Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0151699 PIN #: 1700721161

OP DATE: 07/21/1999

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.)
01200

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
- [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
- [x] 12 in. or less
- [ ] 18 in. or less
- [ ] 24 in. or less
- [ ] Other

TRENCHES:
- [ ] Individual
- [x] Bed

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

B.W 4/17/19

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
PERMIT VOID IF NOT IN COMPLIANCE WITH ZONING REGULATIONS AND/ OR IF SITE IS ALTERED OR INTENDED USE CHANGED

PERMIT#: D015169 STATUS: A APP DATE: 07/15/1999 BLDG PERMIT#:
APPLICANT: KILLETTE, FLOYD R DAY PHONE: (919) 662 - 3865
ADDRESS: 1312 BUFFALOE RD FAX#: (000) 000 - 0000
CITY: GARNER STATE: NC ZIP: 27529
OWNER: KILLETTE, FLOYD R DAY PHONE: (919) 662 - 3856
ADDRESS: SAME FAX#: (000) 000 - 0000
CITY: GARNER STATE: NC ZIP: 27529
HD USE CD: 0001 REPAIR/EXISTING SYSTEM ORIG PERMIT#: REC?: Y
EXIST USE: 101 ONE-FAMILY HOUSE TAX MAP#: 0726 0030
BEDROOMS: 3 BSMT: Y #EMPLOYEES: 0 WATER: I WASTEWATER: I GARB DISPOSL: N
TOWNSHIP: 16 ST. MARYS JURIS: GAX ZON: PIN: 1700.19 72 1161 000
SUBD#: S 000 000 00 SUBD NAME: LAKEWOOD LOT-SEC: 17& 16 ACRE: 1.46
IMPRV PRMT: ISSUED?: DATE: BY: TYPE SYSTEM: PUMP:
CNSTR AUTH: ISSUED?: Y DATE: 07/15/1999 BY: RJD MAINT: N OPER: N
RECEIPT#: FEE: OP DATE: BY:
WATR SAMPL: REQ?: APPROVED?: DATE: PROPRIETARY SYS:
ST#: MI: DIR: NAME: DIR: TYP:
DIRECTIONS: 50S R ON BUFFALOE ON LF

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IMPROVEMENT PERMIT

SIZE OF TANK 1000 ST ___ PT GALS. TOTAL SQ. FT. _____ DEPTH OF STONE 12 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 Environmental Health Division and an Operation Permit issued.

OTHER CONDITIONS: REPAIR PERMIT SET NEW TANK

SIZE OF TANK 1000 ST ___ PT GALS. TOTAL SQ. FT. 1200 DEPTH OF STONE 12 IN. MAX. DEPTH LINE 24 IN.
ST FILTER REQUIRED ☒ NUMBER OF TRENCHES 1 LENGTH OF TRENCHES 200 FT. WIDTH OF TRENCHES 6 FT.

C.A. ISSUED BY Ron Dudley R.S. INSTALLED BY Don Wilson CTR. I.D. #____
SEPTIC TANK FILTER USED ____
INNOV. APPRL. #: IWWS-____ DATE 7/14/95 INSTALLATION APPROVED BY Kent Drake

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.

D-15169

PIN# 1700.19721161

WAKE COUNTY

Department of Environmental Services

Water, Wastewater and Development Services

(919) 856-7400 FAX: (919) 856-7407 PO Box 550, Raleigh, NC 27602