

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0000803

PIN #: 1850332546

OP DATE: 0412411996

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.)

01700

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

WAKE COUNTY HEALTH DEPARTMENT 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

Pin # 1850.03331456 Project # 962211

Improvement Permit D803

Tax Map No. _____ Parcel No. _____

Well Permit No. _____

Zoning Wake Township Wake Forest

Operation Permit ☒

Owner/Contractor: Michael Buaz / Debra Kutas

Date: 3-12-96

Location/Address: 724 Jones Dairy Rd. Hwy 401 N. (C) SR1945 (C)

S.R. # 2053

Subdivision Name: _____

Lot No. _____

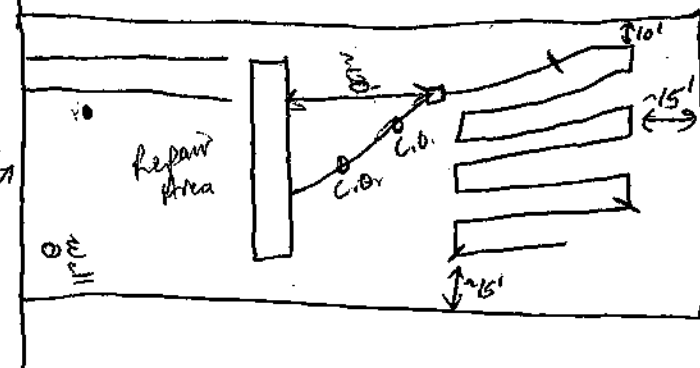
Section or Block No. _____

Preliminary Layout

- * See Attached Site Plan for Wastewater Disposal Site
- * See Construction Authorization for wastewater system design
- * Contractor to Layout system before starting - Call if cannot match design.

Final Layout

Mills 1200 10-2-95
STB-857



Installed 500' x 3.5' = ~1700'

Sewage System Specifications

Repair ☐ Original Permit No. _____
 Garbage Disposal Unit Yes ☐ No ☒
 House ☐ Mobile Home ☒ Business ☐
 No. of Bedrooms 4 Lot Area 1.00
 Size of Tank 1200 gal.

Nitrification Line 1350 sq. ft.
 Depth of Stone: 12" ☒ Max Depth of Trenches: 18 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: ED Dufek BS

Wastewater: Sewage ☒ Industrial ☐ Comments: Install Clean outs every 50'

Date: 4-24-96 Installed By: Thurman Johnson Approved By: ED Dufek BS

Individual ☒ Well System
 New ☒ Semi-Public ☐ Public ☐
 Fee Paid: Yes ☒ Replacement ☐ Repair ☐
 No ☐

Construction Compliance Yes ☒ No ☐
 Site Approved ☒
 Well Head Approved ☒
 Grouting Approved ☒

4-24-96 Date Inspected Ralph McDonald, R.S. 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

Yes No

Required Slab ☐ ☐
 Chlorinated ☐ ☐
 Required Certificate ☐ ☐
 Variance (Explain) ☐ ☐
 WCHD I.D. Affixed ☐ ☐
 Sample Collected ☐ ☐

Comments: See Construction Authorization Site Plan for well location

Well installed By: Boll well co.

Date System Finalized _____

Sanitarian _____

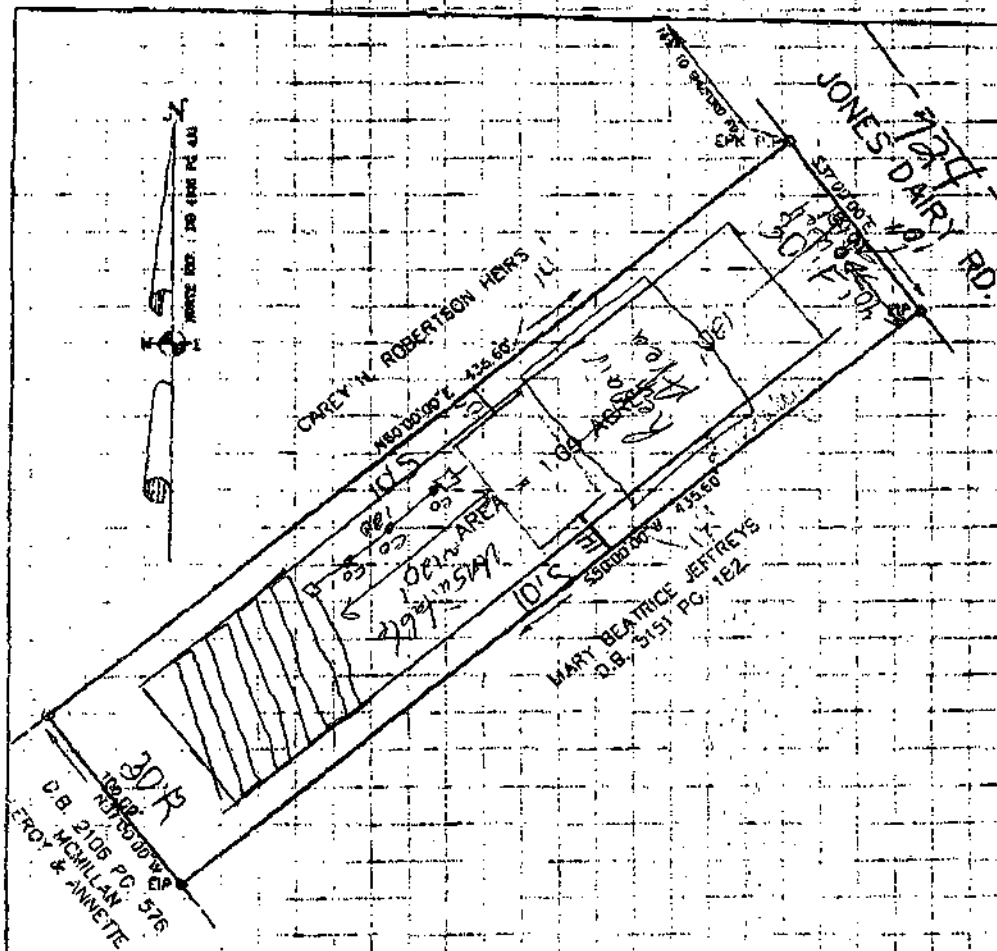
This report is based in part on information provided by the homeowner or his/her representative in the application submitted for this permit. The sanitarian is not responsible for false or misleading information contained in the application. The sanitarian is also not responsible for concealed conditions 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

3002.017 - 5/14/93

Tax Map No. 1850.03331456 Parcel No. _____

0962211

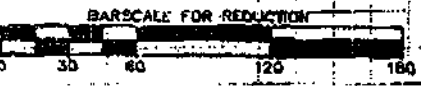
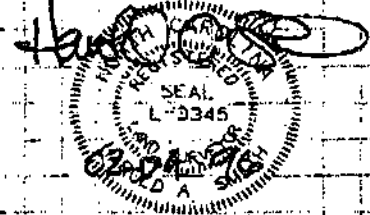
Construction
Authorization
Site Plan
D-803

must maintain 10' sideyard

Front 30' Rear 30' Corner 10'

- GENERAL NOTES:
- 1) THIS IS A SURVEY OF AN EXISTING PARCEL.
 - 2) NO MONUMENT WITHIN 2000'.
 - 3) THIS LOT IS NOT WITHIN A FLOOD PLAIN ACCORDING TO FEMA MAP COMMUNITY PANEL NO. 3718300177E.
 - 4) THIS MAP IS NOT FOR RECORDING.
 - 5) EIP=EXISTING IRON PIPE
NIP=NEW IRON PIPE
EIR=EXISTING IRON REBAR
NIR=NEW IRON REBAR

I HEREBY CERTIFY THAT, ON THE DATE SHOWN, THIS MAP IS CORRECT AND THAT THE BUILDINGS ARE WHOLLY ON THE LOT AND THAT THERE ARE NO ENCROACHMENTS OF OTHER BUILDINGS ON THE SAID LOT EXCEPT AS SHOWN.



724 JONES DAIRY RD. AS RECORDED IN DEED BOOK 4908
PAGE 461 OF THE WAKE COUNTY REGISTRY OF DEEDS.

A SURVEY FOR

DEBRA KUTAS

WAKE FOREST TOWNSHIP, NORTH CAROLINA

HAROLD "TODD" SMITH

LAND SURVEYING
RALEIGH, N.C.

L-3345 certify that the location of this structure is accurately shown. Failure to locate this structure in accordance

with this plot plan could require relocation of the structure regardless of its degree of completion;

Signature: *Harold Todd Smith*

Date: _____

Check one: ☒ Owner ☐ Builder/Contractor ☐ Other

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

VOID SIXTY(60) MONTHS FROM DATE OF ISSUANCE

DATE: <u>3-12-96</u>	IMPROVEMENT PERMIT NO.: <u>D 803</u>
TAX MAP NO.: _____	PARCEL NO.: <u>PH 1962211</u> PIN NO.: <u>1850.03 33 1456</u>
OWNER/CONTRACTOR: <u>Michael Buaiz / Debra Kutas</u>	
LOCATION/ADDRESS: <u>724 Jones Dairy Rd. Hwy 401 N. (2) SR 1945</u> <u>(2) SR 2053 Lot on left before Shufford Rd</u>	
SUBDIVISION NAME: _____	
LOT NO.: _____	SECTION OR BLOCK NO.: _____
AUTHORIZATION ISSUED BY: <u>ED Duref R. S</u>	

PIN #: 1850.03 33 1456

AUTHORIZATION CONDITIONS

- 1 WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. D-803 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: Conventional trench 3' wide, Single trench 500' long, Contractor to establish and follow contour, MAX Depth of Trenches 18", Use 1200 gal Septic Tank, Install Cleanouts every 50' of line from Tank to D'Box, Start lines ~120' from back of Mobile Home, See Attached Plat for location of System

5. Trees must be removed by sawing off flat at ground level. Absolutely no soil may be removed during tree clearing process or Permit is VOID!