Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: D007940 PIN #: 0697684883

OP DATE: 03/31/1998

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
- [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.)

00900

DRAIN TYPE:
- [ ] Stone
- [x] 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
- [ ] 12 in. or less
- [ ] 18 in. or less
- [ ] 24 in. or less
- [x] Other

TRENCHES:
- [x] Individual
- [ ] Bed

TRENCH WIDTH (IN.):
- [ ] 12 in. or less
- [ ] 18 in.
- [ ] 24 in.
- [ ] 36 in.
- [ ] 6 ft. or less
- [ ] 9 ft. or less
- [x] Other

★ NOT FOR WASTEWATER SYSTEM CONSTRUCTION ★

# WAKE COUNTY ENVIRONMENTAL HEALTH 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 # 0697.02683404 Project # 0981156

Improvement Permit

Tax Map No. _____ Parcel No. _____

Well Permit No. D -7940

Zoning WAKE Township PANTHER BRANCH

Operation Permit [ ]

Owner/Contractor: JOHN CHECCHIA Date: 11/10/97

Location/Address: 9316 ELBRIDGE DRIVE

S.R. # _____

Subdivision Name: WORTHINGTON Lot No. 87 Section or Block No. _____

Tax Map No. _____ Parcel No. _____

| *Preliminary Layout* | *Final Layout* |
|---|---|
| **SEE ATTACHED PLOT PLAN FOR WASTEWATER DISPOSAL SITE.**<br><br>**SEE CONSTRUCTION AUTHORIZATION FOR WASTEWATER SYSTEM DESIGN.** | *NOTE CHANGE IN DRIVEWAY LOCATION*<br><br>62 FLOW<br>INNOVATIVE → ≈ 900 ft |

***Sewage System Specifications***

Repair [ ] Original Permit No. _____

Garbage Disposal Unit Yes [ ] No [✓]

House [✓] Mobile Home [ ] Business [ ]

No. of Bedrooms 3 Lot Area 1.49 Ac.

Size of Tank 1,000 gal.

Wastewater: Sewage [✓] Industrial [ ] Comments: INNOVATIVE THAT SEPTIC TANK BE SET SHALLOW TO MAINTAIN TRENCH DEPTH

Nitrification Line _____ sq. ft.

Depth of Stone: 12" [~~X~~] Max Depth of Trenches: 20 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: _____

Date: 3/31/98 Installed By: TIM PERRY Approved By: _____ RJS

***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**

| *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 ENVIRONMENTAL HEALTH**

62.135-3/31/97

# AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

## VOID SIXTY(60) MONTHS FROM DATE OF ISSUANCE

0981156

DATE: 11/6/97

IMPROVEMENT PERMIT NO.: D-7940

TAX MAP NO.: _____ PARCEL NO.: _____ PIN NO.: 0697.02683404

PIN #:

OWNER/CONTRACTOR: JOHN CRECCA

LOCATION/ADDRESS: 936 ELDRIDGE DRIVE

SUBDIVISION NAME: _____

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

AUTHORIZATION ISSUED BY: [signature]

## AUTHORIZATION CONDITIONS

1 WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. D-7940 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: _____

CONTRACTOR TO ESTABLISH AND FOLLOW CONTOUR
SEE ATTACHED PLOT PLAN FOR DESIGN AND LOCATION OF SYSTEM

SEPTIC TANK 1,000 gal.
PUMP TANK _____ gal.

MAXIMUM TRENCH DEPTH 20 inches
NUMBER OF TRENCHES 3
LENGTH OF TRENCHES 100 feet
WIDTH OF TRENCHES 3 feet
AMOUNT OF STONE * inches

* USE APPROPRIATE INNOVATIVE

* CALL STEVE SMITH @ 856-7411 PRIOR TO INSTALLATION.

D-7940

098115

113.79'

126.14'

20' DRAINAGE EASEMENT

240.00'

DECK

TWO STORY SFD

28·0

LOT 87

WORTHINGTON

183.97'

50.70'

180.00'

PROPOSED DRIVEWAY

85.11'

PORCH

110' SETB

EL BRIDGE