Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: D 0 0 1 3 6 0 PIN #: 1 8 2 0 9 8 1 3 3 6

OP DATE: 0 1 / 0 5 / 1 9 9 8

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
- [x] II
- [ ] III
- [ ] IV
- [ ] V
- [ ] VI
- [ ] Other

SUB TYPE:
- [x] A
- [ ] B
- [ ] C
- [ ] D
- [ ] E
- [ ] F
- [ ] G

NBR BEDROOMS:
- [ ] 1
- [ ] 2
- [ ] 3
- [x] 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 1 3 5 0

DRAIN TYPE:
- [x] 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
- [x] 24 in. or less 22in
- [ ] 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
- [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.
- [ ] 36 in.
- [ ] 6 ft. or less
- [ ] 9 ft. or less
- [x] Other

BW 1/28/14

NOT FOR WASTEWATER SYSTEM CONSTRUCTION

WAKE COUNTY HEALTH DEPARTMENT 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

Pin # 1820.02886807 Project # 0962813 KB

Improvement Permit # D1360

Tax Map No. _____ Parcel No. _____

Well Permit No.

Zoning Wake Township NewLt

Operation Permit [X]

Owner/Contractor: JB Hill Jr. Date: 4-18-96

Location/Address: 2401 Worthing Ct (Falls of Neuse TL Old 98W TR Moresham on rt first intersection S.R. # 1267

Subdivision Name: Chartwell Lot No. 32 Section or Block No. _____

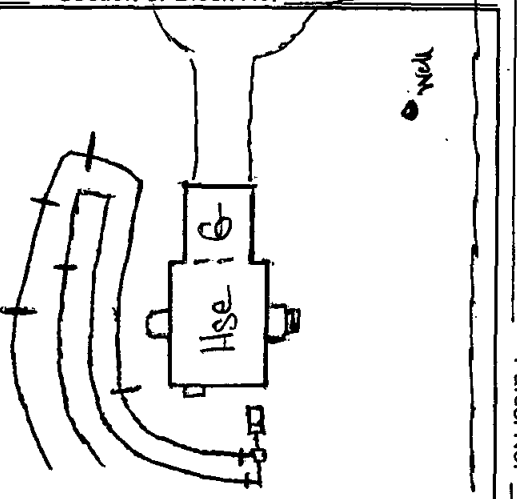
Tax Map No. _____ Parcel No. _____

Preliminary Layout

* See CA for wastewater system design specs.
* See Site Plan for wastewater system siting.

Final Layout

Mills-1200
STB-SSR
BB-97



Sewage System Specifications

Repair [ ] Original Permit No. _____

Garbage Disposal Unit Yes [ ] No [X]

House [X] Mobile Home [ ] Business [ ]

No. of Bedrooms 4 Lot Area 1.53 AC.

Size of Tank 1200 gal.

Wastewater: Sewage [X] Industrial [ ] Comments: _____

Nitrification Line 1350 sq. ft.

Depth of Stone: 12" [X] Max Depth of Trenches: 22 in.

Riser and Baffle Required [X] Pump Required [ ]

☛ Permit void if not in compliance with zoning regulations

☛ Permits may be voided if site is altered or intended use changed

Layout by: DR Parrill Jr.

Date: 10-1-97 Installed By: Quality Landscaping (Ed Faison) Approved By: Lin Raven, RS

Well System

Individual [X] Semi-Public [ ] Public [ ]

New [X] Replacement [ ] Repair [ ]

Fee Paid: Yes [X] No [ ]

Construction Compliance	Yes	No
Site Approved	[✓]	[ ]
Well Head Approved	[✓]	[ ]
Grouting Approved	[✓]	[ ]

6-14-96 Ralph McDonald RS
Date Inspected Sanitarian

Bacteriological Results

Initial Sample: absent Date: 12-29-97

* Re-Sample #1 _____ Date: _____

* Re-Sample #2 _____ Date: _____

* Re-chlorination as required [ ] Yes [ ] No

* Fees for all resamples

All checks payable to: **Wake County Health Department**

Final Inspection	Yes	No
Required Slab	[✓]	[ ]
Chlorinated	[✓]	[ ]
Required Certificate	[ ]	[ ]
Variance (Explain)	[ ]	[ ]
WCHD I.D. Affixed 7/98	[✓]	[ ]
Sample Collected	[ ]	[ ]

75 GPM

Comments: See Site Plan for well site location.

Well Installed By: Joel Bowell

01-05-98 Martha Tyndall
Date System Finalized Sanitarian

This report is based in part on information provided by the homeowner or his/her representative in the application submitted for this permit. The sanitarian is not responsible for false or misleading information contained in the application. The sanitarian 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 sanitarian warrants that the septic tank system will continue to function satisfactorily in the future or that the water supply will remain potable.

COPY TO HEALTH DEPARTMENT

3002.017 — 5/14/93

CA 0962813

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

VOID SIXTY(60) MONTHS FROM DATE OF ISSUANCE

DATE: 4/18/96 IMPROVEMENT PERMIT NO.: D 1360

TAX MAP NO.: _____ PARCEL NO.: _____ PIN NO.: 1820.02886807

OWNER/CONTRACTOR: JB Hill Jr.

LOCATION/ADDRESS: 2401 Worthing Ct. (Falls of Neuse TL old Rt 98 W TR Moreham, lot on Rt at intersection)

SUBDIVISION NAME: Chartwell

LOT NO.: 32 SECTION OR BLOCK NO.: _____

AUTHORIZATION ISSUED BY: DR Parnell Jr.

PIN #: _____

AUTHORIZATION CONDITIONS

1 WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. D 1360 AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE "REGULATIONS GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL IN WAKE COUNTY" AND ANY OTHER APPLICABLE RULES AND LAWS.

2 THE WASTEWATER SYSTEM SHALL NOT BE COVERED OR PLACED INTO USE UNTIL INSPECTED BY THE WAKE COUNTY DEPARTMENT OF HEALTH AND AN OPERATION PERMIT ISSUED.

3 ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY VOID THIS AUTHORIZATION AND ASSOCIATED PERMITS.

4 OTHER CONDITIONS: Conventional trenches: 2 trenches 3' wide, 225' long 22" deep. Contractor: establish and follow contour. Utilize 1200 gallon septic tank - divert Cul-de-Sac water from drainfield with Swale