Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: D 0 3 4 0 6 1 PIN #: 1 7 5 1 7 6 4 8 5 8

OP DATE: 1 0 1 0 3 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
- [x] 3
- [ ] 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 0 7 5 0

DRAIN TYPE:
- [ ] Stone
- [x] 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
- [x] 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

CH

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#: **D034061** STATUS: **A** APP. DATE: **06/09/2005** BLDG. PERMIT#: **0054108**
PIN: **1751.02 76 4858 000** TAX MAP: **0664 0000** RECORDED: **Y** ORIG. PERMIT#:
TOWNSHIP: **10 MARKS CREEK** JURISDICTION: **WC** ZONING: **R30**
APPLICANT: **JAMES OLIVE CONST INC**
PO BOX 573
PINE LEVEL, NC 27568
(919) 669 - 9689
USE: HD USE: **101 ONE-FAMILY HOUSE**
EXIST USE:
DISPOSAL: BEDROOMS: **3** BASEMENT: **N** #EMPLOYEES: **0**
SITE: ADDRESS: **1204 RIVER CHASE DR**
SUBDIVISION: **RIVER CHASE** LOT: **5** ACRES: **1.29**
DIRECTION: **POOLE RD E R BETHLEHEM RD R MIAL PLANTATION SUB 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: _____ INSTALLATION APPROVED BY: _____
PROPRIETARY SYSTEM: FILTER NO: _____
COMMENTS:

OPERATIONS PERMIT ISSUED? ___ OP DATE: 10/03/05 BY: TXW

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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DIRECTION: **POOLE RD E R BETHLEHEM RD R MIAL PLANTATION SUB ON R**

IMPROVEMENT PERMIT

TANK SIZE: **1000** gal. PUMP Tank: _____ gal. SQ FT: **750** INNOVATIVE MAX DEPTH LINE: **36** in.
WASTEWATER: **INDIVIDUAL** SEWAGE: **DOMESTIC** TYPE SYSTEM: **III G** PUMP: **N** P/M: **N**
DAILY FLOW: **360** gal/day DESIGN FEE REQ?: PAID?: WATER: **COMMUNITY**

COMMENTS:

IP ISSUED? **Y** DATE: **07/21/2005** BY: **(TXW)** Tom Whaley PHONE#: **868-6412**

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. THE SEPTIC TANK AND THE D-BOX SHOULD BOTH REMAIN AT LEAST 10' FROM ANY PROPERTY LINE. THE SETBACKS FOR A HOUSE WITH A FOUNDATION DRAIN ARE AS FOLLOWS: IF THE SYSTEM IS UPSLOPE FROM THE HOUSE THEN THE SETBACK IS 25', SIDESLOPE 15' AND DOWNSLOPE 10'. INSTALL ALL LINES ON CONTOUR. THE SYSTEM SHOULD BE INSTALLED AT 36"(SAPROLITE SYSTEM). PLEASE CALL THE OFFICE WITH ANY QUESTIONS OR CONCERNS PRIOR TO INSTALLATION OF THE SYSTEM. NO FOUNDATION DRAINS ARE TO BE INSTALLED.

TANK SIZE: **1000** gal. PUMP TANK: _____ gal. SQ FT: **750** INNOVATIVE MAX DEPTH LINE: **36** in.
MAINT: **N** OPER: **N** L/O: **Y** TRENCH#: **2** LENGTH: **125** ft. WIDTH: **36** in. DESIGNER: ___
SUBFIELDS: __ DESIGN HEAD PRESSURE: _ DESIGN FLOW: _____ gal/min DOSE VOLUME: ____ gal.

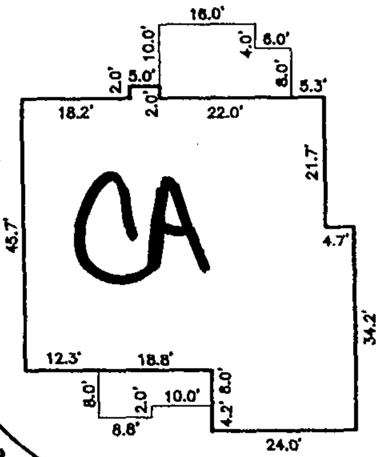
CA ISSUED? **Y** DATE: **08/17/2005** BY: **(TXW)** Tom Whaley PHONE#: **868-6412**

Revised   Attn: Thomas Whaley

0054108
D34061

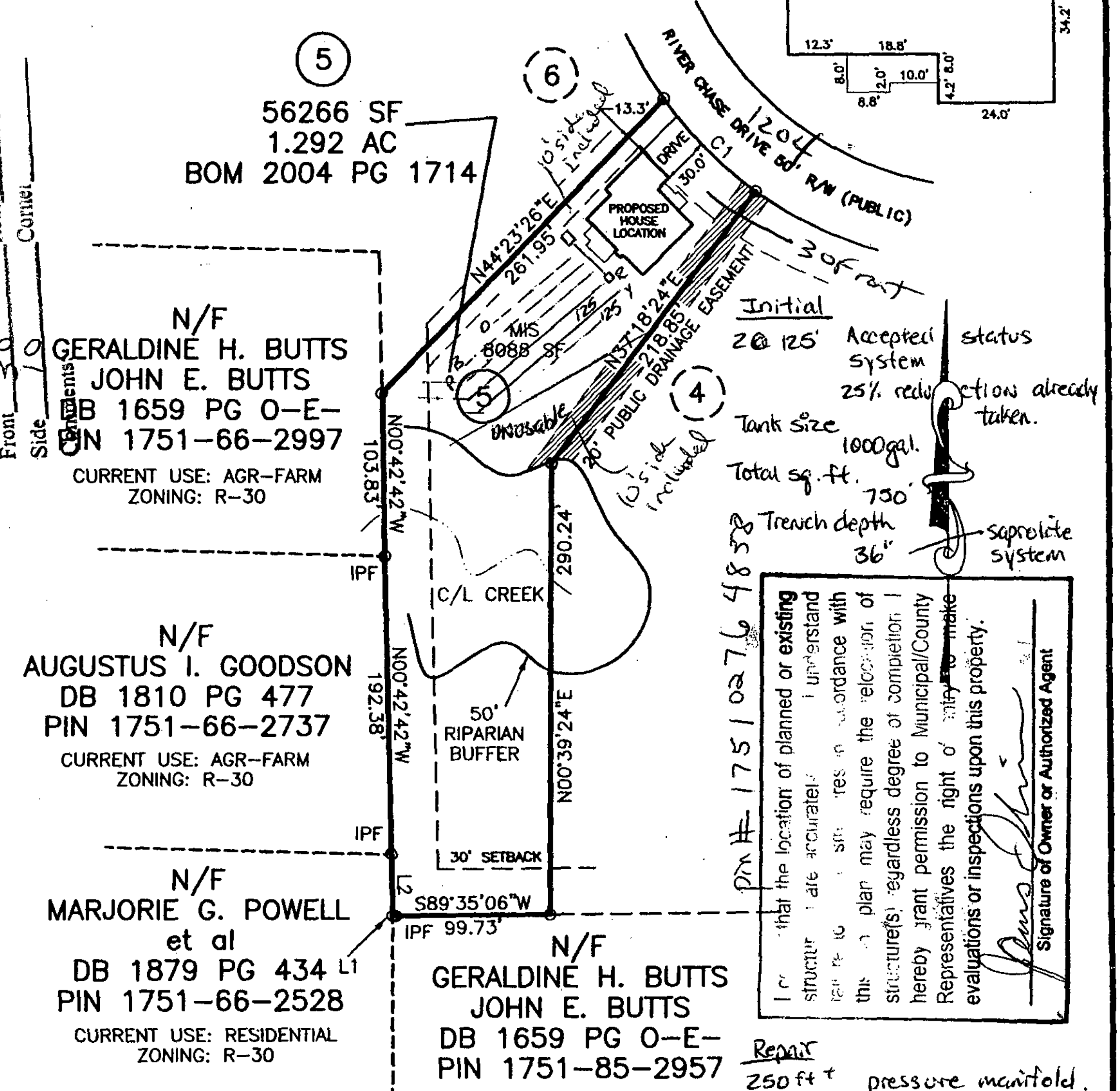
MINIMUM BUILDING SETBACKS
ZONING: R-30 LOT BY LOT

FRONT............................30'
SIDE..............................10'
REAR..............................30'



NUMBER	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING
C1	255.00	83.33	82.96	S45°00'42"E

Zoning ____ Date 7/27/05
Approve ✓ Use ____
Revise ____ MBL ____
Reject ____ Rear 30
Front 30 Corner ____
Side 10
Comments



I certify that the location of planned or existing structures are accurately ... I understand failure to ... site ... in accordance with this ... 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

NUMBER	DIRECTION	DISTANCE
L1	N89°35'06"E	2.05'
L2	S00°42'42"E	40.32'

NOTES:

PUBLIC WATER SYSTEM	■ YES ☐ NO
WELL	☐ YES ■ NO
PUBLIC SEWER SYSTEM	☐ YES ■ NO
HOUSE DIMENSIONS:	55' x 56'

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

IMPERVIOUS SURFACE TABLE

HOUSE..3043 SF
DRIVE & WALK.................................738 SF
TOTAL..3781 SF
LOT AREA....................................56266 SF
PERCENTAGE OF IMPERVIOUS AREA............6.72%

PLOT PLAN
OF
LOT 5
RIVER CHASE
WAKE COUNTY
FOR
JAMES OLIVE CONST., INC
SCALE: 1" = 100'
50 0 100 200

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: 283.011	DRAWN: FH	DATE: 7/25/05	CHECKED: CURK