Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: C0192O1 PIN #: 0607561599 8

OP DATE: 05/20/1994

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
[ ]	[X]	[ ]	1,000
[ ]	[ ]	[ ]	1,200
[ ]	[ ]	[ ]	1,500
[ ]	[ ]	[ ]	1,800
[ ]	[ ]	[ ]	2,100
[ ]	[ ]	[ ]	2,500
[ ]	[ ]	[ ]	3,000
[ ]	[ ]	[ ]	4,000
[ ]	[ ]	[ ]	5,000
[ ]	[ ]	[ ]	8,000
	[ ]	[ ]	10,000
[ ]	[ ]	[ ]	Other
[X]		[X]	None/NA GT or PT

DRAINFIELD SIZE(SQ. FT.)

01000

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
- [ ] 24 in. or less
- [ ] 26 in. or less
- [X] 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

DH 10/31

230

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE 0675 61 5998

Pin # 0675.04 61 5998 Project # 6941514 5/24/94 (w)

Tax Map No. 886 Parcel No. 203 Improvement Permit

Zoning WAKE Township Middle Creek Well Permit No. C 19201

Operation Permit [ ]

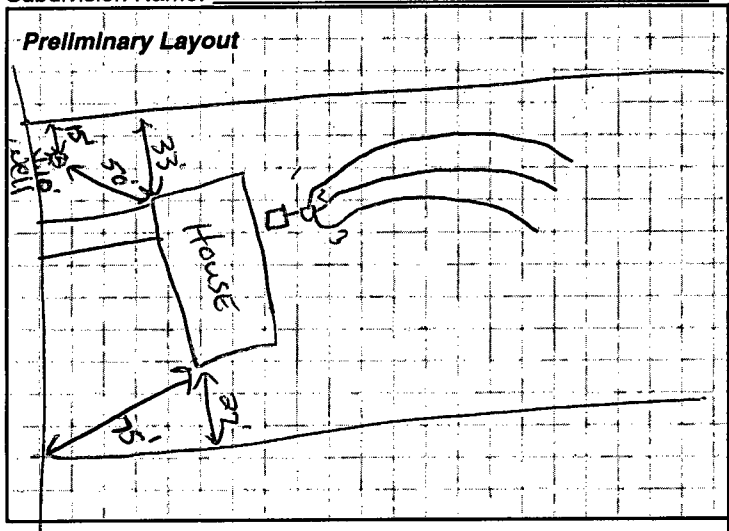
Owner/Contractor: Phillip Stephenson Date: 12/8/93

Location/Address: (2700 Mary Marvin Trail) 401S T/L on 555 T/L on 2754 T/R on Mary Marvin lot on left S.R. # 2754

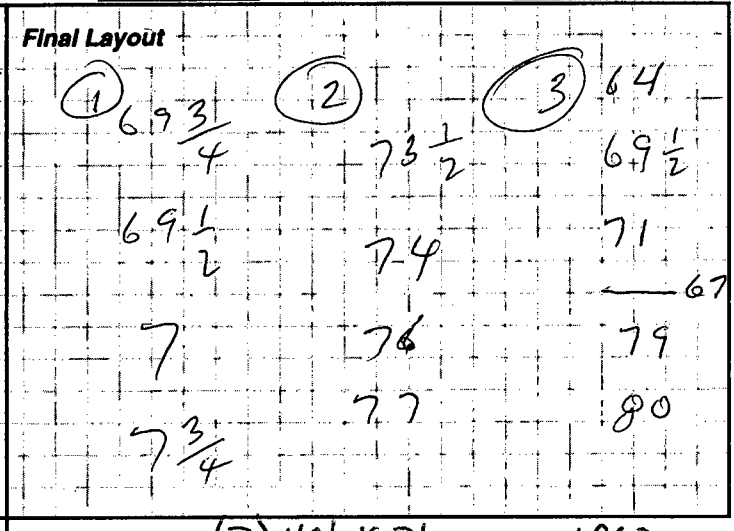
Subdivision Name: TRAMWOOD Lot No. 46 Section or Block No.

Tax Map No. 886 Parcel No. 203

Preliminary Layout



Final Layout



Sewage System Specifications

Repair [ ] Original Permit No.

Garbage Disposal Unit Yes [ ] No [✓]

House [✓] Mobile Home [ ] Business [ ]

No. of Bedrooms 3 Lot Area 1.43 Acres

Size of Tank 1000 gal.

Nitrification Line (3) 110' X 3' 1000 sq. ft.

Depth of Stone: 12" [✓] Max Depth of Trenches: 28 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: H. Brown P. Phillips

Comments:

Date: 4-27-94 Installed By: KEN KELLY Approved By: Ron Dull

Well System

Individual [✓] Semi-Public [ ] Public [ ]

New [✓] Replacement [ ] Repair [ ]

Fee Paid: Yes [✓] No [ ]

Construction Compliance	Yes	No
Site Approved	[✓]	[ ]
Well Head Approved	[✓]	[ ]
Grouting Approved	[✓]	[ ]

4/20/94 Susan Casey
Date Inspected *Sanitarian*

Bacteriological Results

Initial Sample: wg Date: 5/4/94

* 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 4427	[✓]	[ ]
Sample Collected	[✓]	[ ]

Comments:

Well Installed By: Brady Pace

5/20/94 Susan Casey
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

3002.017 — 5/14/93

PIN # _____

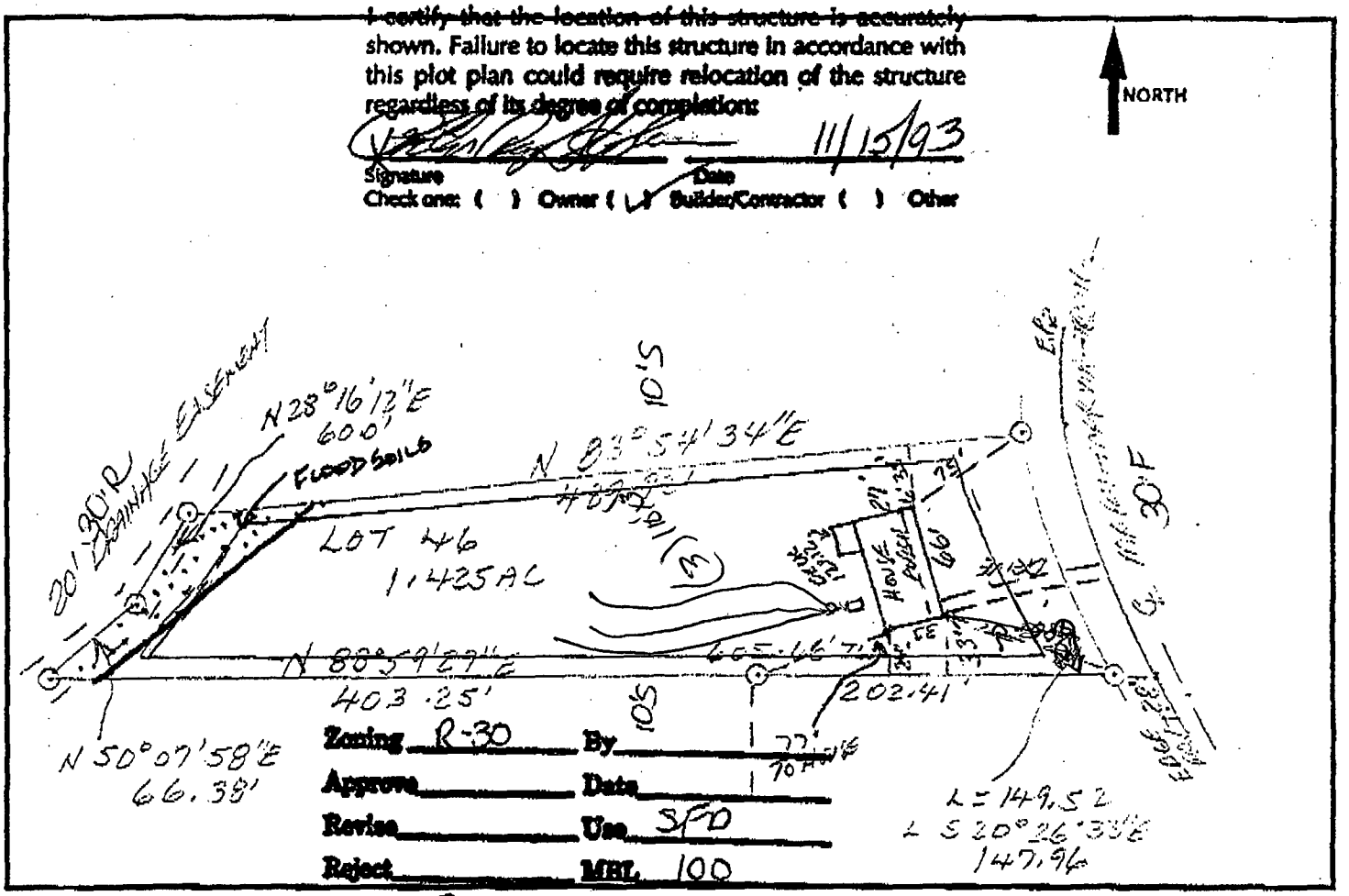
SITE PLAN

Tax Map # 886 Parcel # 203 Lot # 46 Sub'd TRAMWOOD Project # 094154

I certify that the location of this structure is accurately shown. Failure to locate this structure in accordance with this plot plan could require relocation of the structure regardless of its degree of completion.

Signature _____ Date 11/15/93

Check one: ( ) Owner (✓) Builder/Contractor ( ) Other



Zoning R-30 By _____

Approve _____ Date _____

Revise _____ Use SFD

Reject _____ MBL 100

Front 30 Rear 30

Side 10 Corner 30 feet

Scale 1 inch

Comments:

CONSTRUCTION CANNOT OCCUR WITHIN ANY REQUIRED YARD AS SHOWN

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I also understand that false information may be grounds for rejection of this application. Authorized Health Department and Municipal/County Representatives are granted the right of entry to make evaluations or inspections and to release information upon public request. I certify the location of structures are accurately shown.

Philip R. Stephenson 11-15-93

Signature of Owner or Authorized Agent *Date*

ZONING REQUIREMENTS

Lot Area 20,000 Sq. Ft. Lot Width 100 Ft. Corner Yard Setback 30 Ft.

Side Yard Setback 10 Ft. Rear Yard Setback 30 Ft. Front Yard Setback 30 Ft.

Book of Maps 90 Page 774 Unique # 7 (if applicable)

X PRINT Name: PHILIP RAY STEPHENSON Paid: $ 290.00

Address: RT 3 BOX 56 Receipt #: 634

City/State/Zip: ANGIER NC. 27501 Phone #: 639-4450 PPC Init: MH

Approved By: TR Date: 11/16/93

1505.004 — 8/24/93

NOV-19-1993 16:38 FROM CDS-LAND USE & PERMITS TO 9250443 P.05