

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0016563

PIN #: 1812191883

OP DATE: 10/11/2000

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

DRAINFIELD SIZE(SQ. FT.)

01440

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

NHV

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#: D016563 STATUS: A APP DATE: 12/06/1999 BLDG PERMIT#: 0001952
APPLICANT: BERGEN, RON CONSTRUCTION DAY PHONE: (919) 291 - 2724 Mobile
ADDRESS: 1504 WEDGELAND DR FAX#: (919) 848 - 3815
CITY: RALEIGH STATE: NC ZIP: 27615
OWNER: SUTHERLAND INVESTMENT COM DAY PHONE: (999) 999 - 9999
ADDRESS: 1000 WATERLINE DR FAX#: (999) 999 - 9999
CITY: WAKE FOREST STATE: NC ZIP: 27587
HD USE CD: 101 ONE-FAMILY HOUSE ORIG PERMIT#: REC?: Y
EXIST USE: TAX MAP#: 0171 0000
BEDROOMS: 4 BSMT: N #EMPLOYEES: 0 WATER: I WASTEWATER: I GARB DISPOSAL: N
TOWNSHIP: 14 NEW LIGHT JURIS: WC ZON: R40 PIN: 1812.01 19 1883 000
SUBD#: S 000 000 00 SUBD NAME: SUTHERLAND LOT-SEC: 70 ACRE: 1.79
IMPRV PRMT: ISSUED?: Y DATE: 02/24/2000 BY: VJM TYPE SYSTEM: II PUMP:
CNSTR AUTH: ISSUED?: Y DATE: 02/24/2000 BY: VJM MAINT: N OPER: N
RECEIPT#: 0049790 FEE: 290.00 OP DATE: BY:
WATR SAMPL: REQ?: Y APPROVED?: DATE: PROPRIETARY SYS:
ST#: 9009 MI: DIR: NAME: COOLBREEZE DIR: TYP: CT
DIRECTIONS: US 1 N L HWY 98 R SR 1907 PAST PURNELL RD SUB O
N R

IMPROVEMENT PERMIT

SIZE OF TANK 1200 ST PT GALS. TOTAL SQ. FT. 1440 DEPTH OF STONE 12 IN. MAX. DEPTH LINE 26 IN.

WASTEWATER: DOMESTIC [X] INDUSTRIAL []

I.P. ISSUED BY

Cincinnati Maunz RS

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

AUTHORIZATION CONDITIONS

Contractor To Follow Contours, See Attached Site Plan For Wastewater System Design And Well Location. 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: ****contractor to establish and follow contour ,septic tank and drainlines to be a minimum of 10 feet from dwelling unless foundation is constructed without drains. No grading or site disturbance allowed in area for septic system or repair area. No utilities to encroach in area of septic system during any time of construction.

SIZE OF TANK 1200 ST PT GALS. TOTAL SQ. FT. 1440 DEPTH OF STONE 12 IN. MAX. DEPTH LINE 26 IN.
ST FILTER REQUIRED [X] NUMBER OF TRENCHES 4 LENGTH OF TRENCHES 120 FT. WIDTH OF TRENCHES 3 FT.

C.A. ISSUED BY Cincinnati Maunz RS INSTALLED BY Lynn Cole CTR. ID. #

SEPTIC TANK FILTER USED
INNOV. APPRL. #: IWWS- DATE 10/6/00 INSTALLATION APPROVED BY Glenn John

WELL SYSTEM = PRIVATE [X] SEMI-PUBLIC [] NEW [X] REPLACEMENT [] EXISTING []

WELL LOG INFORMATION = DEPTH 500 CASING DEPTH 84 YIELD 2 STATIC LEVEL 30 REECE
WELL CONTRACTOR H&E REG.# 790 PUMP CONTRACTOR Reece REG.# 920

CONSTRUCTION COMPLIANCE = GROUT APPROVED [X] DATE 06-06-00 EHS Martha Gregorius RS
WCHD ID # 10027 WELLHEAD APPROVED [X] DATE 9-25-00 EHS EBO
NEGATIVE BACTERIOLOGICAL RESULTS [] DATE 1/15/12 EHS JHV
SYSTEM FINALIZED [X] DATE EHS

COMMENTS: Permit closed without approved water samples. n/v.

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.

PRELIMINARY PLOT PLAN FOR

CARDINAL RESIDENTIAL SERVICES, INC.

LOT 70, SUTHERLAND SUBDIVISION, PH. IV, MAP TWO

REF: B.M. 1999, PAGE 1041

NEW LIGHT TOWNSHIP

WAKE COUNTY, NORTH CAROLINA

JANUARY 1999

ZONED R-80W

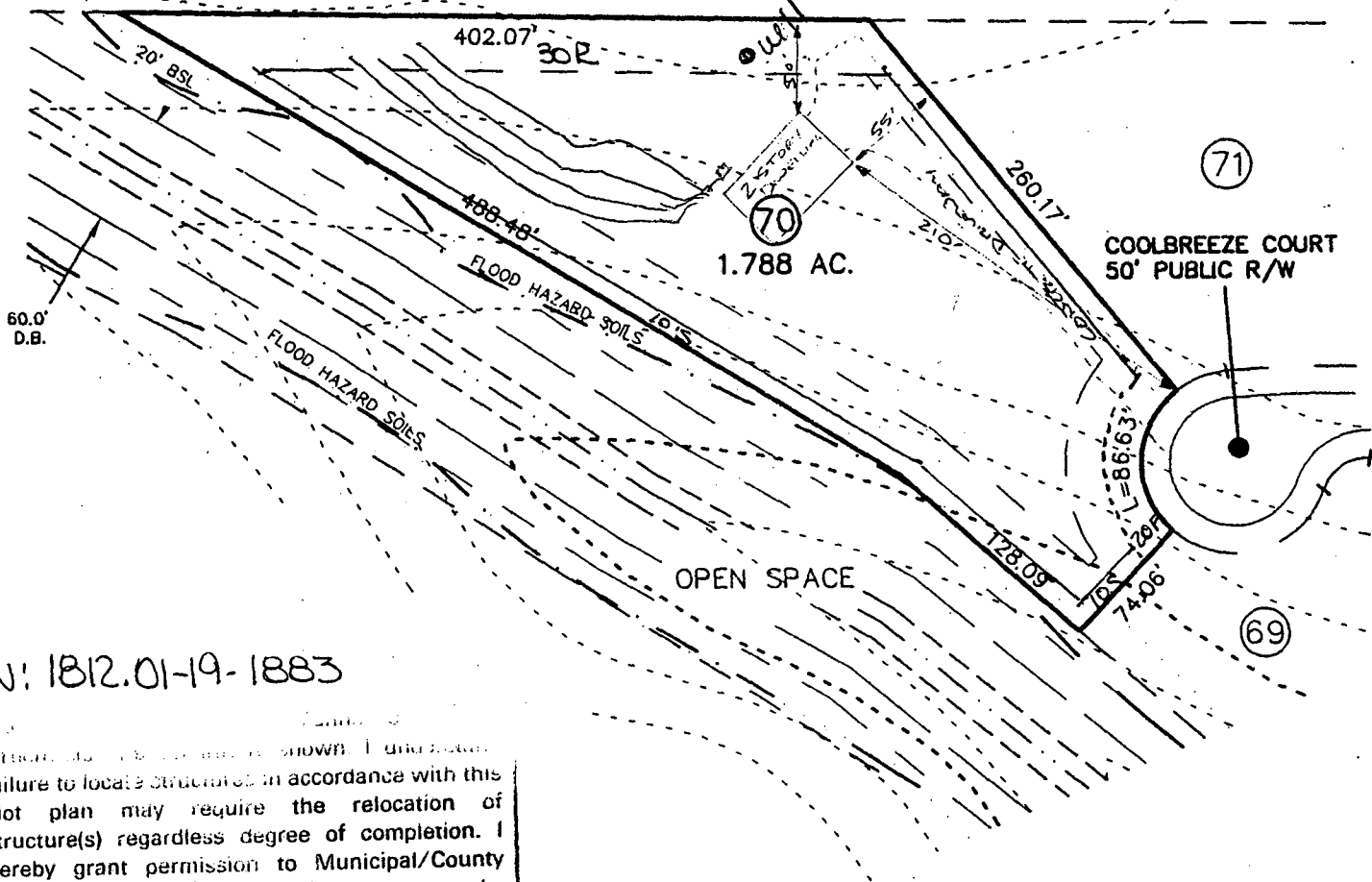
0001952

D16503

CALL 982-8985
OR 291-2724
BY GOING OUT.

N/F
WILLIE LEE CAUDLE
D.B. 1013, PG. 236

AS BUILT
COPY



PIN: 1812.01-19-1883

I, the undersigned, hereby certify that the structures shown on this plot plan were located in accordance with this plot plan. Any 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]
 Signature of Owner or Authorized Rep.

Zoning R40 By SLL
 Approve Date 12-6-99
 Revise _____ Use 101
 Reject _____ MBL _____
 Front 3020 Rear 30

W-3491

PRELIMINARY PLOT PLAN FOR

RON BERGEN

LOT 70, SUTHERLAND SUBDIVISION, PH. IV
9009 COOLBREEZE COURT
REF: B.M. 1999, PAGE 1042
NEW LIGHT TOWNSHIP
WAKE COUNTY, NORTH CAROLINA

NOTICE: It is the responsibility of the permit holder to maintain required distances from septic tanks, fields and repair areas. For information dial 856-7400.

I certify that the location of planned or existing structure(s) are accurately shown. I understand that the purpose to locate structures in accordance with this plot plan may require the relocation of structure(s) regardless of 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 80W By BJL

MAY 2, 2005

Approve Date 2-19-07

ZONED R-80W

Revise Use H3UB

REVISED SEPTEMBER 27, 2007

Reject _____ MBL _____

REVISED DECEMBER 19, 2007

Front 4020 Rear 3015

Side 2010 Corner _____

Comments: AH GAR - Cluster

House 2100
Add 1708
Drive 2400
6208



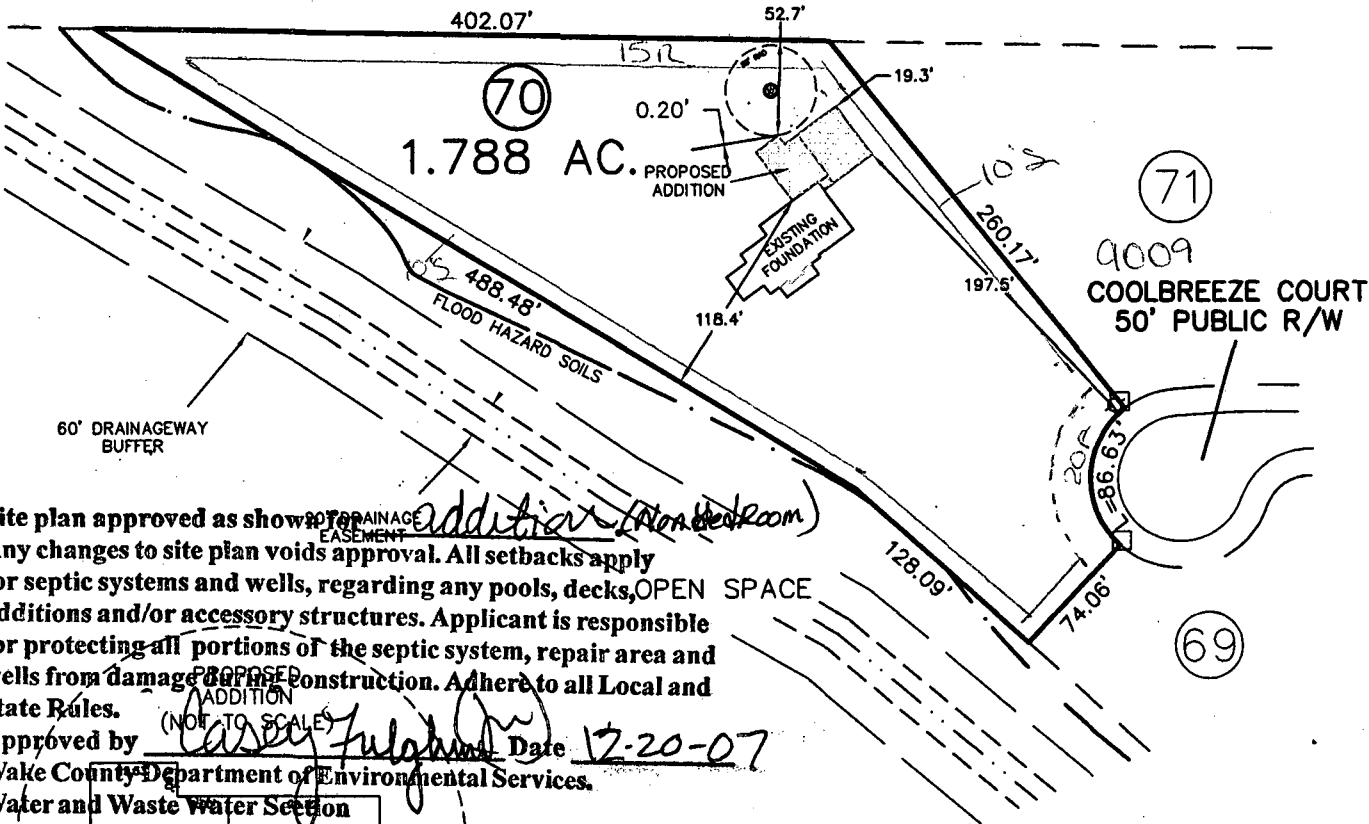
SCALE 1"=100'



ADOPTED FROM B.M. 1999, PG. 1042

N/F
WILLIE LEE CAUDLE
D.B. 1013, PG. 236

0081548



Site plan approved as shown for addition (Non bed room)
Any changes to site plan voids approval. All setbacks apply for septic systems and wells, regarding any pools, decks, OPEN SPACE additions and/or accessory structures. Applicant is responsible for protecting all portions of the septic system, repair area and wells from damage PROPOSED construction. Adhere to all Local and State Rules.
Approved by Casey Fulghum Date 12-20-07
Wake County Department of Environmental Services.
Water and Waste Water Section

THIS SURVEYOR DOES NOT WARRANTY THE ACCURACY