

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0017571

PIN #: 0656093758

OP DATE: 1212112000

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

- ☐ ☐ ☐
☐ ☐ ☐
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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.)

01050

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

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#: D017571 STATUS: A APP DATE: 03/09/2000 BLDG PERMIT#: 0003080
APPLICANT: WAIDE, DONALD DAY PHONE: (919) 422 - 7129
ADDRESS: 221 URBAN DR FAX#: (000) 000 - 0000
CITY: CARY STATE: NC ZIP: 27511
OWNER: AKINS, ANNA R DAY PHONE: (919) 999 - 9999
ADDRESS: P O BOX 266 FAX#: (000) 000 - 0000
CITY: FUQUAY STATE: NC ZIP: 27526
HD USE CD: 101 ONE-FAMILY HOUSE ORIG PERMIT#: REC?: Y
EXIST USE: TAX MAP#: 0836 0000
BEDROOMS: 4 BSMT: Y #EMPLOYEES: 0 WATER: I WASTEWATER: I GARB DISPOS: N
TOWNSHIP: 12 MIDDLE CREEK JURIS: WC ZON: R30 PIN: 0656.01 09 3758 000
SUBD#: S 000 000 00 SUBD NAME: PRESCOTT DOWNS LOT-SEC: 76 ACRE: 0.92
IMPRV PRMT: ISSUED?: Y DATE: 05/12/2000 BY: BCW TYPE SYSTEM: III G PUMP: Y
CNSTR AUTH: ISSUED?: Y DATE: 05/12/2000 BY: BCW MAINT: N OPER: N
RECEIPT#: 0052817 FEE: 290.00 OP DATE: BY:
WATR SAMPL: REQ?: Y APPROVED?: DATE: PROPRIETARY SYS:
ST#: 6721 MI: DIR: NAME: WAVCOTT DIR: TYP: DR
DIRECTIONS: 401 TO FUQUAY TO R ON NC 42 WEST TO R ON SR 110
1 TO R INTO SUB

IMPROVEMENT PERMIT

SIZE OF TANK 1200 ST PT GALS. TOTAL SQ. FT. 1380 DEPTH OF STONE INNOV IN. MAX. DEPTH LINE 24 IN.

WASTEWATER: DOMESTIC ☒ INDUSTRIAL ☐

I.P. ISSUED BY [Signature]

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: ANY FOUNDATION DRAIN ON HOUSE MUST BE 15FT FROM ANY SEPTIC AREA.

SIZE OF TANK 1200 ST PT GALS. TOTAL SQ. FT. 1380 DEPTH OF STONE INNOV IN. MAX. DEPTH LINE 24 IN.

ST FILTER REQUIRED ☒ NUMBER OF TRENCHES 2 LENGTH OF TRENCHES 175 FT. WIDTH OF TRENCHES 3 FT.

C.A. ISSUED BY [Signature]

INSTALLED BY [Signature]

CTR. I.D. #

SEPTIC TANK FILTER USED

INNOV. APPRL. #: IWWS-

DATE 12/21/00

INSTALLATION APPROVED BY [Signature]

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

WELL LOG INFORMATION = DEPTH 130 CASING DEPTH 45 YIELD 20 STATIC LEVEL 15

WELL CONTRACTOR WAVCOTT REG.# 4 PUMP CONTRACTOR WAVCOTT REG.# 846

CONSTRUCTION COMPLIANCE = GROUT APPROVED ☒

DATE 06/06/00

EHS [Signature]

WCHD ID # 9648

WELLHEAD APPROVED ☐

DATE 8/19/00

EHS [Signature]

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.

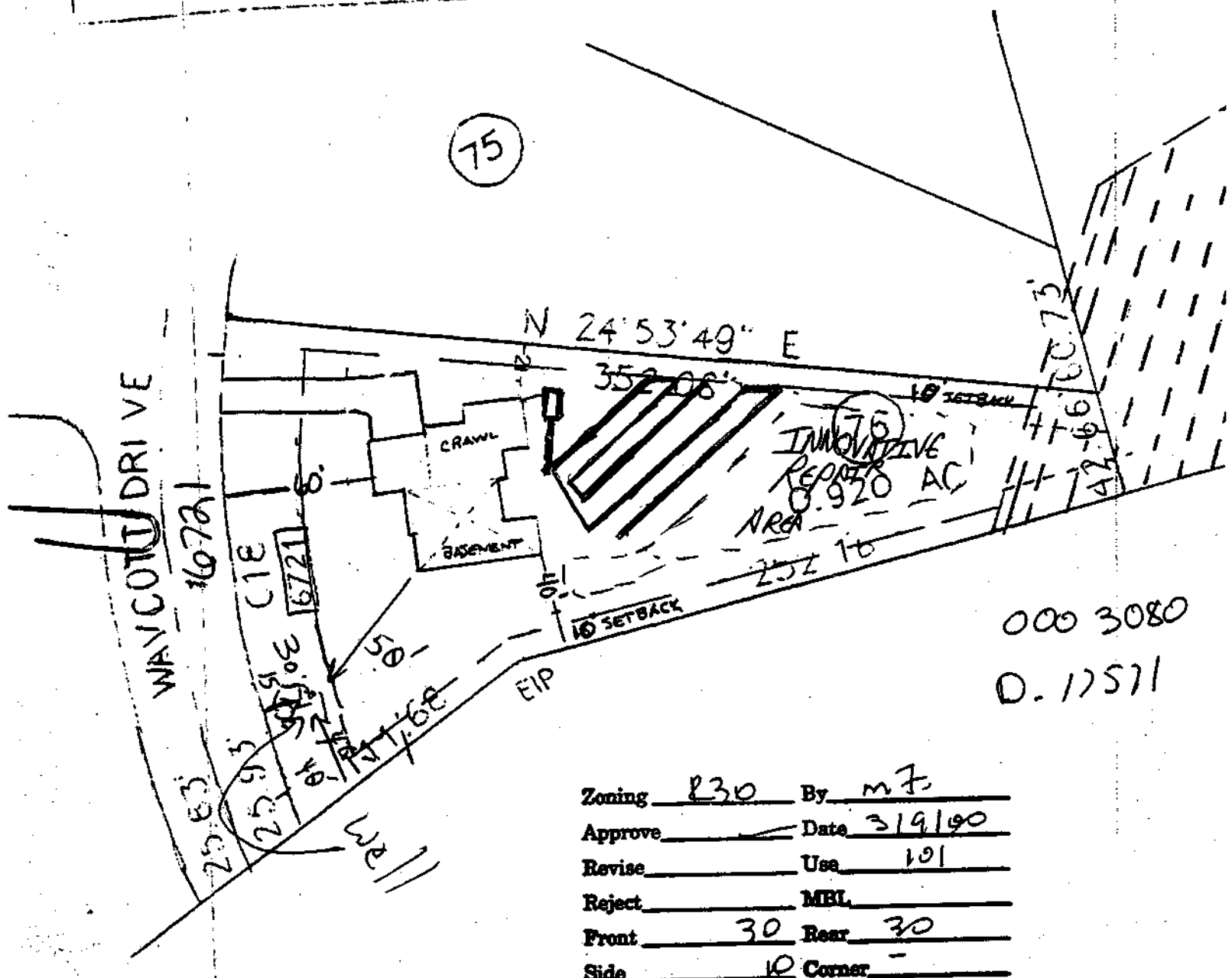
BTS-1200 9/23/00
STB-106

shown. I understand
 require the relocation of
 regardless degree of completion.
 grant permission to Municipal/County
 representatives the right of entry to make
 evaluations or inspections upon this property.

F. Donada 3/9/00
 Signature of Owner or Authorized Agent

Zoning _____ By _____
 Approve ✓ Date 3/9/00
 Revise _____ Use 101
 Reject _____ MBL _____
 Front 30 Rear 30
 Side 10 Corner _____
 Comments:

(75)



000 3080
 0.17571

Zoning R30 By mf
 Approve _____ Date 3/9/00
 Revise _____ Use 101
 Reject _____ MBL _____
 Front 30 Rear 30
 Side 10 Corner _____

Comments:
 - 2 x 3ft x 175ft INNOVATIVE
 - 24 INCH TRENCH Depth
 - 1200 gallon tank

CA DIAGRAM

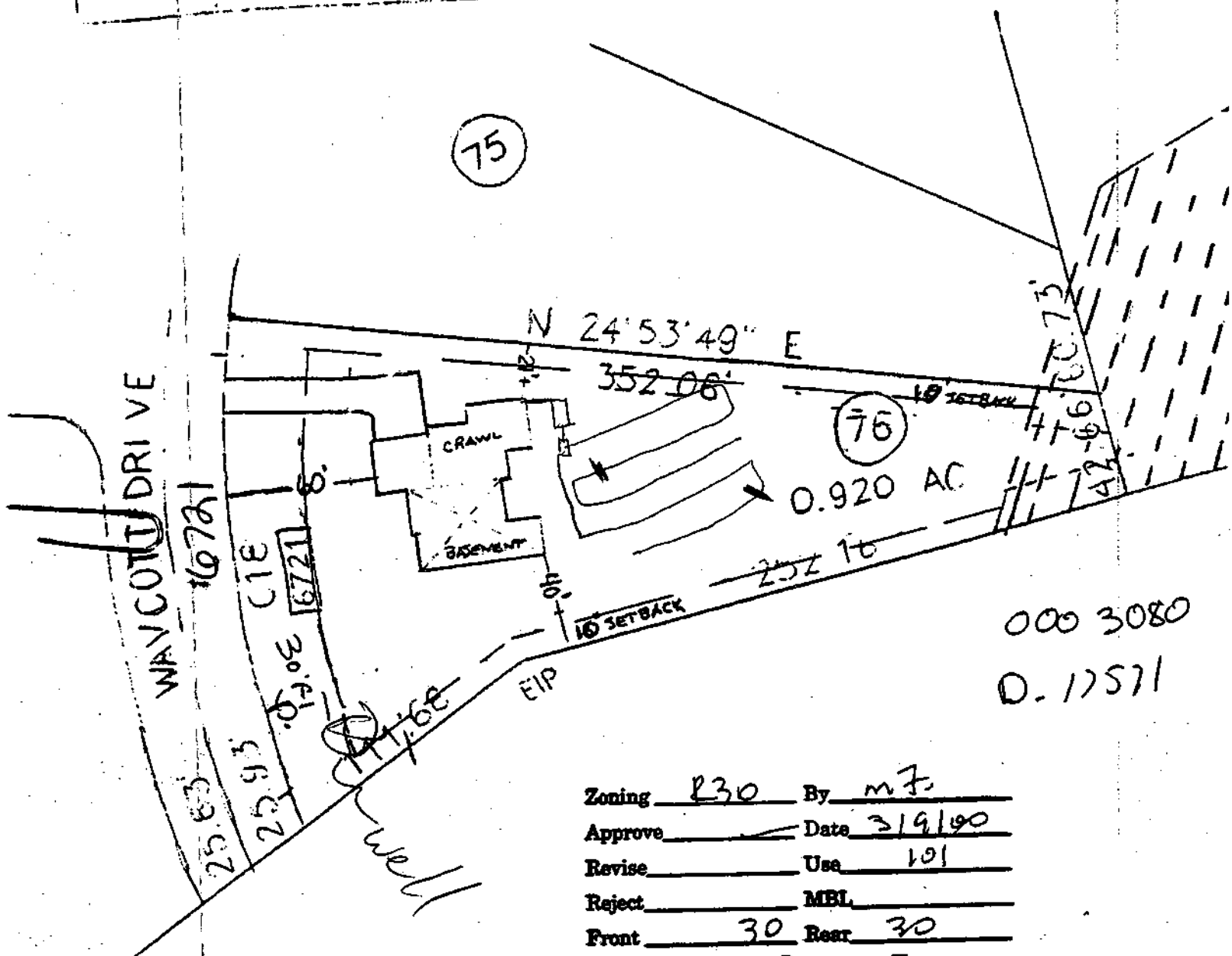
20.11
 BEDROOMS
 BATHS
 21 WAYCOTT DRIVE

1" = 60.75'

shown. I understand
 require the relocation of
 regardless degree of completion.
 grant permission to Municipal/County
 representatives the right of entry to make
 evaluations or inspections upon this property.

D. Donald Wa 3/9/00
 Signature of Owner or Authorized Agent

Zoning By
 Approve Date 3/9/00
 Revise Use 101
 Reject MBL
 Front 30 Rear 30
 Side 10 Corner
 Comments:



000 3080
 0.17571

Zoning R30 By mf
 Approve Date 3/9/00
 Revise Use 101
 Reject MBL
 Front 30 Rear 30
 Side 10 Corner
 Comments:

AS BUTH

20
 BEDROOMS
 3 BATHS
 21 WAYCOTT DRIVE

1" = 60 FT.
 1.3' x 163'