

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: D005461

PIN #: 2716339232

OP DATE: 0912311997

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

7/11

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 # 2716.03 33 ~~8550 9232~~ Project # 172676Tax Map No. 423 Parcel No. _____Zoning Wake Township Little RiverOwner/Contractor: Kinal, ThomasLocation/Address: 10728 Staghound Tr. → 6AE from ZebulonRt. on Debnam Rd. Sub on R. S.R. # _____Subdivision Name: Tippett Creek Lot No. 16 Section or Block No. _____

Preliminary Layout

SEE ATTACHED PLOT PLAN FOR WASTEWATER
DISPOSAL SITE.

SEE CONSTRUCTION AUTHORIZATION FOR
WASTEWATER SYSTEM DESIGN.

Water lines must not cross
septic system area.

Final Layout

Sewage System Specifications

Repair [] Original Permit No. _____

Garbage Disposal Unit Yes [] No [✓]

House [✓] Mobile Home [] Business []

No. of Bedrooms 4 Lot Area .69 ACRESize of Tank 1200 4/30/97 gal.

Wastewater: Sewage [✓] Industrial [] Comments: _____

Nitrification Line 3X (3' X 133') = 1200 sq. ft.Depth of Stone: 12" [X] Max Depth of Trenches: 24 in.

Riser and Baffle Required [X] 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: Andre C. PrieurDate: 8-14-97 Installed By: Ed Faison Approved By: Andre C. Prieur

Individual [✓] **Well System** [] Public []
New [✓] Semi-Public [] Replacement [] Repair []
Fee Paid: Yes [✓] No []

Construction Compliance Yes [] No []
Site Approved []
Well Head Approved []
Grouting Approved []

Date Inspected 5/8/97 Reshawn Casin Sanitarian

Bacteriological Results

Initial Sample: Neg Date: 8-22-97

* Re-Sample #1 _____ Date: _____

* Re-Sample #2 _____ Date: _____

* Re-chlorination as required [] Yes [] No []

* Fees for all resamples _____

All checks payable to: Wake County Health Department

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

Comments: See construction authorization
for well site location.

Well Installed By: Mark Owens9-23-97 Doug Brink

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
VOID SIXTY(60) MONTHS FROM DATE OF ISSUANCE

DATE: <u>3-19-97</u>	IMPROVEMENT PERMIT NO.: <u>D5461</u>	
TAX MAP NO.: <u>423</u>	PARCEL NO.: _____	PIN NO.: <u>2716.03 33 8550 9232</u>
OWNER/CONTRACTOR: <u>Kinal, Thomas</u>		
LOCATION/ADDRESS: <u>10728 Stagland Tr.</u>		
SUBDIVISION NAME: <u>Tippett Creek</u>		
LOT NO.: <u>16</u>	SECTION OR BLOCK NO.: _____	
AUTHORIZATION ISSUED BY: <u>Andre C. Pierce</u>		

AUTHORIZATION CONDITIONS

- 1 WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. D5461 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 trenches, 3' wide, 3 trenches,
133' long, contractor to establish and follow contour,
max depth of trench 24 inches. Use 1200 gallon septic
tank. See attached plot plan for location of system.

PIN #: 2716.03 33 8550 9232

Lot 16

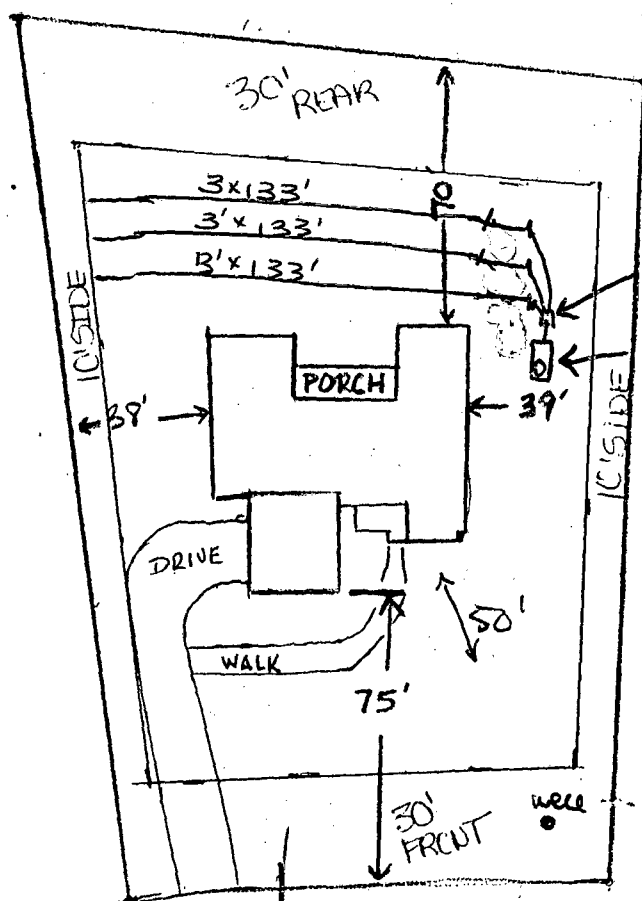
Tipett Creek

10728 Staghound Trail

0972674
(D-5461)

Zoning	R-30	By	CG
Approve	✓	Date	2-28-97
Revise		Use	101
Reject		MBL	95
Front	30	Rear	30
Side	10	Corner	30

Comments:



Distribution Box
1200 gallon Septic
Tank

DIN#2716.03 338550 9232 10728 STAGHOUND TR1

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.

Thomas D. Kind 2-28-97

Signature of Owner or Authorized Agent

1" = 50'