

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: D006222

PIN #: 0891367734

OP DATE: 1011011997

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.)

01350

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 5/22/13

WAKE COUNTY ENVIRONMENTAL HEALTH WELL AND SEWAGE SITE, LOCATION PERMIT

891.01367734 NO PERMIT(S) FOR CONSTRUCTION, LOCATION OR RELOCATION ACTIVITY SHALL BE ISSUED
UNTIL AN AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION HAS BEEN ISSUED.

Pin # 180103423089 Project # 0973537 Improvement Permit
Tax Map No. _____ Parcel No. _____ Well Permit No. **D** 6222
Zoning Walu Township Barton's Creek Operation Permit ☒
Owner/Contractor: Gaines Bldg Date: 5.22-97
Location/Address: 1204 Westham Dr (at 50 N, cross at 98,
next rt to end) S.R. # _____
Subdivision Name: North Cartwell Lot No. (5) Section or Block No. _____

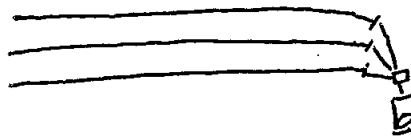
Preliminary Layout

SEE ATTACHED PLOT PLAN FOR WASTEWATER
DISPOSAL SITE.

SEE CONSTRUCTION AUTHORIZATION FOR
WASTEWATER SYSTEM DESIGN.

* basement plumbing - use
sewage lift pump if elevation
of basement floor is lower than
septic tank

Final Layout



Sewage System Specifications

Repair ☐ Original Permit No. _____
Garbage Disposal Unit Yes ☐ No ☒
House ☒ Mobile Home ☐ Business ☐
No. of Bedrooms 4 Lot Area 2. AC
Size of Tank 1200 gal.
Wastewater: Sewage ☒ Industrial ☐ Comments: _____

Nitrification Line _____ 1350 sq. ft.
Depth of Stone: 12" ☒ Max Depth of Trenches: 24 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: D R Parnell Jr

Date: 9-18-97 Installed By: James Bailey Approved By: Cindie O'Brien RS

Well System
Individual ☒ Semi-Public ☐ Public ☐
New ☒ Replacement ☐ Repair ☐
Fee Paid: Yes ☒ No ☐
Construction Compliance
Site Approved ☒ Yes ☐ No ☐
Well Head Approved ☒
Grouting Approved ☒
07-09-97 Martha Tyndall
Date Inspected Sanitarian

Bacteriological Results
Initial Sample: Abmt Date: 10/2/97
* Re-Sample #1 Date: _____
* Re-Sample #2 Date: _____
* Re-chlorination as required ☐ Yes ☐ No
* Fees for all resamples
All checks payable to: **Wake County**

Final Inspection	Yes	No
Required Slab	☒	☐
Chlorinated	☒	☐
Required Certificate	☐	☐
Variance (Explain)	☐	☐
WCHD I.D. Affixed <u>7273</u>	☒	☐
Sample Collected	☐	☐

Comments: see site plan for well location

Well Installed By: ACMG Well Drilling
10/10/97 Matthew Horrell
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.

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

CA VOID SIXTY(60) MONTHS FROM DATE OF ISSUANCE

DATE: <u>5/22/97</u>	IMPROVEMENT PERMIT NO.: <u>D 6222</u>
TAX MAP NO.: _____	PARCEL NO.: _____ PIN NO.: <u>089L 013677347</u>
OWNER/CONTRACTOR: <u>Alan Caines, Bldm</u>	
LOCATION/ADDRESS: <u>1204 Westerham Dr. (Cross</u> <u>then T.L. on Westerham, lot at end on L.)</u> <u>50 N, # 98</u>	
SUBDIVISION NAME: <u>North Chartwell</u>	
LOT NO.: <u>(5)</u>	SECTION OR BLOCK NO.: _____
AUTHORIZATION ISSUED BY: <u>D R Parnell Jr</u>	

AUTHORIZATION CONDITIONS

- 1 WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. D 6220 AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE "REGULATIONS GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL IN WAKE COUNTY" AND ANY OTHER APPLICABLE RULES AND LAWS.
- 2 THE WASTEWATER SYSTEM SHALL NOT BE COVERED OR PLACED INTO USE UNTIL INSPECTED BY THE WAKE COUNTY DEPARTMENT OF HEALTH AND AN OPERATION PERMIT ISSUED.
- 3 ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY VOID THIS AUTHORIZATION AND ASSOCIATED PERMITS.
- 4 OTHER CONDITIONS: _____

* CONTRACTOR TO ESTABLISH AND FOLLOW CONTOUR

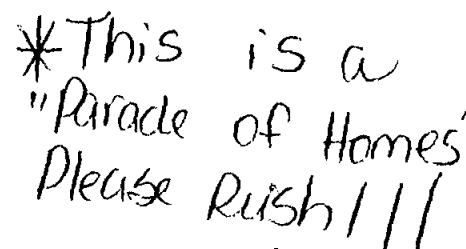
* SEE ATTACHED PLOT PLAN FOR DESIGN AND LOCATION OF SYSTEM

SEPTIC TANK 1200 gal.
PUMP TANK - gal.

MAXIMUM TRENCH DEPTH	<u>24</u> inches
NUMBER OF TRENCHES	<u>2</u>
LENGTH OF TRENCHES	<u>225</u> feet
WIDTH OF TRENCHES	<u>3</u> feet
AMOUNT OF STONE	<u>12</u> inches

Environmental Health

Comments:


$$1'' \equiv 60'$$

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 of Owner or Authorized Agent _____