

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: D004601

PIN #: 0698520646

OP DATE: 0510611997

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

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|------------------|
| ☐ | ☐ | ☐ | 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.)

01080

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

ETD
10/28

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 # 0698.04 52 0646 Project # 971804Improvement Permit D 4601

Tax Map No. _____ Parcel No. _____

Well Permit No. _____

Zoning Wake Township Panther BranchOperation Permit [✓]Owner/Contractor: Comfort HomesDate: Jan 3, 1997Location/Address: 5333 Passenger Place

S.R. # _____

Subdivision Name: StagecoachLot No. 22

Section or Block No. _____

Preliminary Layout

SEE ATTACHED PLOT PLAN FOR WASTEWATER
DISPOSAL SITE.

SEE CONSTRUCTION AUTHORIZATION FOR
WASTEWATER SYSTEM DESIGN.

Water lines should not
cross areas of the septic
tank system.

Final Layout

pump final completed 5/4/97-
LGM
trenches + tanks checked 4/10/97
LGM

Sewage System Specifications

Repair [] Original Permit No. _____

Garbage Disposal Unit Yes [] No [✓]House [✓] Mobile Home [] Business []No. of Bedrooms 3 Lot Area _____Size of Tank 1000 ST 1000 PT gal.Wastewater: Sewage [✓] Industrial [] Comments: _____Nitrification Line 3x(3'x120) = 1080 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: Andie C. PereiraDate: 5-6-97 Installed By: Bennetts Backhoe Approved By: Uma J. Manzini

Well System		
Individual []	Semi-Public []	Public [<u>✓</u>]
New []	Replacement []	Repair []
Fee Paid: Yes []	No []	
Construction Compliance		
Site Approved	Yes []	No []
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

Tax Map No.

0698.04 52 0646
Parcel No.

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

DATE: <u>1-3-97</u>	IMPROVEMENT PERMIT NO.: <u>D4601</u>	
TAX MAP NO.: _____	PARCEL NO.: _____	PIN NO.: <u>0698.04 52 0646</u>
OWNER/CONTRACTOR: <u>Comfort Homes</u>		
LOCATION/ADDRESS: <u>5333 Passenger Place</u>		
SUBDIVISION NAME: <u>Stageroach</u>		
LOT NO.: <u>22</u>	SECTION OR BLOCK NO.: _____	
AUTHORIZATION ISSUED BY: <u>Andre C. Quinn</u>		

PIN #: 0698.04 52 0646

AUTHORIZATION CONDITIONS

- 1 WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. D4601 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, 3 trenches
120' long, contractor to establish and follow
contours, max depth of trenches 24 inches, use
1000 gallon Septic Tank / Pump tank.
See attached plot plan for location of system.

**"PRELIMINARY PLAT"
NOT FOR RECORDATION
CONVEYANCE OR SALE**

NC GRID NORTH
ADOPTED BOM 1996, Pg 518

NOTE: BEING LOT 22 OF STAGE-
COACH SUBD. PHASE SIX, RECORDED
IN BOOK OF MAPS 1996, PAGE 518.
NOTE: AREA COMPUTED BY
COORDINATE METHOD.

LEGEND:
• EXISTING IRON PIPE
○ NEW IRON PIPE

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 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



I, the undersigned, certify that under my direction and supervision
this map was drawn from an actual field survey; that the error of
closure of the survey as calculated by latitudes and departures is
1:10,000; and that this survey meets general standards of practice
for land surveying in North Carolina.
Witness my hand and seal this _____ day of _____
R.L.S.

Subscribed and subscribed before me this _____ day of _____
My Commission expires _____

NOTARY PUBLIC

Plot Plan for
Comber Homes
Greener Branch TWP
Wake County
North Carolina

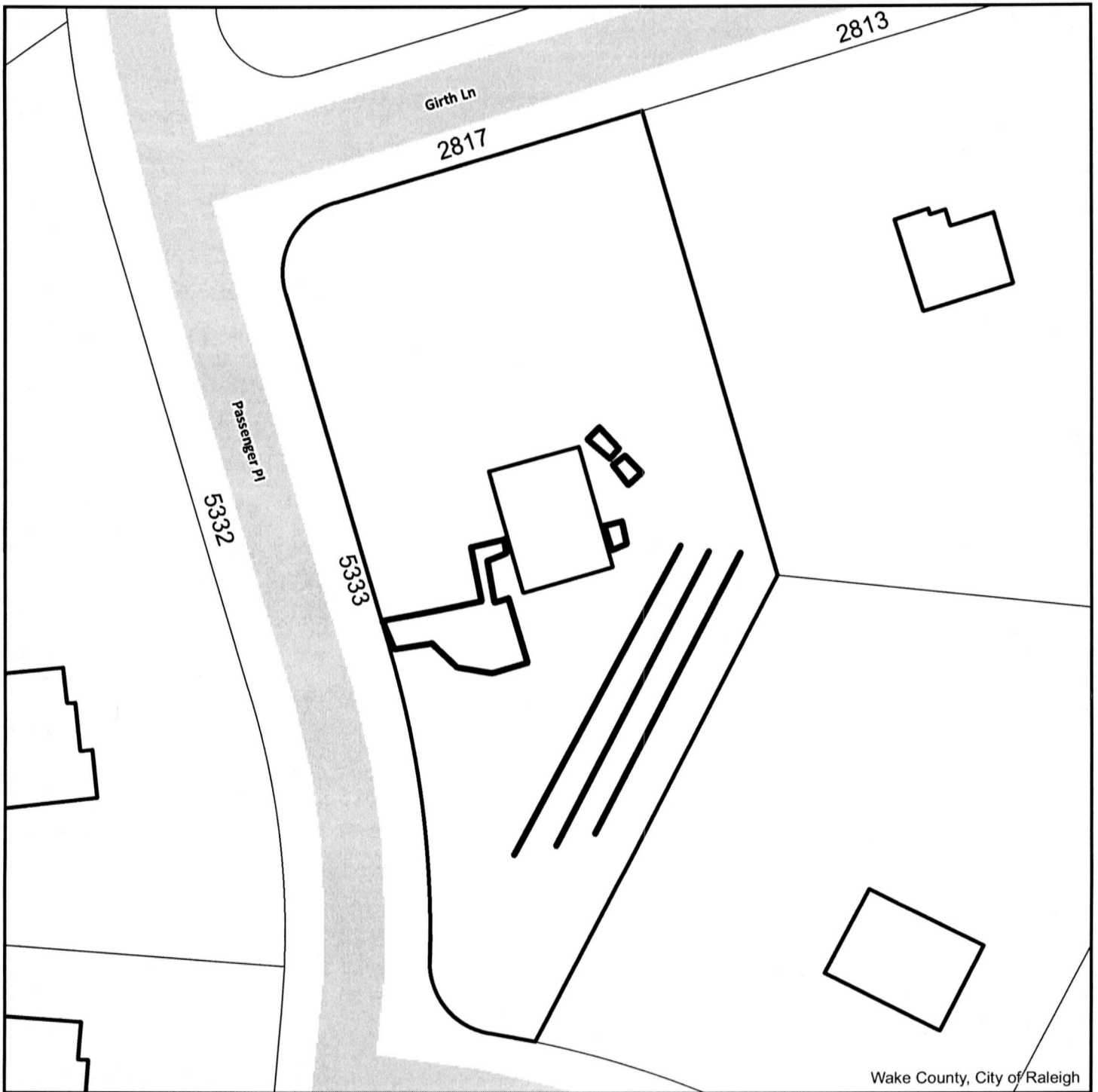
Plot 1188

GRAPHIC SCALE - FEET

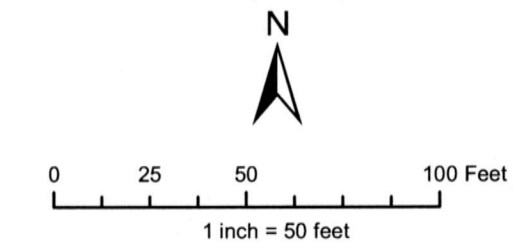
DRAWN BY: _____
CHECKED BY: _____
DATE: Dec 2, 1996
SCALE: 1" = 50'

WILLIAMS, PEARCE & ASSOC., P.A.
REGISTERED LAND SURVEYORS
ZEBULON, NORTH CAROLINA
TELEPHONE: (919) 269-9605

D-41601
69718x1



D4601 0698 52 0646 As-Built



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