Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: D 0 1 0 1 0 7 PIN #: 1 6 0 7 0 4 9 1 1 7

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

SYSTEM USE:
- [x] House
- [ ] Mobile Home
- [ ] Business
- [ ] Other

SEWAGE TYPE:
- [x] Domestic
- [ ] Industrial

PUMP/SIPHON?:
- [x] Yes
- [ ] No

PRESSURE MANIFOLD:
- [ ] Yes
- [x] No

SYSTEM TYPE:
- [ ] I
- [ ] II
- [x] III
- [ ] IV
- [ ] V
- [ ] VI
- [ ] Other

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

NBR BEDROOMS:
- [ ] 1
- [ ] 2
- [x] 3
- [ ] 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 0 8 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

NEXT

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

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PERMIT#: D010107  STATUS: A   APP DATE: 04/09/1998   BLDG PERMIT#: 0983505
 APPLICANT: THORNTON, ALLEN HOMES              DAY PHONE: ( 919 ) 422 - 5174
   ADDRESS: 351 LASSITER POND RD                    FAX#: ( 999 ) 999 - 9999
      CITY: FOUR OAKS                        STATE: NC ZIP: 27524
     OWNER: ANDERSON ENTERPRISES INC           DAY PHONE: ( 999 ) 999 - 9999
   ADDRESS: RR 2 BOX 232B                           FAX#: ( 999 ) 999 - 9999
      CITY: FUQUAY VARINA                    STATE: NC ZIP: 27526
 HD USE CD: 101  ONE-FAMILY HOUSE                  ORIG PERMIT#:          REC?: Y
 EXIST USE:                                        TAX MAP#: 0844
  BEDROOMS:  3 BSMT: N #EMPLOYEES:   0  WATER: C  WASTEWATER: I  GARB DISPOSL: N
  TOWNSHIP: 15 PANTHER BRANCH  JURIS: WC   ZON: R30   PIN: 1607.03 04 9117 000
 SUBD#: S 000 000 00   SUBD NAME: TYLER FARMS     LOT-SEC: 09      ACRE:    2.68
IMPRV PRMT: ISSUED?: Y  DATE: 06/12/1998  BY: RJD  TYPE SYSTEM: III  PUMP: Y
CNSTR AUTH: ISSUED?: Y  DATE: 06/12/1998  BY: RJD  DATE EXPIRED: 06/12/2003
  RECEIPT#:          FEE:  145.00         OP DATE:              BY:
WATR SAMPL: REQ?: N  APPROVED?:    DATE:               PROPRIETARY SYS:
 ST#:  1112 MI:       DIR:    NAME: TYLER FARMS                 DIR:    TYP: RD
DIRECTIONS: 401S L SR 1006 L SR 2736 WILL BE ACROSS FROM SR
            2878 ON R
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Lover Pauli Pump RJD

IMPROVEMENT PERMIT

SIZE OF TANK 1000 ST 1000 PT GALS. TOTAL SQ. FT. 1080 DEPTH OF STONE 12 IN. MAX. DEPTH LINE 24 IN.

WASTEWATER: DOMESTIC ☒ **INDUSTRIAL** ☐ **I.P. ISSUED BY** Ron Dudley R.S.

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: _____

SIZE OF TANK 1000 ST 1000 PT GALS. TOTAL SQ. FT. 1080 DEPTH OF STONE 12 IN. MAX. DEPTH LINE 24 IN.
ST FILTER REQUIRED ☒ NUMBER OF TRENCHES 3 LENGTH OF TRENCHES 120 FT. WIDTH OF TRENCHES 3 FT.

C.A. ISSUED BY Ron Dudley INSTALLED BY JEff THompson CTR. I.D. #____
SEPTIC TANK FILTER USED ____
INNOV. APPRL. #: IWWS-_____ DATE 8-18-99 INSTALLATION APPROVED BY [signatures]

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

WELL LOG INFORMATION = DEPTH _____ CASING DEPTH _____ YIELD _____ STATIC LEVEL _____
WELL CONTRACTOR _____ **REG.#** _____ **PUMP CONTRACTOR** _____ **REG.#** _____

CONSTRUCTION COMPLIANCE = GROUT APPROVED ☐ DATE _____ EHS _____
WCHD ID # _____ WELLHEAD APPROVED ☐ DATE _____ EHS _____
NEGATIVE BACTERIOLOGICAL RESULTS ☐ DATE _____ EHS _____
SYSTEM FINALIZED ☐ DATE _____ EHS _____

COMMENTS: _____

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.

Lot #9 Tyler Farms

As Built

Allen Homes

0983505

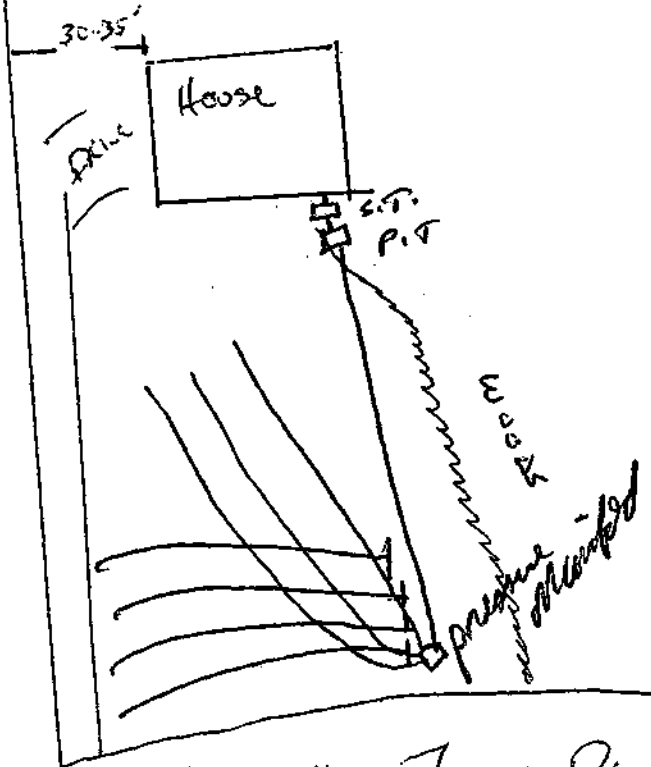
HD 1007

Revised

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.

Signature of Owner or Authorized Agent

* Front Setback 130'
* Left Side 30'-35'
* Drive To Hug left Prop Line Even if need To use Easyflo System.



1000 GAL TANK
1000 GAL P. TANK
3 (120 x 3')
24" DEPTH

Tyler Farms Drive