

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: D 0 1 2 4 6 7

PIN #: 0 6 6 8 4 0 4 4 4 0

OP DATE: 0 4 1 0 7 1 1 9 9 9

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 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 3 0

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 *20 in.*
☐ 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

CH

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#: D 12467 STATUS: A APP DATE: 11/03/1998 BLDG PERMIT#:
 APPLICANT: W CHASE HOMES DAY PHONE: (919) 779 - 6781
 ADDRESS: 1237 BENSON RD FAX#: (000) 000 - 0000
 CITY: GARNER STATE: NC ZIP: 27529
 OWNER: PERRY, A BRYAN SR & PATRI DAY PHONE: (919) 999 - 9999
 ADDRESS: 9999999 FAX#: (000) 000 - 0000
 CITY: 9999999 STATE: NC ZIP: 27529
 HD USE CD: 101 ONE-FAMILY HOUSE ORIG PERMIT#: REC?: Y
 EXIST USE: TAX MAP#: 0801
 BEDROOMS: 3 BSMT: N #EMPLOYEES: 0 WATER: P WASTEWATER: I GARB DISPOSAL: N
 TOWNSHIP: 12 MIDDLE CREEK JURIS: FUX ZON: PIN: 0668.03 40 4440 000
 SUBD#: S 000 000 00 SUBD NAME: WHITEHURST LOT-SEC: 92 ACRE: 0.72
 IMPRV PRMT: ISSUED?: Y DATE: 12/08/1998 BY: BCW TYPE SYSTEM: II PUMP:
 CNSTR AUTH: ISSUED?: Y DATE: 12/08/1998 BY: BCW M/O: N N
 RECEIPT#: 0035157 FEE: 145.00 OP DATE: BY:
 WATR SAMPL: REQ?: N APPROVED?: DATE: PROPRIETARY SYS:
 ST#: 2709 MI: DIR: NAME: WHITE RAIL DIR: TYP: DR
 DIRECTIONS: TAKE BASS LAKE RD TL JAMES SLAUGHTER RD TL STEW
 ART RD PROP ON LEFT

IMPROVEMENT PERMIT

SIZE OF TANK 1000 ST PT GALS. TOTAL SQ. FT. 1030 DEPTH OF STONE 12 IN. MAX. DEPTH LINE 20 IN. 103

WASTEWATER: DOMESTIC ☒ INDUSTRIAL ☐

I.P. ISSUED BY 

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

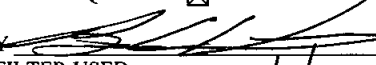
AUTHORIZATION CONDITIONS

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 1000 ST PT GALS. TOTAL SQ. FT. 1030 DEPTH OF STONE 12 IN. MAX. DEPTH LINE 20 IN.

ST FILTER REQUIRED ☒ NUMBER OF TRENCHES 4 LENGTH OF TRENCHES 86 FT. WIDTH OF TRENCHES 3 FT.

C.A. ISSUED BY  INSTALLED BY Jeff Thompson CTR. I.D. # _____

SEPTIC TANK FILTER USED _____

INNOV. APPL. #: IWWS- _____ DATE 4/7/99 INSTALLATION APPROVED BY Steve Meyer, R.S.

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

WELL LOG INFORMATION = DEPTH _____ CASING DEPTH _____ YIELD _____ STATIC LEVEL _____

WELL CONTRACTOR _____ REG.# _____ PUMP CONTRACTOR _____ REG.# _____

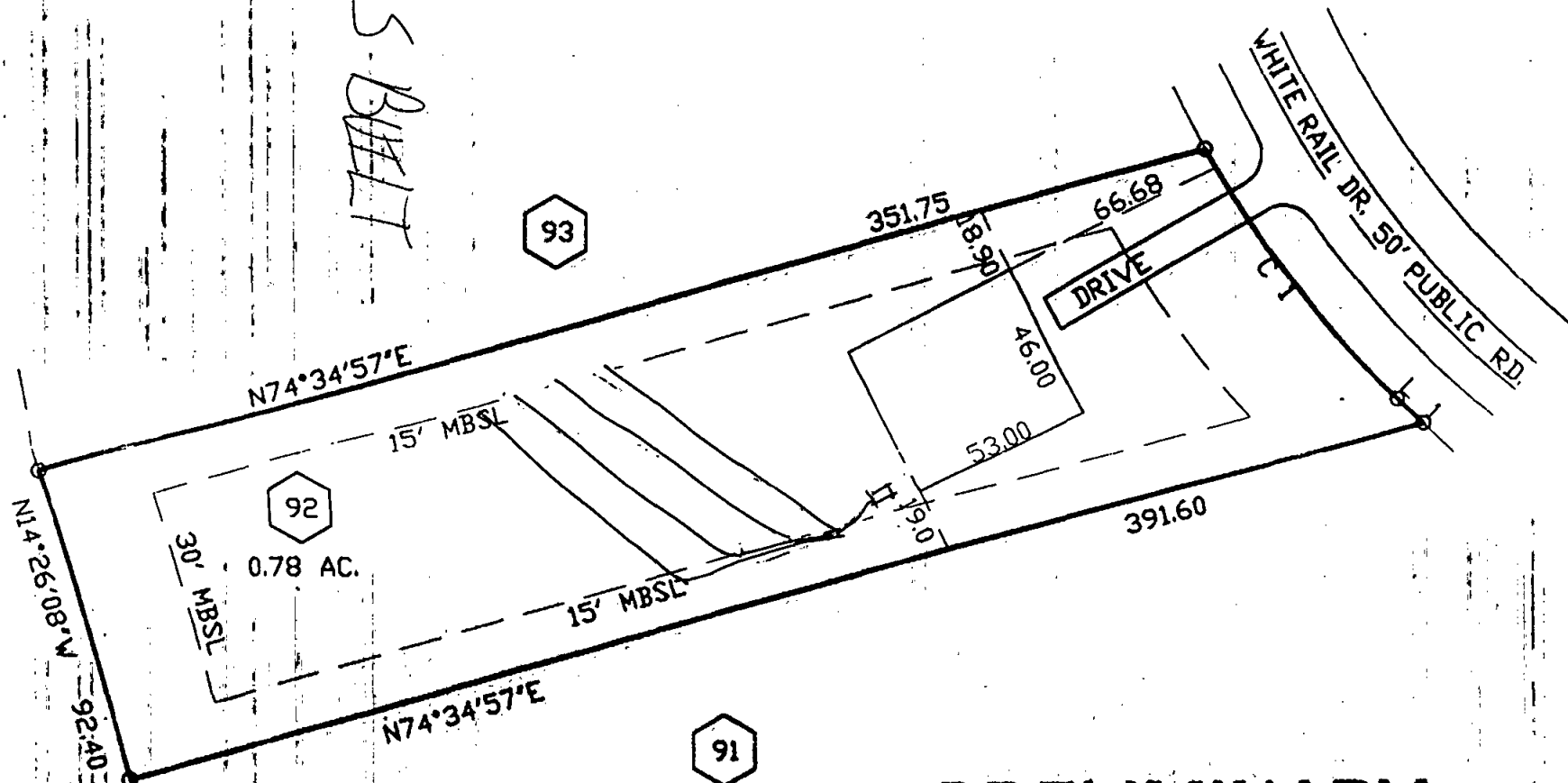
CONSTRUCTION COMPLIANCE = GROUT APPROVED ☐ DATE _____ EHS _____
 WCHD ID # _____ WELLHEAD APPROVED ☐ DATE _____ EHS _____
 NEGATIVE BACTERIOLOGICAL RESULTS ☐ DATE _____ EHS _____
 SYSTEM FINALIZED ☐ DATE _____ EHS _____

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.

MCP 1000
STB 814
2/14/99

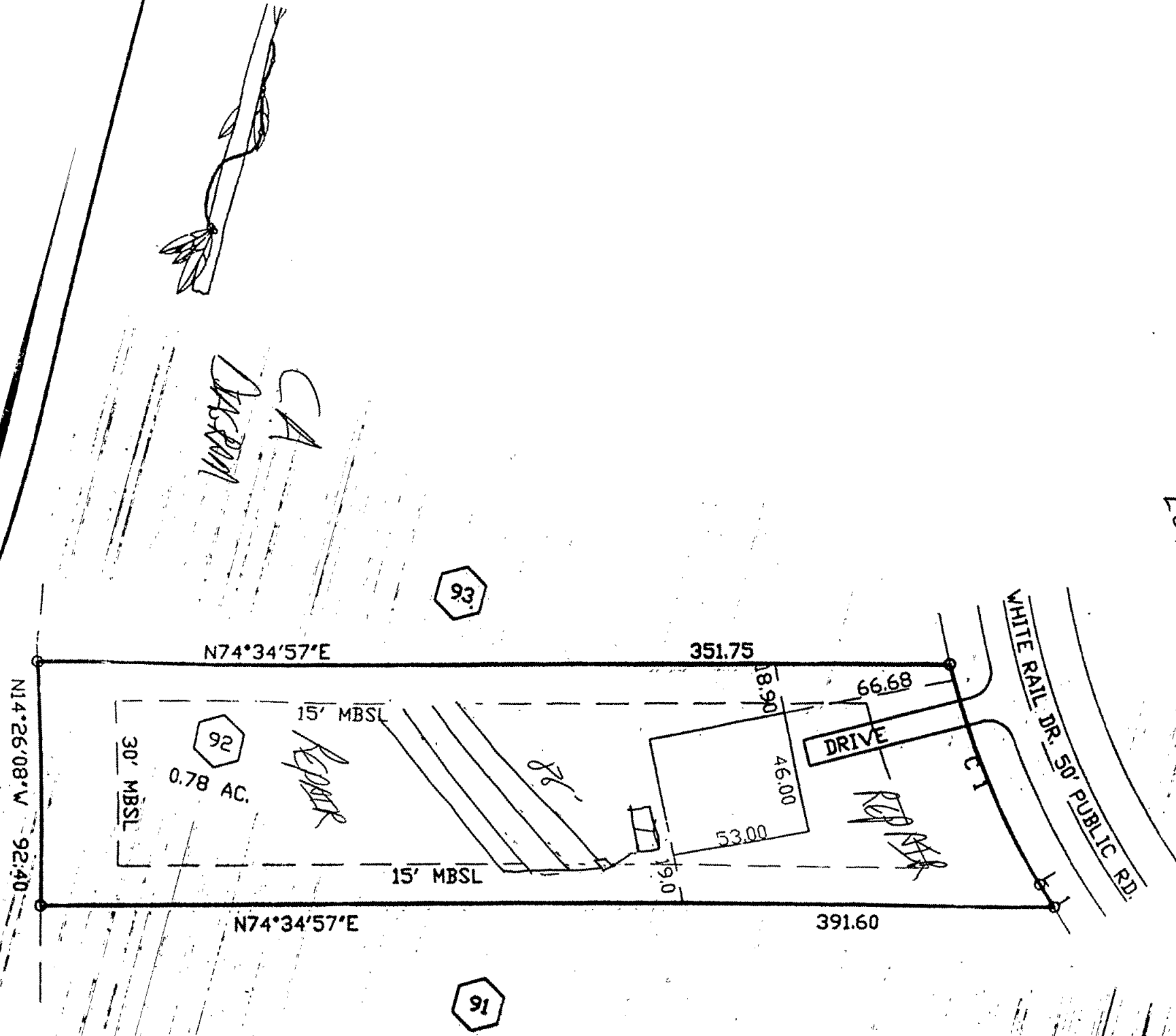
AS BUILT



PRELIMINARY
FOR REVIEW ONLY

SCALE

D12467 Whitewater
LOT 92



PRELIMINARY
FOR REVIEW ONLY