

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: D019740

PIN #: 1629548497

OP DATE: 12/20/2000

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.)

00000

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

DN

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#: D019740 STATUS: A APP. DATE: 10/19/2000 BLDG. PERMIT#: 0011342
PIN: 1629.04 54 8497 000 TAX MAP: 0771 RECORDED: Y ORIG. PERMIT#:
TOWNSHIP: 16 ST. MARYS JURISDICTION: WC ZONING: R30
APPLICANT: GREENFIELD HOUSING CENTER
2117 HWY 70 EAST
GARNER, NC 27529
(919) 772 - 2220
USE: HD USE: 112 MOBILE HOME
EXIST USE: 112 MOBILE HOME
DISPOSAL: N BEDROOMS: 3 BASEMENT: N #EMPLOYEES: 0
SITE: ADDRESS: 2309 WIN RD
SUBDIVISION: CLYDE BARRINGTO LOT: 3A ACRES: 0.80
DIRECTION: 70E, TR ON WHITE OAK RD, TR ON HEBRON CH. RD, T
TL ON WIN RD 1/4 MILE ON LEFT

Well System: WATER: COMMUNITY - TYPE: EXISTING

WELL LOG INFORMATION: DEPTH: ____ CASING DEPTH: ____ YIELD: ____ STATIC LEVEL: ____
WELL CONTRACTOR: ____ REG.# ____ PUMP CONTRACTOR: ____ REG.# ____
Construction Compliance GROUT APPROVED ☐ DATE ____ EHS ____
WELLHEAD APPROVED ☐ DATE ____ EHS ____
SYSTEM FINALIZED ☐ DATE ____ EHS ____

COMMENTS:

Operation Permit

DESIGN FLOW: ____ gal./min. ACTUAL FLOW: ____ INNOVATIVE LETTER: ____

INSTALLED BY: ____ INSTALLATION APPROVED BY: ____
PROPRIETARY SYSTEM: ____ FILTER NO: ____
COMMENTS:

OPERATIONS PERMIT ISSUED? ____ OP DATE: 12/50/00 BY: ELC

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.

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PIN: **1629.04 54 8497 000** TAX MAP: **0771 0034** RECORDED: **Y** ORIG. PERMIT#:
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2117 HWY 70 EAST
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SUBDIVISION: CLYDE BARRINGTO LOT: 3A ACRES: 0.80
DIRECTION: **70E, TR ON WHITE OAK RD, TR ON HEBRON CH. RD, T**
TL ON WIN RD 1/4 MILE ON LEFT

IMPROVEMENT PERMIT

TANK SIZE: **EXIST** gal. PUMP Tank: **_____** gal. SQ FT: **_____** STONE DEPTH: **in.** MAX DEPTH LINE: **_____** in.
WASTEWATER: **INDIVIDUAL** SEWAGE: **DOMESTIC** TYPE SYSTEM: **II A** PUMP: **N** P/M: **N**
DAILY FLOW: **00360** gal/day WATER: **COMMUNITY**

COMMENTS:

IP ISSUED? **_____** DATE: **_____** BY: **() _____** PHONE#: **_____**

AUTHORIZATION FOR WASTEWATER/WATER SYSTEM CONSTRUCTION

VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

AUTHORIZATION CONDITIONS:

Contractors shall install system on contours, see attached site plan for wastewater system design and well location. No underground utilities, water lines or sprinkler systems may be located in the original system or repair areas. A septic tank filter with a riser for access is required. 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:**

EXISTING SYSTEM APPEARED TO HAVE NO SIGN OF MALFUNCTION AS OF THE DATE OF THIS INSPECTION. THIS C.A. NEITHER GUARANTEES NOR IMPLIES THAT THIS SYSTEM WILL CONTINUE TO FUNCTION PROPERLY FOR ANY SPECIFIC PERIOD OF TIME.

TANK SIZE: **EXIST** gal. PUMP TANK: **_____** gal. SQ FT: **_____** STONE DEPTH: **in.** MAX DEPTH LINE: **_____** in.
MAINT: **N** OPER: **N** L/O: **N** TRENCH#: **_____** LENGTH: **_____** ft. WIDTH: **_____** in.
SUBFIELDS: **_____** DESIGN HEAD PRESSURE: **_____** DESIGN FLOW: **_____** gal/min DOSE VOLUME: **_____** gal.

CA ISSUED? **Y** DATE: **11/01/2000** BY: (ELC) *Everett H. Latta, P.E.* PHONE#: **856-5380**

PLAT NORTH
BOM 1980, PG. 897



D.19740
061134Z

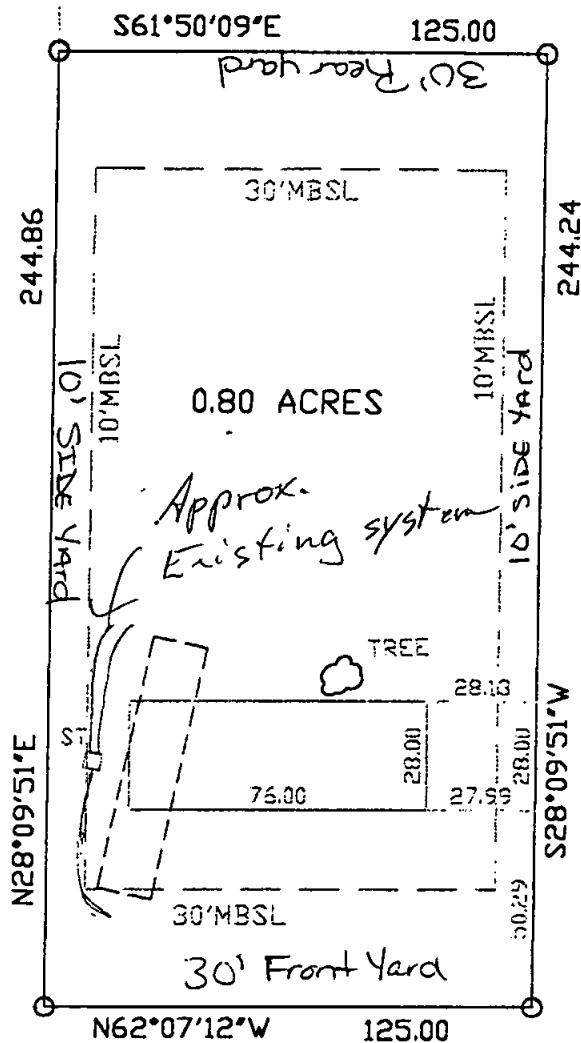
REFERENCE:
MAP FOR JOSEPH F.
REHM, JR.
BOM 1980, PG. 897
WAKE COUNTY

Zoning	R30	By	CH
Approve	✓	Date	10.19.00
Revised		Use	112
Revised		MSL	
Front	30'	Rear	30'
Side	10'	Corner	
Comments	MH Removal and Replacement		

NOTES:
THIS PLAT IS NOT
FOR RECORDATION
LOT PROVIDED BY
INDIVIDUAL WELL
AND SEPTIC SYSTEM.

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.

[Signature]
Signature of Owner or Authorized Agent



2309 WIN ROAD



NOTE: PRELIMINARY NOT FOR SALES OR CONVEYANCES
BUILDER TO VERIFY DIMENSIONS

SOUTHWIND
SURVEYING AND
ENGINEERING, INC.
201 GLEN ROAD
GARNER, N.C. 27529
919-773-0183
919-773-0148 (FAX)

PRELIMINARY SITE PLAN FOR: GREENFIELD HOUSING			
OWNER SW000404			
DATE 10/17/00	PROJ. No.	STATE NC	CD. WAKE