

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0051188

PIN #: 0793240026

OP DATE: 0811312014

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

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

DRAINFIELD SIZE(SQ. FT.)

00900

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#: D051188 STATUS: A APP. DATE: 05/28/2014 BLDG. PERMIT#: I011775
 PIN: 0793 24 0026 000 TAX MAP: 0576 0005 RECORDED: Y ORIG. PERMIT#: D000000
 TOWNSHIP: 18 SWIFT CREEK JURISDICTION: RAX ZONING: RA SW DEVICE: N S#:
 APPLICANT: HOFFMANN, WILLIAM ARTHUR (919) 999 - 9999
 1017 TRAILWOOD DR RALEIGH, NC 27606
 USE: HD USE: 0001 REPAIR/EXISTING SYSTEM EXIST USE: 101A CONVENTIONAL ONE-FAMILY HOUSE
 LTAR: 0.30 0.30 BEDROOMS: 3 BASEMENT: N #EMPLOYEES: 0
 SITE: ADDRESS: 1017 TRAILWOOD DR
 SUBDIVISION: GOODWIN LOT: ACRES: 2.50 EASEMENT: N LOC: SYS:
 DIRECTION: SEE ATTACHED

Well System: WATER: INDIVIDUAL - 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:

Operation Permit

DESIGN FLOW: _____ gal./min. ACTUAL FLOW: _____ DOSE VOLUME: _____ gal. INNOVATIVE LETTER: _____
 INSTALLED BY: Dennis Medlin INSTALLATION APPROVED BY: Alan Alcorn
 PROPRIETARY SYSTEM: E2 FLOW TYPE SYSTEM: II A Polylock
 COMMENTS: _____
 OPERATIONS PERMIT ISSUED? OP DATE: 8/13/14 BY: L.C. Moore

Systems defined as either a Type IIIb, IIIg with a pump, IV, V or VI, in accordance with the North Carolina Administrative Code 15A NCAC 18A .1961, Table V as adopted by reference in the "Regulations Governing Wastewater Treatment and Dispersal Systems in Wake County", require Wake County Environmental Services to conduct periodic inspections on this type system, pursuant to 15A NCAC 18A .1961 (j). Fees for these inspections will be charged as per the approved Fee Schedule. In addition, all systems are to be operated and maintained as specified in 15A NCAC 18A .1961. 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: 8/7/14 Benchmark: - Rod reading: - Distance to Structure: _____
 ST: 1600 gals ID#: 57B 103 D.O.M.: 6/12/14 Elev.: - Distance to Well: _____
 PT: 1000 gals ID#: PT 214 D.O.M.: 6/12/14 Elev.: _____ Distance to P/L: _____
 GT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Pretreatment: _____
 D-box/FD/PM elev.: M-tee Supply Line: _____ ft. Pump/Ctrl Panel: _____ Filter: _____
 Line 1: 4.1 _____ Date: 8/7/14 Line 6: _____ Date: _____
 Line 2: 5.2 _____ Date: _____ Line 7: _____ Date: _____
 Line 3: 6.5 _____ Date: _____ Line 8: _____ Date: _____
 Line 4: _____ Date: _____ Line 9: _____ Date: _____
 Line 5: _____ Date: _____ Line 10: _____ Date: _____
 ETM1: _____ CC1: _____ ETM2: _____ CC2: _____ OR: _____ AC: _____ WM: _____
 Notes: _____

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SITE: ADDRESS: 1017 TRAILWOOD DR
SUBDIVISION: GOODWIN LOT: ACRES: 2.50 EASEMENT: N LOC: SYS:
DIRECTION: SEE ATTACHED

IMPROVEMENT PERMIT

As per GS 130A-335 (f), Improvement Permit is based on a Site Plan and is void Sixty (60) months from date of issuance: []

As per GS 130A-335 (f), Improvement Permit is based on a Plat and is valid without expiration: []

Permit is subject to revocation if the site plan or plat, whichever is applicable, or the intended use changes.

TANK SIZE: 1000 gal. PUMP Tank: ___ gal. GREASE TRAP: ___ gal. SQ FT: 900 ACCEPTED STATUS MAX DEPTH LINE: 24 in.
WASTEWATER: INDIVIDUAL SEWAGE: DOMESTIC TYPE SYSTEM: II A PUMP: N P/M: N LP: TD:
DAILY FLOW: 360 gal/day WATER: INDIVIDUAL PRETREATMENT: NA FILL: DAF: DEEP: REDUCE35%:

COMMENTS:

IP ISSUED? DATE: BY: () PHONE#: (919)-

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.

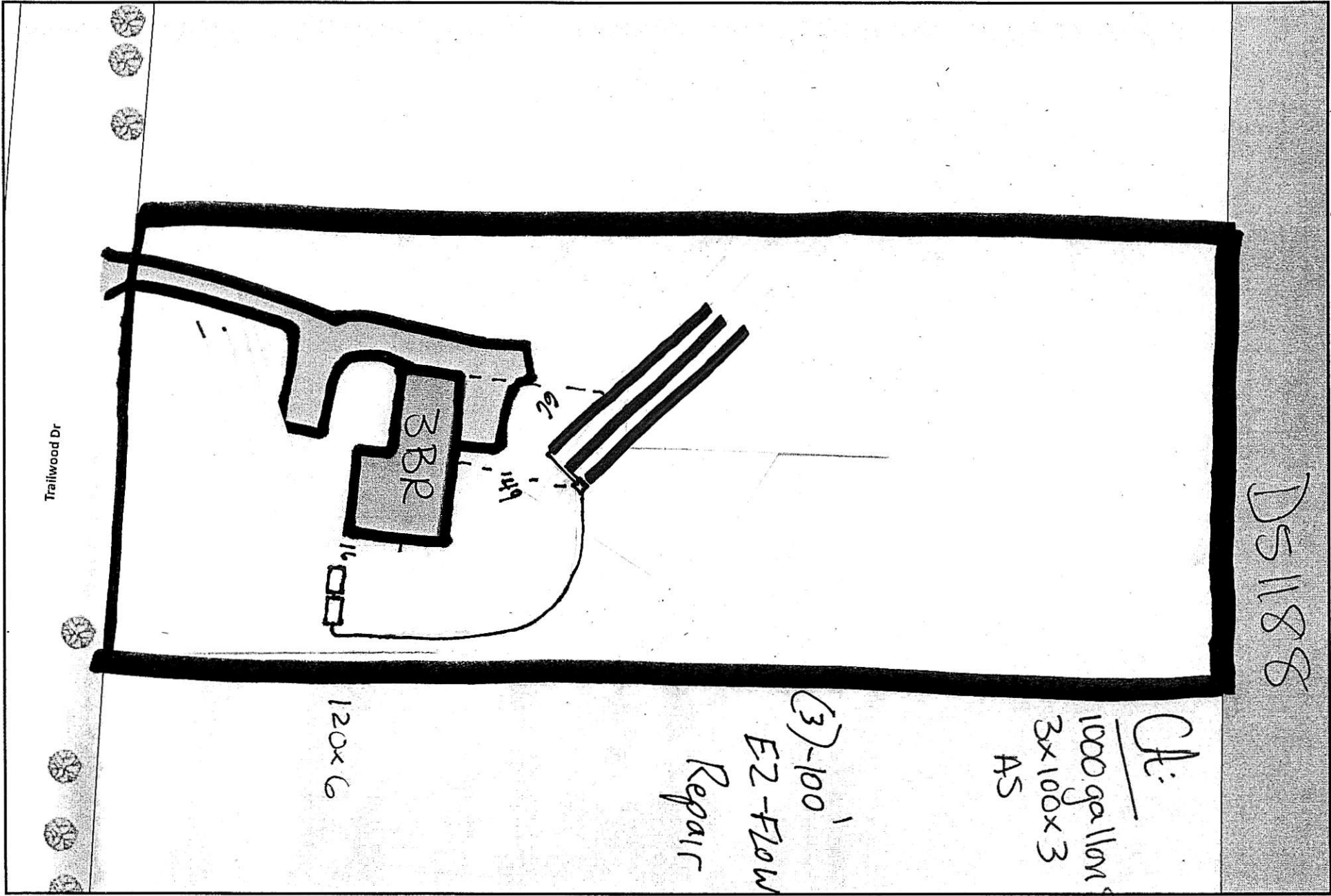
OTHER CONDITIONS: MAINTAIN ALL SETBACKS. SYSTEM CAN BE CHANGED AT PREINSTALLATION CONFERENCE AS NEEDED.

TANK SIZE: 1000 gal. PUMP TANK: ___ gal. GREASE TRAP: ___ gal. SQ FT: 900 ACCEPTED STATUS MAX DEPTH LINE: 24 in.
MAINT: N OPER: N L/O: N TRENCH#: 3 LENGTH: 100 ft. WIDTH: 36 in. DESIGNER: ___
SUBFIELDS: ___ DESIGN HEAD PRESSURE: ___ DESIGN FLOW: ___ gal/min DOSE VOLUME: ___ gal. PRETREATMENT: NA

CA ISSUED? Y DATE: 05/28/2014 BY: (JEW) Jill Perkins PHONE#: (919)-856-7342

0793 24 0026

DS1188



Alt:
 1000 gallon ST
 3x100x3
 AS

(3)-100'
 E2-FLOW
 Repair

120x6

1017 Trailwood

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0793 24 0026

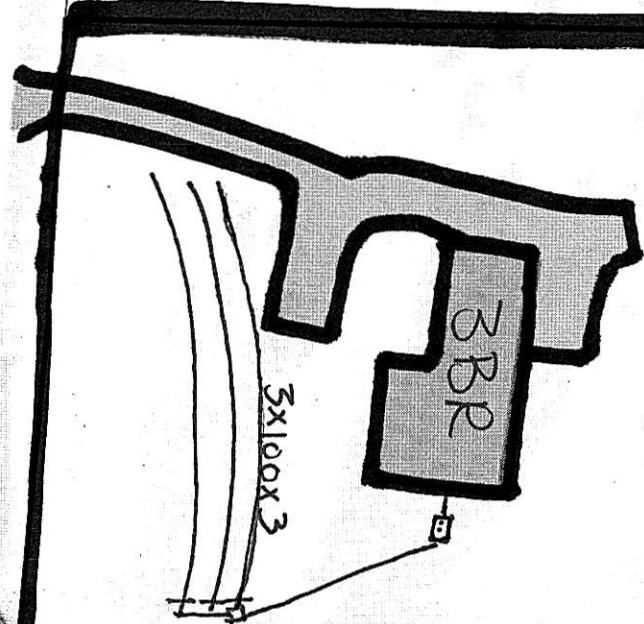
DS1188

Cl:
1000 gallon ST
3x100x3
AS

Pump
option

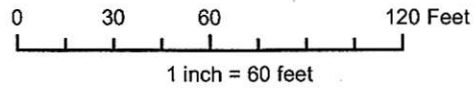
120x6

3x100x3



Trailwood Dr

1017 Trailwood



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