIRECTION	DISTANCE
L1	S68°53'44"E	21.16'

AS Built



I certify that the location of planned or existing structure(s) are accurately shown. I understand failure to locate structures in accordance with this plot plan may require the relocation of structure(s) regardless degree of completion. I hereby grant permission to Municipal/County Representatives the right of entry to make evaluations or inspections upon this property.

Signature of Owner or Authorized Agent: _____

Zoning R30 By DLE
 Approve Date 5-1-07
 Revise Use 101
 Reject MBL 30
 Front 30 Rear 30
 Side 10 Corner 30
 Comments: _____

NOTES:
 PUBLIC WATER SYSTEM YES NO
 WELL YES NO
 PUBLIC SEWER SYSTEM YES NO
 HOUSE DIMENSIONS: 57' x 60.3'

DOES LOT HAVE STATE ROAD FRONTAGE? YES NO
 DOES LOT HAVE RECORDED EASEMENT? YES NO

DRIVEWAY OR ACCESS DRIVE DRAINAGE CULVERT
 TYPE AND SIZE _____
 STORMWATER ADMINISTRATOR SIGNATURE _____

RIVER CHASE DRIVE
50' R/W (PUBLIC)

REVISED

Pin# 175102765865
 PERMIT# 0073729
 D033655

MISA 8088

IMPERVIOUS SURFACE TABLE

HOUSE.....	3038 SF
DRIVE & WALK.....	627 SF
TOTAL.....	3665 SF
LOT AREA.....	59981 SF
PERCENTAGE OF IMPERVIOUS AREA.....	6.11%

PLOT PLAN OF LOT 4
RIVER CHASE WAKE COUNTY
 FOR **BLUEPRINT CONSTRUCTION**
 SCALE: 1" = 60'

TRUE LINE SURVEYING, P.C.

205 W. MAIN STREET
 CLAYTON, N.C. 27520
 TELEPHONE: (919) 359-0427
 FAX: (919) 359-0428
 www.truelinesurveying.com

JOB NO: 153.003 DRAWN: DANNY DATE: 12-12-06 CHECKED: CURK

MINIMUM BUILDING SETBACKS
ZONING: AR

FRONT.....20'
SIDE.....05'
REAR.....05'

NUMBER	RADIUS	ARC LENGTH	CHORD DIRECTION	CHORD LENGTH
C1	255.00	64.63	S61°38'05"E	64.46

NUMBER	DIRECTION	DISTANCE
L1	S68°53'44"E	21.16'

24" Max Trench Depth

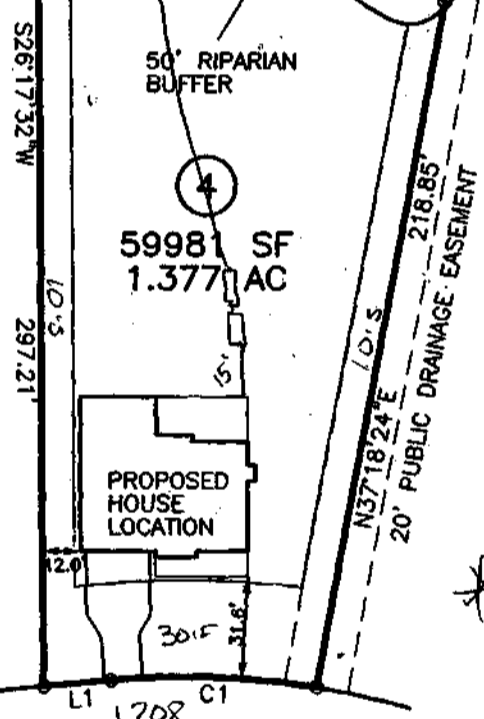
CA
1000 gallon ST
1000 gallon PT
Pump to D-Box
3-133'x3'
Gravel lines
PMan - Repair

Sleeve in Ductile Iron or equivalent DOT Approved corrugated pipe is approved.

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Approve Date 5-1-07
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Reject MBL (3) 30
Front 30 Rear 30
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Comments:



REVISED

P.I.N.#
175102765865
PERMIT#0073729
D033655

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TYPE AND SIZE

STORMWATER ADMINISTRATOR SIGNATURE

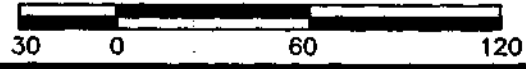
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PLOT PLAN
OF
LOT 4
RIVER CHASE
WAKE COUNTY
FOR
BLUEPRINT CONSTRUCTION

SCALE: 1" = 60'



TRUE LINE SURVEYING, P.C.



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