

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0000690

PIN #: 1708397338

OP DATE: 03/13/1997

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
☐	☐		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.)

01714

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 ^{25 in}
☐ 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 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 # 1708.01397338 Project # 0961924Improvement Permit D690

Tax Map No. _____ Parcel No. _____

Well Permit No. _____

Zoning Wake Township Barton Creek

Operation Permit []

Owner/Contractor: Warren K. MarshallDate: 1-29-96Location/Address: 10108 Clarbourn Place (Six Forksenter S/D then 1st left)

S.R. # _____

Subdivision Name: ChelseaLot No. (30)

Section or Block No. _____

Preliminary Layout

- See attached plat for Wastewater disposal site
- See C.A. (Construction Authorization) for wastewater system design.

Final Layout**Sewage System Specifications**

Repair [] Original Permit No. _____

* Garbage Disposal Unit Yes [] No ☒ .35House ☒ Mobile Home [] Business [] App. rt.:No. of Bedrooms 5 Lot Area 1.0 ACSize of Tank 1500 gal.Wastewater: Sewage ☒ Industrial [] Comments: * if garbage disposal is decided to be used utilize 2000 gal, 2300 sq ft drainfield.Date: 3-13-97 Installed By: James Bulley Approved By: Glenn John**Well System**Individual [] Semi-Public [] Public ☒

New [] Replacement [] Repair []

Fee Paid: Yes [] No []

Construction Compliance Yes No

Site Approved [] []

Well Head Approved [] []

Grouting Approved [] []

Date Inspected _____

Sanitarian _____

Bacteriological Results

Initial Sample: _____ Date: _____

* 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 [] []

Sample Collected [] []

Comments: _____

Well Installed By: _____

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.

C.A.

0961924

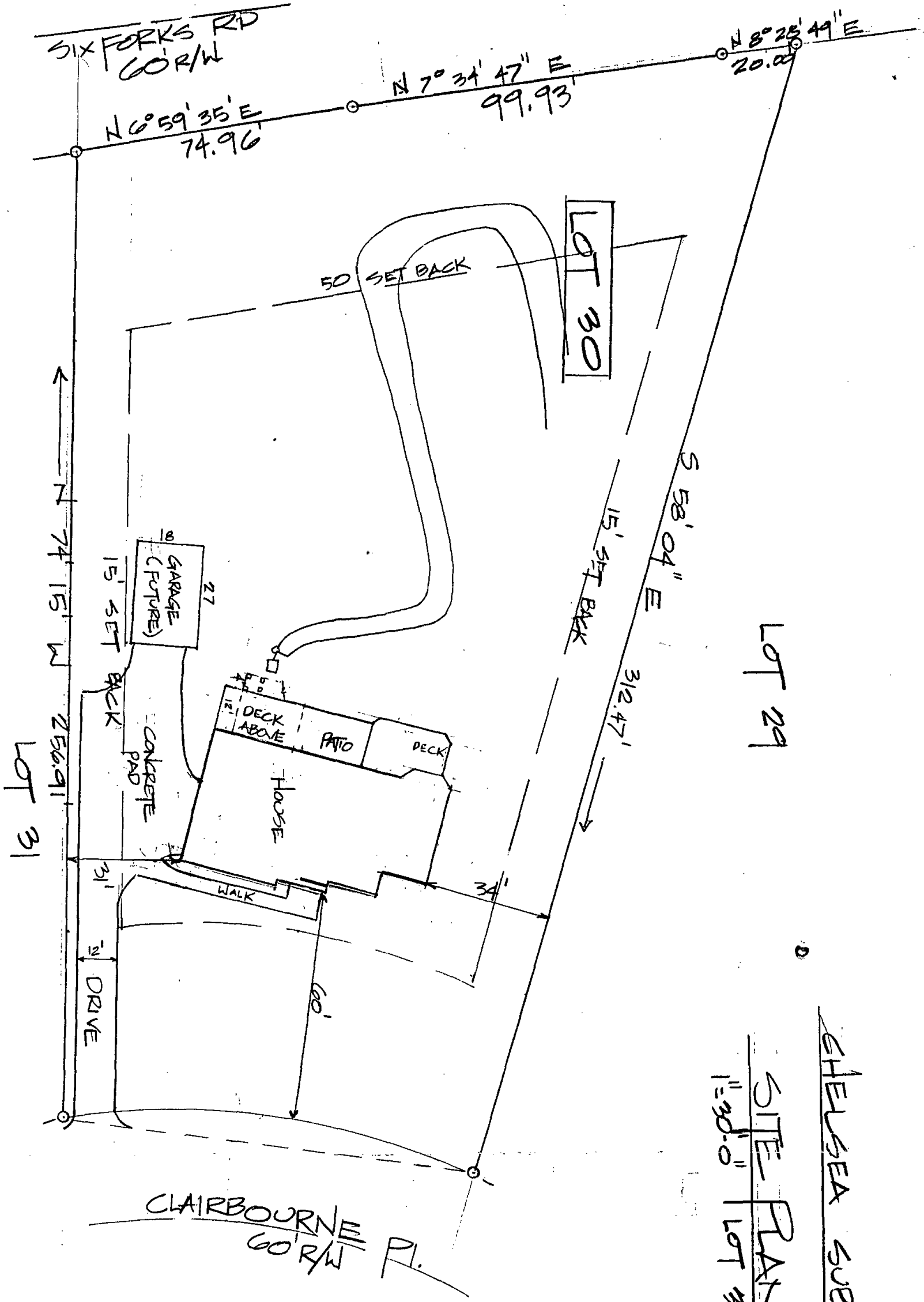
AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
VOID SIXTY(60) MONTHS FROM DATE OF ISSUANCE

DATE: <u>1-29-96</u>	IMPROVEMENT PERMIT NO.: <u>D 690</u>	
TAX MAP NO.: _____	PARCEL NO.: _____	PIN NO.: <u>1708.1397 7338</u>
OWNER/CONTRACTOR: <u>Warren K. Marshall</u>		
LOCATION/ADDRESS: <u>10,108 Clairbourne (Six Forks Rd, enter S/D, then first left.)</u>		
SUBDIVISION NAME: <u>Chelsea</u>		
LOT NO.: <u>(30)</u>	SECTION OR BLOCK NO.: _____	
AUTHORIZATION ISSUED BY: <u>D. R. Paroull Jr.</u>		

PIN II:

AUTHORIZATION CONDITIONS

- 1 WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. D 690 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 trench, 3' wide, 2 trenches 285 feet long. Contractor: Establish and follow contour max depth of trenches 25" use 1500 gallon septic tank. See attached plot plan for location of system.



LOT 29

SHELSEA SUB'D
SITE PLAN
1"=30.0' LOT 30

