Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0 0 0 4 1 5 0 PIN #: 0 8 8 1 9 5 6 7 6 3

OP DATE: 0 5 1 0 9 1 1 9 9 7

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 2 0 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
- [ ] 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

B.W 11/13/13

★ 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 # 0881.02956763 Project # 0971331 PD

Improvement Permit

Tax Map No. _____ Parcel No. _____

Well Permit No. D-4150

Zoning Wake Township Barton's Creek

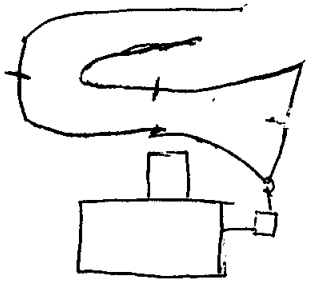
Operation Permit [ ]

Owner/Contractor: Wright Bld. Date: 11-21-96

Location/Address: (1604 Great Woods Rd) 98W, (R) Lakefall, (R) Great Woods, 1st in CDS S.R. # 98W

Subdivision Name: Lakefall Lot No. 10 Section or Block No. _____

Tax Map No. _____ Parcel No. _____ PIN # 0881.02956763

Preliminary Layout	*Final Layout*
SEE ATTACHED PLOT PLAN FOR WASTEWATER DISPOSAL SITE. **SEE CONSTRUCTION AUTHORIZATION FOR WASTEWATER SYSTEM DESIGN.**	 check ~~#~~ inside line: 1) step down 2) last 60' 5-9-97 DRP

Sewage System Specifications

Repair [ ] Original Permit No. _____

Garbage Disposal Unit Yes [ ] No [✓]

House [✓] Mobile Home [ ] Business [ ]

No. of Bedrooms 4 Lot Area 40,000ft²+

Size of Tank 1200 gal.

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

Nitrification Line 1200ft² (3'x200') sq. ft.

Depth of Stone: 12" [✓] Max Depth of Trenches: 24 in.

Riser and Baffle Required [✓] 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: Terry D. Chappell R.S.

Date: 5/9/97 Installed By: David Brantley Approved By: D R Parnell

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.

COPY TO HEALTH DEPARTMENT

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

VOID SIXTY(60) MONTHS FROM DATE OF ISSUANCE

DATE: 11-21-96 IMPROVEMENT PERMIT NO.: D4150

TAX MAP NO.: _____ PARCEL NO.: _____ PIN NO.: 0881,02956763

PIN #:

OWNER/CONTRACTOR: Wright Bld.

LOCATION/ADDRESS: (1604 Greatwoods Dr.)

SUBDIVISION NAME: Lakefall

LOT NO.: 10 SECTION OR BLOCK NO.: _____

AUTHORIZATION ISSUED BY: Tony D. Chappell RS.

AUTHORIZATION CONDITIONS

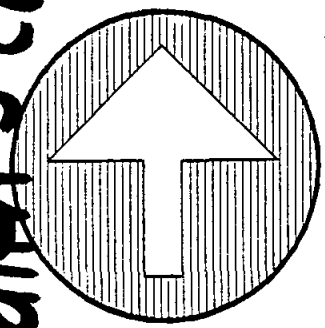
1 WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO D-4150 AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE "REGULATIONS GOVERNING SANITARY SEWAGE 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: use Conventional trench, 3' wide, 2 trenches 200' long, use 1200 gal septic tank, Mak Depth of trenches 24"

Environmental Health's Copy



I certify that the location of planned or existing structure(s) are accurately shown. I understand failure to locate structure 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 of Owner or Authorized Agent

PLOT PLAN

SCALE 1" = 40'

LOT 10 LAKEFALL SUBDV.
1604 GREAT WOODS DRIVE

Date RHAW By TL
Approve ✓ Date 10/23/96
Revise Use 101
Reject MBL 110
Front 30 Rear 30
Side 15 Corner
Comments:

185.96'
N 89-33'-49"E
FLOOD
SOILS
164.335'
N 4-55'-36"E
183.237'
N 31-5'-31"E
330.32'
Repair Area
32.618'
2(3'x200')
190.477'
S 1°-51'
M.B.S.L.
19.551'
352.86'
N 66-4'-20"E
124.273'
125.785'
A=30.55'
R=50'
1604 GREAT WOODS ROAD

D4150
0971331

HAYNES & WELCH
RESIDENTIAL DESIGN GROUP, L.L.C.