Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: D 0 1 0 8 4 8

PIN #: 0 6 7 8 7 6 2 7 7 2

OP DATE: 0 1 / 0 6 / 2 0 0 0

WELL ONLY PERMIT

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
- [ ] II
- [ ] III
- [ ] IV
- [ ] V
- [ ] VI
- [x] Other

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

NBR BEDROOMS:
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [x] 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
[ ]	[x]	[ ]	Other N/A
[x]		[x]	None/NA GT or PT

DRAINFIELD SIZE(SQ. FT.)

0 0 0 0 0

WELL ONLY PERMIT

Septic information Not Applicable

DRAIN TYPE:
- [ ] Stone
- [ ] EZ Flow
- [ ] Infiltrator
- [ ] Biodiffuser
- [ ] Cultec
- [ ] Drip
- [ ] Hancor
- [ ] Large Dia. Pipe
- [ ] Multi-Pipe
- [x] 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
- [x] Other N/A

STONE DEPTH (IN.):
- [ ] 8 in. or less
- [ ] 12 in. or less
- [ ] 18 in. or less
- [ ] 24 in. or less
- [x] Other N/A

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 N/A

SP

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

PERMIT#: D010848 STATUS: A APP DATE: 06/04/1998 BLDG PERMIT#: 0984337
APPLICANT: HAMILTON,FRANKLIN CONSTRUCTUIO DAY PHONE: (919) 893 - 2395
ADDRESS: P O BOX 1419 FAX#: (000) 000 - 0000
CITY: LILLINGTON STATE: NC ZIP: 27516
OWNER: HAMILTON, FRANKLIN D & TR DAY PHONE: (919) 893 - 2395
ADDRESS: SAME FAX#: (000) 000 - 0000
CITY: LILLINGTON STATE: NC ZIP: 27516
HD USE CD: 101 ONE-FAMILY HOUSE ORIG PERMIT#: REC?: Y
EXIST USE: TAX MAP#: 0784
BEDROOMS: 4 BSMT: N #EMPLOYEES: 0 WATER: I WASTEWATER: C GARB DISPOSL: N
TOWNSHIP: 12 MIDDLE CREEK JURIS: WC ZON: R30 PIN: 0678.02 76 2772 000
SUBD#: S 000 000 00 SUBD NAME: CROOKED CREEK LOT-SEC: 20 ACRE: 0.75
IMPRV PRMT: ISSUED?: DATE: BY: TYPE SYSTEM: PUMP:
CNSTR AUTH: ISSUED?: Y DATE: 07/07/1998 BY: HJC DATE EXPIRED: 07/07/2003
RECEIPT#: FEE: 145.00 OP DATE: BY:
WATR SAMPL: REQ?: N APPROVED?: DATE: PROPRIETARY SYS:
ST#: 5412 MI: DIR: NAME: BRUSHY MEADOWS DIR: TYP: DR
DIRECTIONS: 401 S TO R ON SR 1393 TO L ON BRUSHY MEADOWS DR
LOTS ARE NUMBERED

IMPROVEMENT PERMIT

SIZE OF TANK ___**ST** ___**PT** GALS. TOTAL SQ. FT. _____ DEPTH OF STONE _____ IN. MAX. DEPTH LINE _____ IN.

WASTEWATER: DOMESTIC ☐ INDUSTRIAL ☐ **I.P. ISSUED BY** _____

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 ___**ST** ___**PT** GALS. TOTAL SQ. FT. _____ DEPTH OF STONE _____ IN. MAX. DEPTH LINE _____ IN.
ST FILTER REQUIRED ☐ NUMBER OF TRENCHES _____ LENGTH OF TRENCHES _____ FT. WIDTH OF TRENCHES ____

C.A. ISSUED BY Melissa Cashion INSTALLED BY _____ CTR. I.D. #_____
SEPTIC TANK FILTER USED _____
INNOV. APPRL. #: IWWS-_____ DATE _____ **INSTALLATION APPROVED BY** _____

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

WELL LOG INFORMATION = DEPTH 240 CASING DEPTH 165 YIELD 5 STATIC LEVEL 20
WELL CONTRACTOR Brady Pitt **REG.#** 479 **PUMP CONTRACTOR** _____ **REG.#** _____

CONSTRUCTION COMPLIANCE = GROUT APPROVED ☑ DATE 6/16/00 EHS Melissa Cashion
WCHD ID # _____ WELLHEAD APPROVED ☐ DATE _____ EHS _____
NEGATIVE BACTERIOLOGICAL RESULTS ☐ DATE _____ EHS _____
SYSTEM FINALIZED ☐ DATE _____ EHS _____

COMMENTS: **WELLSITE MUST BE AT LEAST 50' FROM SEWERLINES, 50' FROM HOUSE FOUNDATION, 50' FROM OTHER EXISTING WELLS, AND 10' FROM PROPERTY LINES, EASEMENTS, AND RIGHT OF WAYS.**

****

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.

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section
P.O. Box 29578 - Raleigh,N.C. 27626-0578-Phone (919) 733-3221

WELL CONSTRUCTION RECORD

DRILLING CONTRACTOR: Grady Poole Well Co.
DRILLER REGISTRATION #:
STATE WELL CONSTRUCTION PERMIT#:

1. **WELL USE** (Check Applicable Box): Residential ☑ Municipal ☐ Industrial ☐ Agricultural ☐ Monitoring ☐
   Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use:
2. WELL LOCATION: (Show sketch of the location below)
   Nearest Town: Garner County: Wake
   Lot 20
   (Road, Community, or Subdivision and Lot No.)
3. OWNER Sam Young Builders
   ADDRESS 5501 Ten Ten Rd
   (Street or Route No.)
   Apex NC 27502
   City or Town State Zip Code
4. DATE DRILLED 1-6-2000
5. TOTAL DEPTH 240
6. CUTTINGS COLLECTED YES ☐ NO ☑
7. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
8. STATIC WATER LEVEL Below Top of Casing: 20 FT.
   (Use "+" if Above Top of Casing)
9. TOP OF CASING IS 1½ FT. Above Land Surface*

* Casing Terminated at/or below land surface is illegal unless a variance is issued in accordance with 15A NCAC 2C .0118

10. YIELD (gpm): 5 METHOD OF TEST Blow
11. WATER ZONES (depth): 210'
12. CHLORINATION: Type HTH Amount ½lb
13. CASING:

	Depth From	Depth To	Diameter	Wall Thickness or Weight/Ft.	Material
	0	105 Ft.	6¼	188	[illegible]
		Ft.			Galv
		Ft.			

14. GROUT:

	Depth From	Depth To	Material	Method
	0	20 Ft.	portland + Sand	Gravity
		Ft.		

15. SCREEN:

	Depth From	Depth To	Diameter	Slot Size	Material
		Ft.	in.	in.	
		Ft.	in.	in.	
		Ft.	in.	in.	

16. SAND/GRAVEL PACK:

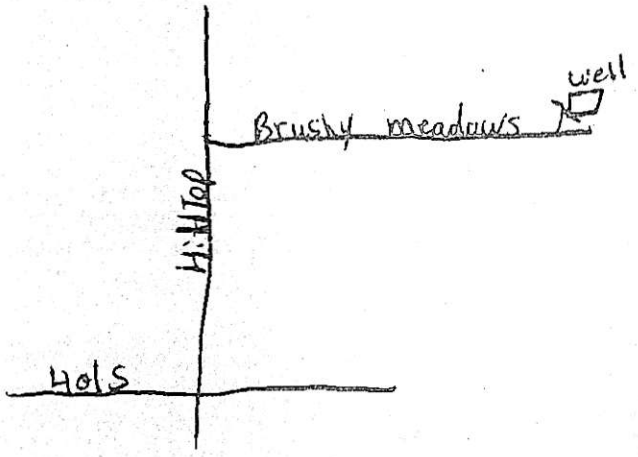
	Depth From	Depth To	Size	Material
		Ft.		
		Ft.		

17. REMARKS:

DEPTH From	DEPTH To	DRILLING LOG Formation Description
0	3	Topsoil
3	20	clay
20	105	Sand
105	240	Granite Rock

If additional space is needed use back of form

LOCATION SKETCH
(Show direction and distance from at least two State Roads, or other map reference points)

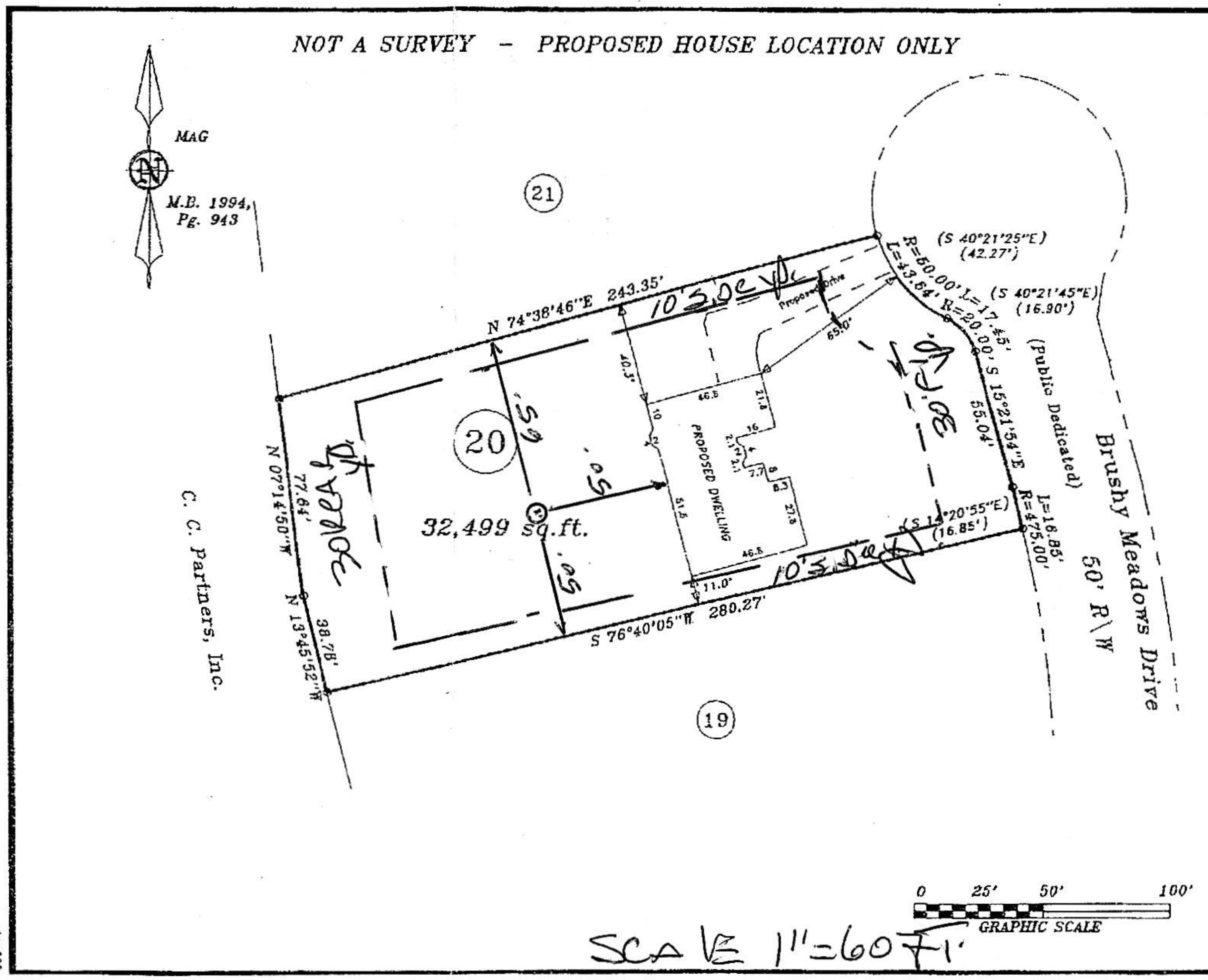


I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Fenton Jacobs 1-6-2000
SIGNATURE OF CONTRACTOR OR AGENT DATE

Submit original to Division of Water Quality and copy to well owner.

GW-1 REV. 1/98



SITE

VICINITY MAP

Lot 20, 5412 Brushy Meadows Drive
Crooked Creek Subdivision
Map Book 1994, Page 943

Property Of

FRANKIE HAMILTON

Middle Creek Twp.	Wake Co.
Scale 1' = 50'	Date 5-8-1998

Surveyed & Mapped By
STANCIL & ASSOCIATES
Registered Land Surveyor, P.A.
P.O.Box 730, Angier, N.C. 27501
919-639-2133

NORTH CAROLINA REGISTERED LAND SURVEYOR SEAL No. — THOMAS LESTER STANCIL

M.G.E.

S-W-MC-1301

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.

6-4-98

Signature of Owner or Authorized Agent

0984337
D-10849
5412 Brushy Meadows Dr.

R30 MT, 6/4/98

Use

MBL

Rear

Corner