

Environmental Services - Water Quality  
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0015031

PIN #: 0770201677

OP DATE: 11/09/1992

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

- |                                     |                                     |                                     |                  |
|-------------------------------------|-------------------------------------|-------------------------------------|------------------|
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 750              |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 900              |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 1,000            |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 1,200            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 1,500            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 1,800            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 2,100            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 2,500            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 3,000            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 4,000            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 5,000            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 8,000            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 10,000           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Other            |
| <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> | None/NA GT or PT |

DRAINFIELD SIZE(SQ. FT.)

01200

include permit  
W-877

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

Handwritten signature/initials

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT  
ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Tax Map No. 721 Parcel No. 265  
Zoning R-30 Township Swift Creek  
Owner/Contractor: Tri State Homes  
Location/Address: 4008 West LAKE RD.

Improvement Permit  
Well Permit No. **C** 15031

Operation Permit [ ]

Date: 7/8/92

Subdivision Name: LANGSTON

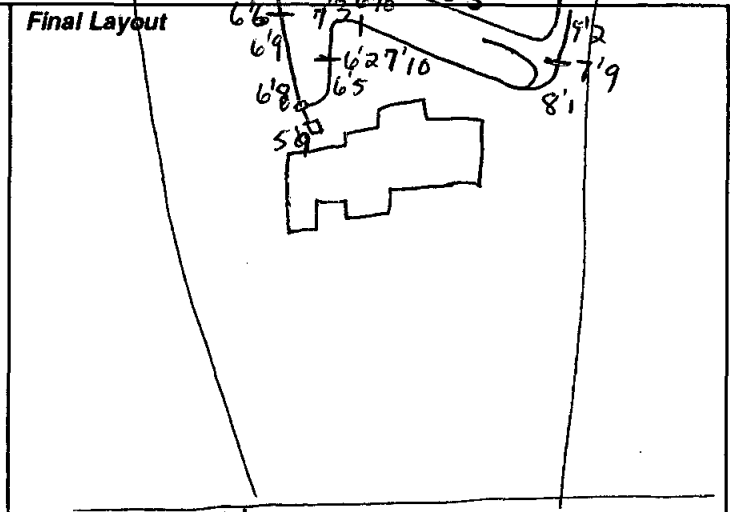
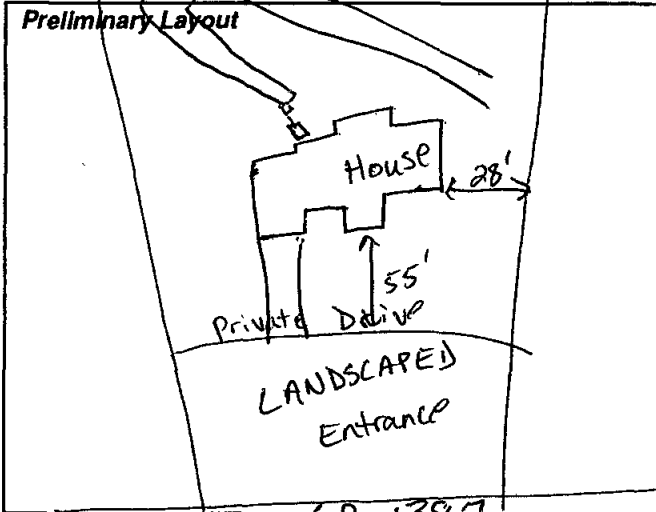
Lot No. 31

S.R. # 1387

Section or Block No. 84

Preliminary Layout

Final Layout



Sewage System Specifications

Nitrification Line (2) 200' X 3' 1200 sq. ft.  
Depth of Stone: 12" [ ☒ ] Max Depth of Trenches: 28 in.

Riser and Baffle Required [ ☒ ] Pump Required [ ]

Permit void if not in compliance with zoning regulations

Permits may be voided if site is altered or intended use changed

Layout by: H. B. Phillips

Repair [ ] Original Permit No. \_\_\_\_\_  
Garbage Disposal Unit Yes [ ] No [ ☒ ]  
House [ ☒ ] Mobile Home [ ] Business [ ]  
No. of Bedrooms 4 Lot Area 0.99 Acre  
Size of Tank 1200 gal.  
Comments: \_\_\_\_\_

Date: 11/9/92 Installed By: Larry JONES Approved By: H. B. Phillips

Well System  
Individual [ ] Semi-Public [ ] Public [ ☒ ]  
New [ ] Replacement [ ] Repair [ ]  
Fee Paid: Yes [ ] No [ ]  
Construction Compliance  
Site Approved [ ] Yes [ ] No [ ]  
Well Head Approved [ ]  
Grouting Approved [ ]

Date Inspected \_\_\_\_\_ Sanitarian \_\_\_\_\_  
Bacteriological Results  
Initial Sample: \_\_\_\_\_ Date: \_\_\_\_\_  
\* Re-Sample #1 \_\_\_\_\_ Date: \_\_\_\_\_  
\* Re-Sample #2 \_\_\_\_\_ Date: \_\_\_\_\_  
\* Re-chlorination as required [ ] Yes [ ] No  
\* Fees for all resamples  
All checks payable to: **Wake County Health Department**

Final Inspection  
Required Slab [ ] Yes [ ] No [ ]  
Chlorinated [ ] Yes [ ] No [ ]  
Required Certificate [ ] Yes [ ] No [ ]  
Variance (Explain) [ ] Yes [ ] No [ ]  
WCHD I.D. Affixed [ ] Yes [ ] No [ ]  
Sample Collected [ ] Yes [ ] No [ ]

Comments: \_\_\_\_\_  
Well Installed By: \_\_\_\_\_  
Date System Finalized \_\_\_\_\_ Sanitarian \_\_\_\_\_

This report is based in part on information provided by the homeowner or his/her representative in the application submitted for this permit. The sanitarian is not responsible for false or misleading information contained in the application. The sanitarian 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 sanitarian warrants that the septic tank system will continue to function satisfactorily in the future or that the water supply will remain potable.

COPY TO HEALTH DEPARTMENT

Zoning R30 By SK  
Approve 12 Date 02/27/05  
Revise Use 434  
Reject MBL 101  
Front 30 Rear 30  
Side 10 Corner Now or Formerly  
Comments:

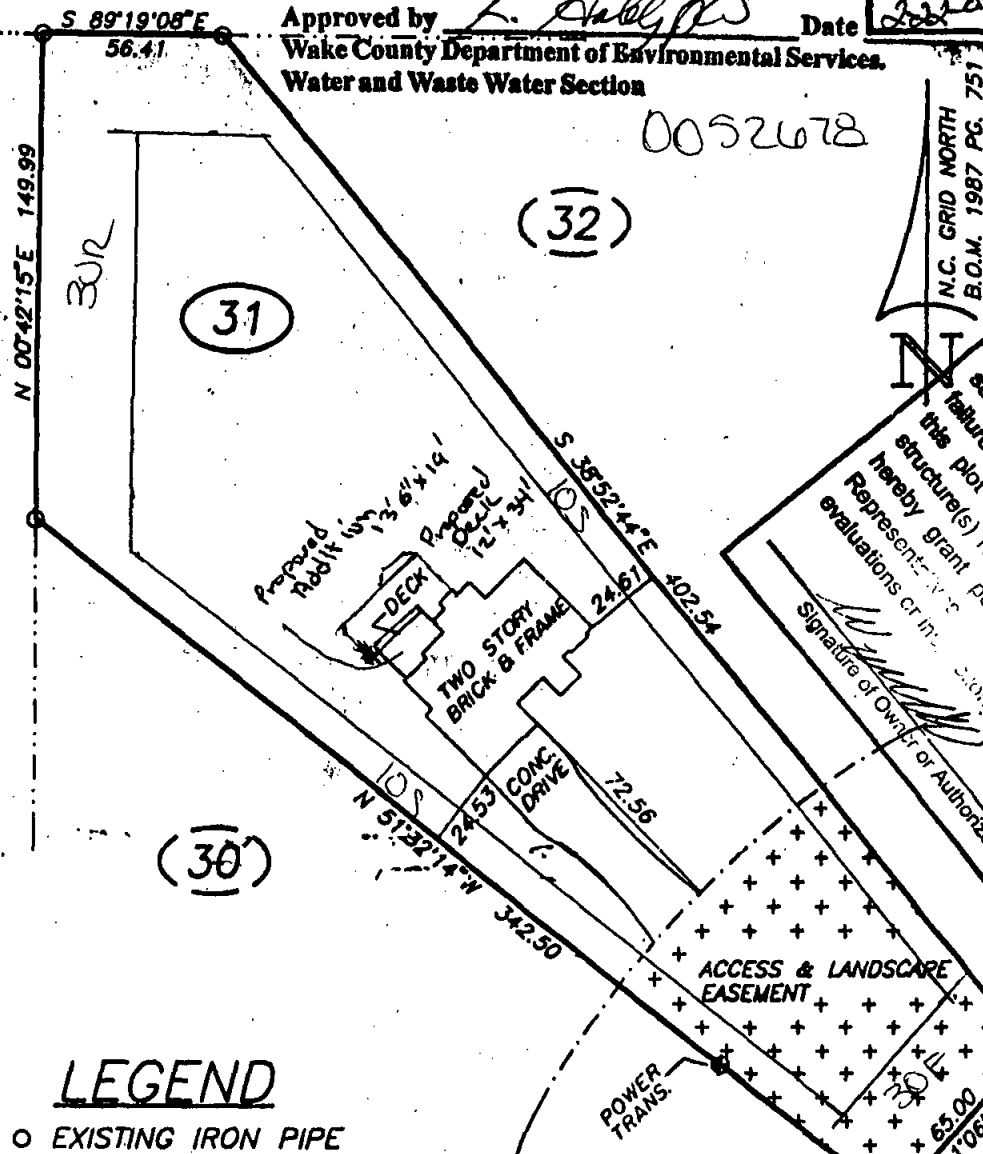
**BOBBY L. LANGSTON**

Site plan approved as shown for deck addition.  
Any changes to site plan voids approval. All setbacks apply  
for septic systems and wells, regarding any pools, decks,  
additions, or accessory structures. Applicant is responsible  
for protecting all portions of the septic system, repair area and  
wells from damage during construction. Adhere to all Local and  
State Rules.

Approved by K. J. Hally Date 2/27/05  
Wake County Department of Environmental Services.  
Water and Waste Water Section

0052678

NOW OR FORMERLY  
**PAUL H. TAYLOR**  
B.O.M. 1984 PG. 609

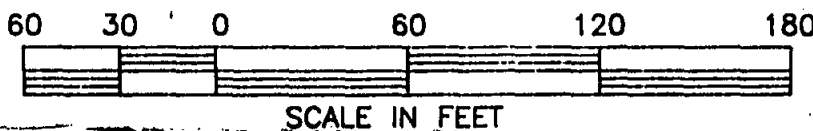


### LEGEND

○ EXISTING IRON PIPE

- House 2,200 sq ft
- Addition 256 sq ft
- Driveway 1050 sq ft
- 8.1%

N.C. GRID COORDINATES  
Y = 700,414.30  
X = 2,072,221.97  
B.O.M. 1987 PG. 751



N.C.S.R. 1387  
60' R/W



THIS PROPERTY ☐ IS, ☒ IS NOT, LOCATED IN A FLOOD HAZARD AREA

Book of Maps 1987 Vol.        Page 751 Deed Book        Pg        County of WAKE

LOT 31 SUBDIVISION LANGSTON

I HEREBY CERTIFY THAT THIS MAP IS CORRECT AND THAT THE BUILDING FOUNDATION LIES WHOLLY ON THE LOT AND  
THAT THERE ARE NO ENCROACHMENTS ON SAID LOT EXCEPT AS NOTED.

Surv'd. AZ Drawn ALM Chk'd. RAC Job No. 0191.025 Date 11/13/92 Scale 1" = 60'

**COOPER AND ASSOCIATES**  
LAND SURVEYORS

P.O. Box 4098 404 East Chatham St.  
Cary, NC 27519 Cary, NC 27511  
919-469-1760

Property of:  
**RICHARD D. SHORES, II**  
**& TERESA S. SHORES**

SWIFT CREEK TNSP., WAKE COUNTY, NORTH CAROLINA