

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0011358

PIN #: 1831126658

OP DATE: 0411411999

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.)

01200

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

B.W. 11/10/14

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#: D011358 STATUS: A APP DATE: 07/22/1998 BLDG PERMIT#: 0990302

APPLICANT: JONES, STUART M

DAY PHONE: (919) 782 - 5651

ADDRESS: 909 S MAIN ST

FAX#: (919) 787 - 5651

CITY: WAKE FOREST

STATE: NC ZIP: 27587

OWNER: THOMPSON, SANFORD W III T

DAY PHONE: (000) 000 - 0000

ADDRESS: 3100 LANDOR RD

FAX#: (000) 000 - 0000

CITY: RALEIGH

STATE: NC ZIP: 27609

HD USE CD: 101 ONE-FAMILY HOUSE

ORIG PERMIT#:

REC?: Y

EXIST USE:

TAX MAP#: 0203

BEDROOMS: 3 BSMT: N #EMPLOYEES: 0 WATER: C WASTEWATER: I GARB DISPOS: N

TOWNSHIP: 14 NEW LIGHT JURIS: WC ZON: 40W PIN: 1831.03 12 6658 000

SUBD#: S 000 000 00 SUBD NAME: WATERFALL PLANT LOT-SEC: 18 ACRE: 2.58

IMPRV PRMT: ISSUED?: Y DATE: 10/13/1998 BY: GJ TYPE SYSTEM: II PUMP:

CNSTR AUTH: ISSUED?: Y DATE: 10/13/1998 BY: GJ M/O:

RECEIPT#: 0031193 FEE: 145.00

OP DATE:

BY:

WATR SAMPL: REQ?: N APPROVED?: DATE:

PROPRIETARY SYS:

ST#: 7604 MI:

DIR:

NAME: WELCOME

DIR: TYP: DR

DIRECTIONS: #1N L 98 W R 1923 L LAURELFORD LN R TYNEWIND DR

LOT MARKED SFD

IMPROVEMENT PERMIT

SIZE OF TANK 1000 ST PT GALS. TOTAL SQ. FT. 1200 DEPTH OF STONE 12 IN. MAX. DEPTH LINE 24 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: STAY 10' FROM PROPERTY LINES WATER LINE AND OTHER UTILITIES SHOULD NOT CROSS SEPTIC AREA

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 2 LENGTH OF TRENCHES 200 FT. WIDTH OF TRENCHES 3 FT.

C.A. ISSUED BY

INSTALLED BY

CTR. I.D. #

SEPTIC TANK FILTER USED

INNOV. APPRL. #: IWWS-

DATE

4-14-99

INSTALLATION APPROVED BY

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.

HD

0990302

1831.0312 6658

D11358

at Waterfall Plantation

Stuart M. Jones Custom Homes, Inc

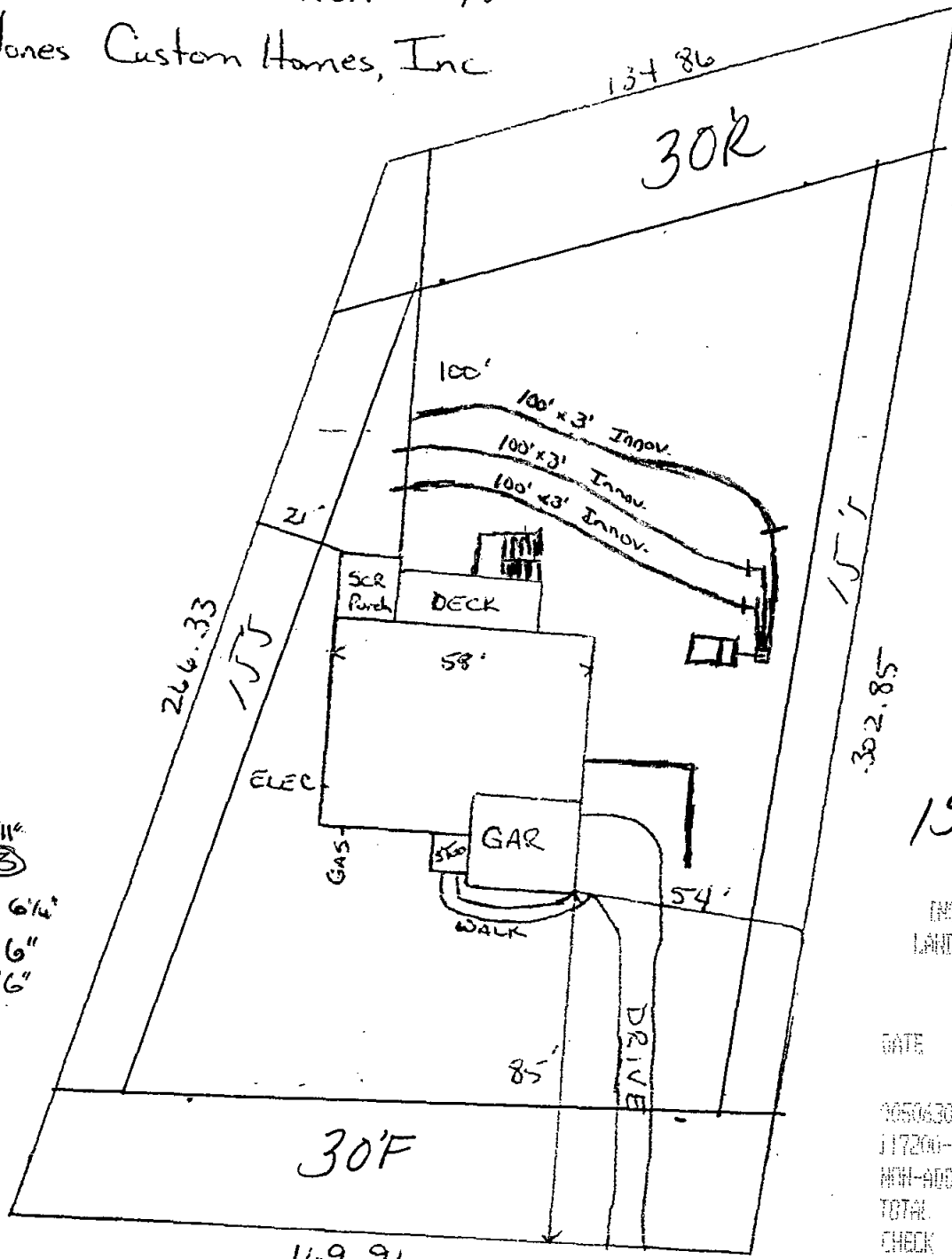
782 5651

Mills-1200
SIB-857
1-15-98

40' = 1"

DMC
7-22-98
101
30
30

24" 35"
D-3" 3'8 1/2"
3 1/4" 3'11"
① ② ③
5'11" 8'1 1/2" 10'6 1/4"
5'10" 8'1 1/2" 10'6"
5'11 1/2" 8'4" 10'6"



15892

INSPECTIONS &
LAND USE DIVISION

DATE 07/22/1998 UES

0050630-0721	\$145.00
117200-01009	\$74.00
NON-ADD HD.	\$2,000.00
TOTAL	\$2,119.00
CHECK	\$169.00
DMF	401

7604 Welcome Dr
AS
7/22/98
BUILT

I certify that the location of structure(s) are accurately shown on this plot plan. Failure to locate structures in 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 of Owner or Authorized Agent

I G.R. WOOTEN CONSTRUCTION, INC.
by: [Signature] hereby request the chamber system or polystyrene
aggregate system called EDE 222 to be used in my sewage
disposal system. I understand that I will be granted a 25% reduction in the amount of
required drainfield for my property. My property is located at LOT # WP1B
WATERFALL PLANTATION

G.R. WOOTEN CONSTRUCTION, INC.
by: [Signature] Owner
4-15-99 Date