Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: D 0 1 1 5 6 6 PIN #: 1 8 0 3 9 2 8 1 4 4

OP DATE: 0 1 1 1 8 1 2 0 0 1

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
[ ]	[x]	[ ]	1,200
[ ]	[ ]	[ ]	1,500
[ ]	[ ]	[ ]	1,800
[ ]	[ ]	[ ]	2,100
[ ]	[ ]	[ ]	2,500
[ ]	[ ]	[ ]	3,000
[ ]	[ ]	[ ]	4,000
[ ]	[ ]	[ ]	5,000
[ ]	[ ]	[ ]	8,000
	[ ]	[ ]	10,000
[ ]	[ ]	[ ]	Other
[x]		[x]	None/NA GT or PT

DRAINFIELD SIZE(SQ. FT.)

0 1 3 7 1

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
- [ ] 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.
- [x] 36 in.
- [ ] 6 ft. or less
- [ ] 9 ft. or less
- [ ] Other

CH

Revised site plan 5/14/99 Adiene
Revised well site 5/19/99 Adiene

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#: D011566 STATUS: A APP DATE: 08/12/1998 BLDG PERMIT#: 0990552
APPLICANT: APPEL, DAVID JOSEPH DAY PHONE: (919) 682 - 4437
ADDRESS: 5600 SKYLANE DRIVE FAX#: (999) 999 - 9999
CITY: DURHAM STATE: NC ZIP: 27704
OWNER: CAWTHORNE INVESTMENT COMP 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#: 0163 0000
BEDROOMS: 4 BSMT: N #EMPLOYEES: 0 WATER: I WASTEWATER: I GARB DISPOSL: N
TOWNSHIP: 14 NEW LIGHT JURIS: WC ZON: R40 PIN: 1803.04 92 8144 000
SUBD#: S 000 000 00 SUBD NAME: SUTHERLAND LOT-SEC: 41 ACRE: 1.04
IMPRV PRMT: ISSUED?: Y DATE: 09/21/1998 BY: ACP TYPE SYSTEM: II PUMP:
CNSTR AUTH: ISSUED?: Y DATE: 09/21/1998 BY: ACP M/O:
RECEIPT#: FEE: 290.00 OP DATE: BY:
WATR SAMPL: REQ?: Y APPROVED?: DATE: PROPRIETARY SYS:
ST#: 10130 MI: DIR: NAME: HOME GARDENS DIR: TYP: CT
DIRECTIONS: US 1 NORTH L ON HWY 98 GO APPROX. 7.5 MILES R O
N SR1907 PASS PURNELL RD SUBD ON RIGHT

IMPROVEMENT PERMIT

SIZE OF TANK 1200 ST 1200 PT GALS. TOTAL SQ. FT. 1371 DEPTH OF STONE 12 IN. MAX. DEPTH LINE 24 IN.

WASTEWATER: DOMESTIC ☒ INDUSTRIAL ☐ I.P. ISSUED BY Andrea Green, 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: **Install on contour. Do not trench utilities in the area of the septic tank system. USE 2 RISERS and FILTER. Keep the system away from the drainageway. Keep the system away from the property line and from the future deck that may be located behind the house.**

SIZE OF TANK 1200 ST 1200 PT GALS. TOTAL SQ. FT. 1371 DEPTH OF STONE 12 IN. MAX. DEPTH LINE 24 IN.
ST FILTER REQUIRED ☒ NUMBER OF TRENCHES 4 LENGTH OF TRENCHES 114 FT. WIDTH OF TRENCHES 3 FT.

C.A. ISSUED BY Andrea Green INSTALLED BY Joel Powell CTR. I.D. #____
SEPTIC TANK FILTER USED
INNOV. APPRL. #: IWWS-____ DATE 1/7 INSTALLATION APPROVED BY

WELL SYSTEM = PRIVATE ☒ SEMI-PUBLIC ☐ ///// NEW ☒ REPLACEMENT ☐ EXISTING ☐

WELL LOG INFORMATION = DEPTH 405' CASING DEPTH 40 YIELD 3 STATIC LEVEL 30
WELL CONTRACTOR Estes REG.# 1009 PUMP CONTRACTOR Jenks REG.# 983

CONSTRUCTION COMPLIANCE = GROUT APPROVED ☑ DATE 05-28-99 EHS Martha T Gregory
WCHD ID # ____ WELLHEAD APPROVED ☑ DATE 04-04-00 EHS Martha T Gregory RS
NEGATIVE BACTERIOLOGICAL RESULTS ☑ DATE 04-04-00 EHS Martha T Gregory RS
SYSTEM FINALIZED ☑ DATE 04-14-00 EHS Martha T Gregory RS

COMMENTS: ____

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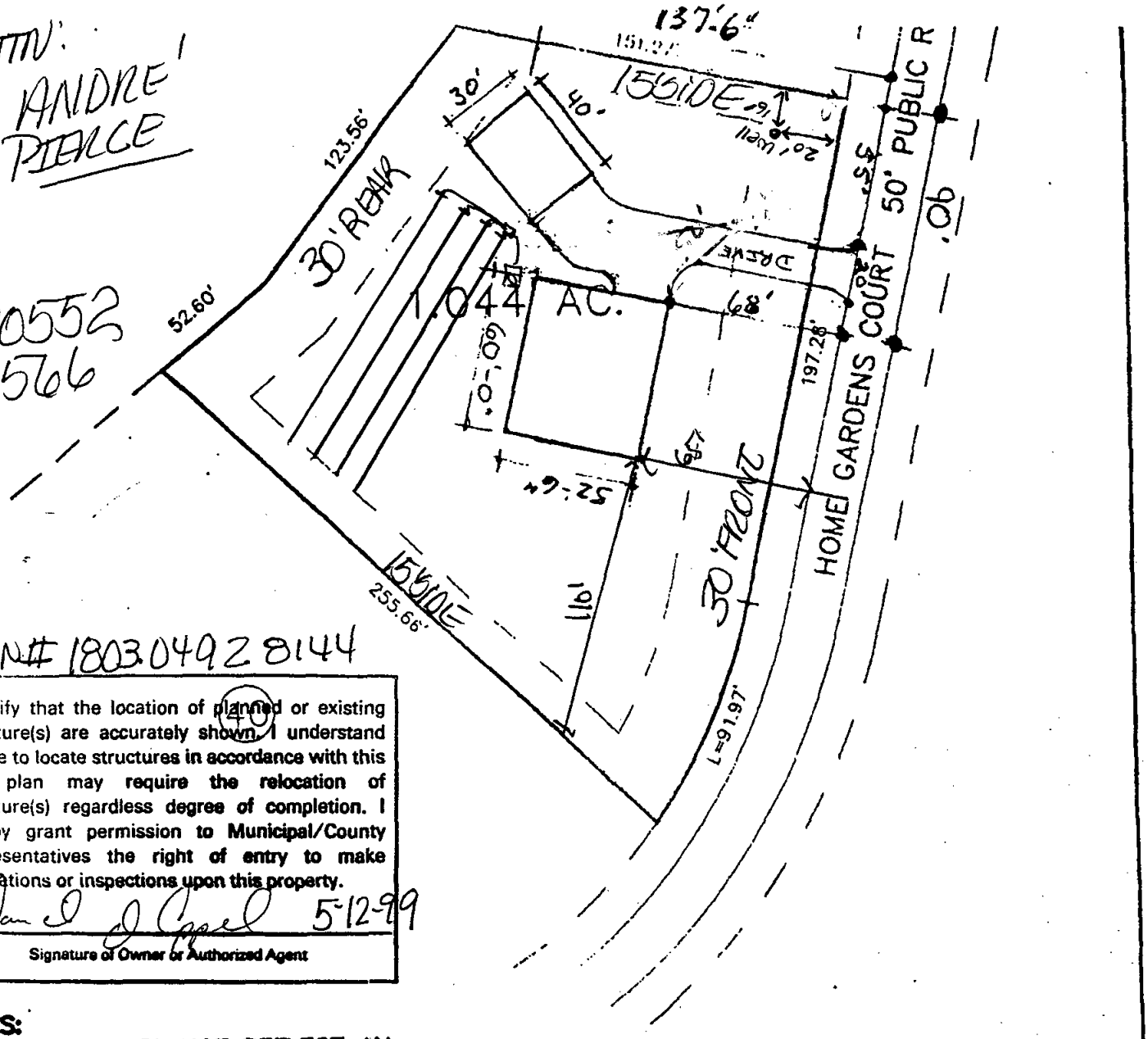
This permit is based in part on information provided by the homeowner or his/her representative in the application submitted for this permit. The Environmental Health Specialist is not responsible for false or misleading information contained in the application. The Environmental Health Specialist is 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.

3/8/00 GJ Tanks, Drainfield, D-Box OK.
- Need to Route Foundation Drain around back of tank
- Check Risers -

ATTN: ANDRE' PIERCE



0990552
D-11566

PIN# 1803049281 44

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.

5-12-99

Signature of Owner or Authorized Agent

NOTES:
-THIS PLAN DOES NOT REFLECT AN ACTUAL SURVEY. IT IS A PRELIMINARY PLAN AND SHOULD BE USED FOR ITS INTENDED PURPOSE ONLY.
-NOT FOR RECORDATION, CONVEYANCES, OR SALES.
PREPARED BY: JASON L. PANCIERA, R.L.S.

60 30 0 60 120
SCALE 1"=60'

Zoning R40 By CG
Approve ✓ Date 5-12-99
Revise _____ Use 101
Reject _____ MBL _____
Front 30 Rear 30
Side 15 Corner 30
Comments: REVISED -

Revised Site
PIN 1803.04 92 8144 000
990552

Revised Site

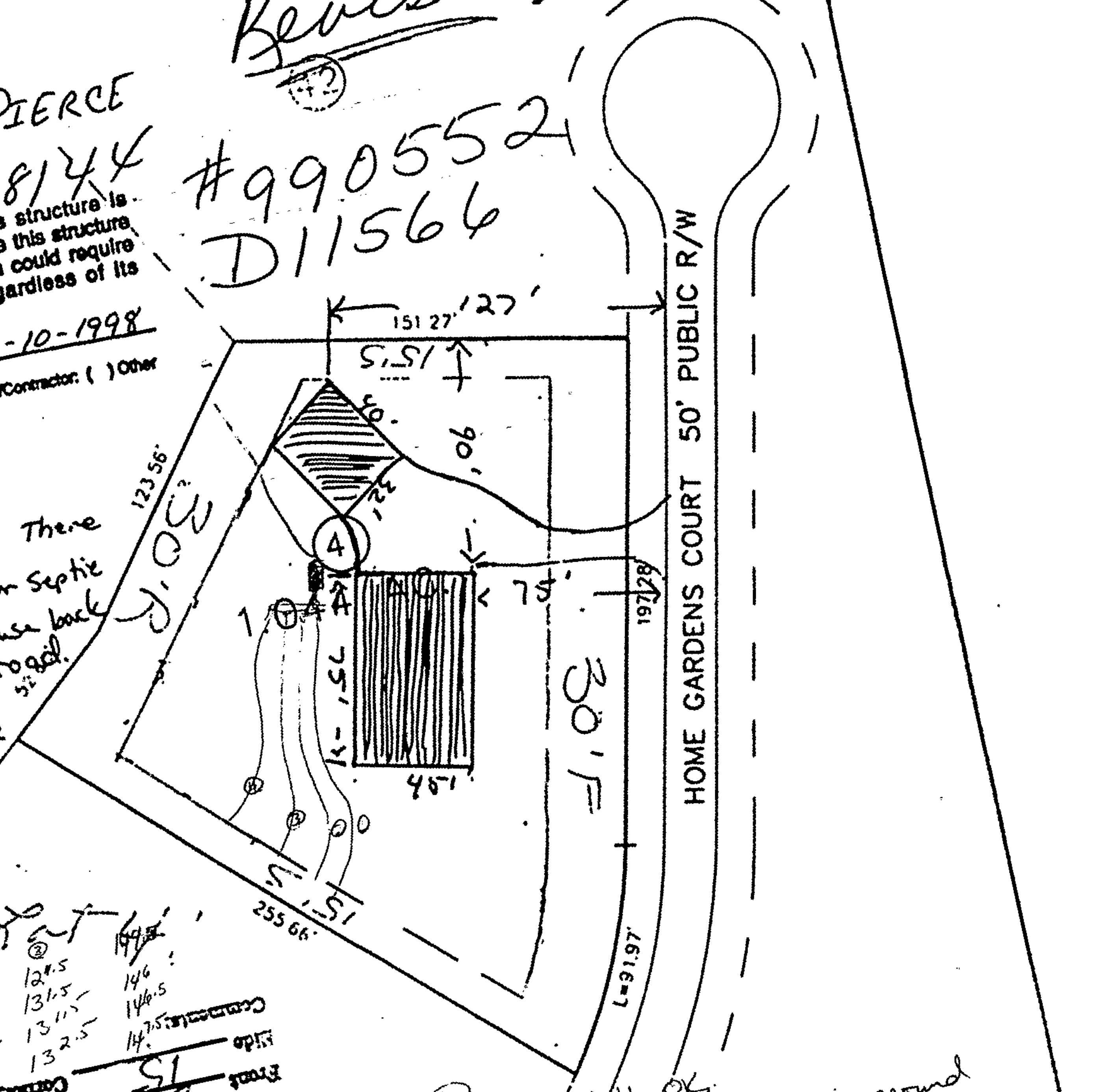
#2

ATTN: ANDRE' PIERCE

1503,0492 8144

#990552

D11566



I certify that the location of this structure is accurately shown. Failure to locate this structure in accordance with this plot plan could require relocation of the structure regardless of its degree of completion.

Signature ______ Date 09-10-1998

Check one ( ) Owner ( ) Builder/Contractor: ( ) Other

Mills 1200
STB 857

Andre, 1-11-2000.
Please see if there is enough room for septic if I slide the house back 75 feet from the road.

Thanx for the help.

①	②	③	④
116.5	123	124.5	146
116.5	123	131.5	146.5
116.5	124.5	131.5	147.5
115.5	125	132.5	

Comments:
Side 15
Front 15
Corner
Rear 30
MH 30
Use
Approved
Date 9-10-98
Zoning R-40
By

3-8-00 GB
Tanks, D Box, drainfield OK. Foundation drain around
- Need to Re-Route
Back of tank
- Check Risers are 6" above grade.

0 30 0 60 120
SCALE 1"=60'

NOTES:
-THIS PLAN DOES NOT REFLECT AN ACTUAL SURVEY. IT IS A PRELIMINARY PLAN AND SHOULD BE USED FOR ITS INTENDED PURPOSE ONLY.
-NOT FOR RECORDATION, CONVEYANCES, OR SALES.
PREPARED BY JASON [illegible], R.L.S.

NORTH CAROLINA DEPARTMENT OF NATURAL RESOURCES & COMMUNITY DEVELOPMENT
DIVISION OF ENVIRONMENTAL MANAGEMENT
P. O. Box 27687 — RALEIGH, N.C. 27611 919-733-2020

WELL RECORD

DRILLING CONTRACTOR Estes Well Drilling REG. NO. 1009 WELL CONSTRUCTION PERMIT NO. 990552

1. WELL LOCATION: (Show sketch of the location below)
   Nearest Town: New Light County: Wake
   Sutherland Lot 41 Quadrangle No.
   (Road, Community or Subdivision and Lot No.)
2. OWNER: David Appel
3. ADDRESS: 10130 Nome Gardens Ct.
4. TOPOGRAPHY: draw, valley, slope, hilltop, flat (circle one)
5. USE OF WELL: Residential DATE: 5-28-99
6. DOES THIS WELL REPLACE AN EXISTING WELL?
7. TOTAL DEPTH: 405' RIG TYPE OR METHOD:
8. FORMATION SAMPLES COLLECTED: YES NO
9. CASING: Depth | Inside Dia. | Wall thick. or weight/ft. | type
   From 0 to 40 ft
10. GROUT: Depth | Material | Method
    From 0 to 20 ft
11. SCREEN: Depth | Dia. | Type & Opening
    From to ft
12. GRAVEL: Depth | Size | Material
    From to ft
13. WATER ZONES (depth): 3 gal at 65'
14. STATIC WATER LEVEL: 30 ft. above / below top of casing
    Casing is ft. above land surface ELEV:
15. YIELD (gpm): 3 METHOD OF TESTING:
16. PUMPING WATER LEVEL: ft.
    after hours at gpm.
17. CHLORINATION: Type Amount
18. WATER QUALITY: TEMPERATURE (°F)
19. PERMANENT PUMP: Date Installed
    Type Capacity (gpm) HP
    Make Intake Depth
    Airline Depth
20. HAS THE OWNER BEEN PROVIDED A COPY OF THIS RECORD AND INFORMED OF THE DEPARTMENTS REQUIREMENTS AND RECOMMENDATIONS?
21. REMARKS

DRILLING LOG

DEPTH FROM	TO	FORMATION DESCRIPTION
0	10 ft	Red Clay
11	38 ft	Sand Clay
39	405 ft	Granet Rock

If additional space is needed, use back of form

LOCATION SKETCH
(Show distance to numbered roads, or other map reference points)

I do hereby certify that this well was constructed in accordance with N.C. Well Construction Regulations and Standards and that this well record is true and exact.

Chad Powell
SIGNATURE OF CONTRACTOR OF AGENT DATE

GW-1 Revised 10/1/80

Submit original to Division of Environmental Management and copy to well owner