

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0008307

PIN #: 1708940486

OP DATE: 0711411998

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

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ |
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| ☐ | ☐ | ☐ |
| ☒ | ☐ | ☒ |

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

WAKE COUNTY ENVIRONMENTAL HEALTH 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#: D008307 STATUS: A APP DATE: 11/12/1997 BLDG PERMIT#: 0981586
APPLICANT: EVERGREEN CONSTRUCTION DAY PHONE: (919) 848 - 2041
ADDRESS: 7706 SIX FORKS RD SUITE 202 FAX#: (000) 000 - 0000
CITY: RALEIGH STATE: NC ZIP: 27615
OWNER: BENT TREE LIMITED LIABILITY DAY PHONE: (919) 999 - 9999
ADDRESS: 3600 GLENWOOD AVE FAX#: (000) 000 - 0000
CITY: RALEIGH STATE: NC ZIP: 27612
HD USE CD: 101 ONE-FAMILY HOUSE ORIG PERMIT#: REC?: Y
EXIST USE: TAX MAP#: 0282 0000
BEDROOMS: 4 BSMT: N #EMPLOYEES: 0 WATER: C WASTEWATER: I GARB DISPOS: N
TOWNSHIP: 02 BARTON'S CREEK JURIS: WC ZON: 40W PIN: 1708.16 94 0486 000
SUBD#: S 000 000 00 SUBD NAME: CROSS GATE LOT-SEC: 22 ACRE: 0.93
IMPRV PRMT: ISSUED?: Y DATE: 12/18/1997 BY: TW TYPE SYSTEM: III PUMP:
CNSTR AUTH: ISSUED?: Y DATE: 12/18/1997 BY: TW DATE EXPIRED: 12/18/2002
RECEIPT#: FEE: 145.00 OP DATE: BY:
WATR SAMPL: REQ?: APPROVED?: DATE: PROPRIETARY SYS:
ST#: 1017 MI: DIR: NAME: OLD MEETINGHOUSE DIR: TYP: WAY
DIRECTIONS: SR 1005 N TO R ON SR 2006 TO R ON WHITE CHAPEL
WAY GO TO OLD MEETINGHOUSE WAY

IMPROVEMENT PERMIT

SIZE OF TANK 1200 ST PT GALS. TOTAL SQ. FT. 1200 DEPTH OF STONE IN. MAX. DEPTH LINE 30 IN.

WASTEWATER: DOMESTIC ☒ INDUSTRIAL ☐

I.P. ISSUED BY

Jim Waven, RS.

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 Environmental Health Division and an Operation Permit issued.

OTHER CONDITIONS: PERMIT IS FOR INNOVATIVE TYPE SYSTEM (CHAMBER OR POLYSTYRENE AGGREGATE)
PERMIT REFLECTS 25% REDUCTION. Keep septic system 5' from hse foundation; 10' from P/L. Divert foundation
drains / roof gutter drains away from septic system. Install on contour to avoid stepdowns.

SIZE OF TANK 1200 ST PT GALS. TOTAL SQ. FT. 1200 DEPTH OF STONE IN. MAX. DEPTH LINE 30 IN.

NUMBER OF TRENCHES 4 LENGTH OF TRENCHES 100 FT. WIDTH OF TRENCHES 3 FT.

C.A. ISSUED BY *Jim Waven, RS.* INSTALLED BY *James Bailey* CTR. I.D. #

INNOV. APPL. # IWWS- DATE 12-14-98 INSTALLATION APPROVED BY *Jim Waven, RS.*

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:

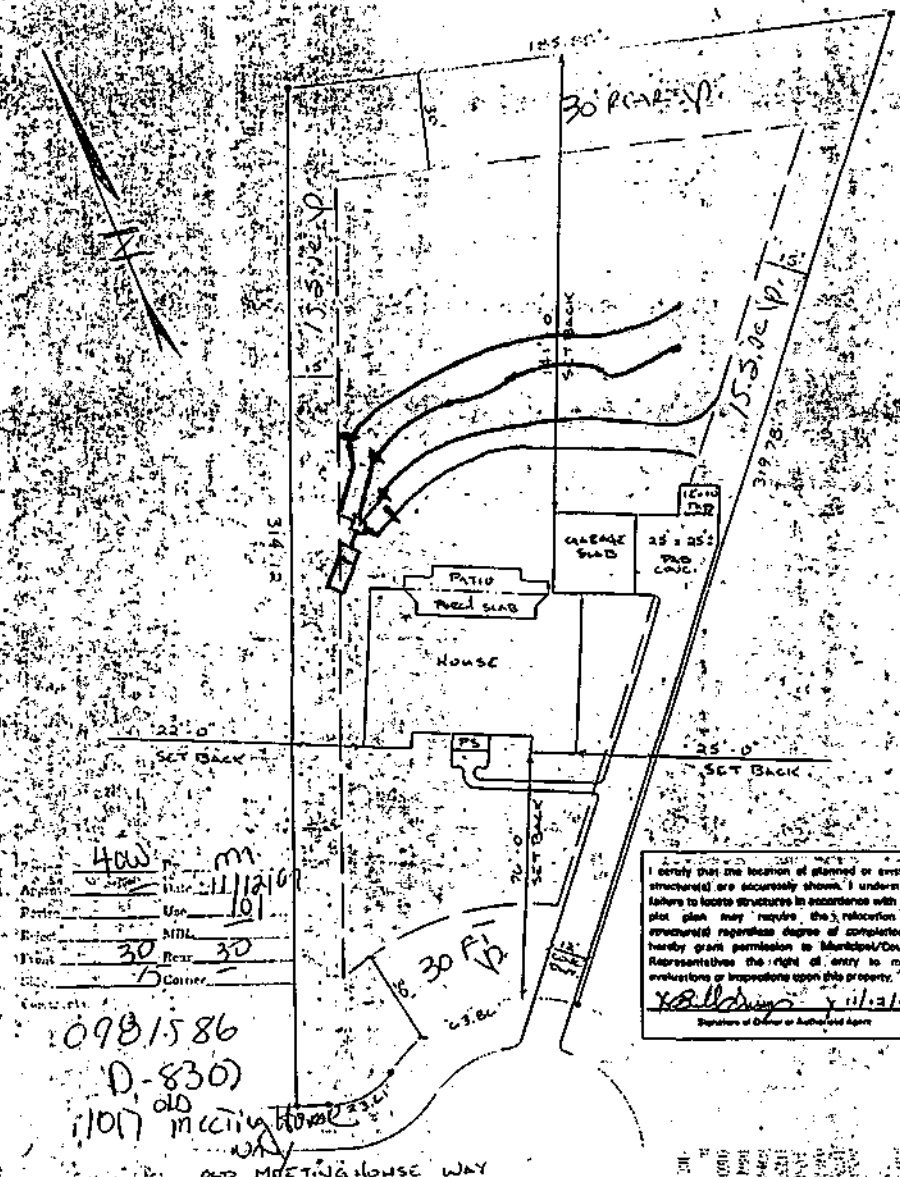
This permit is based in part on information provided by the homeowner or his/her representative in the application submitted for this permit. The Environmental Health Specialist is not responsible for false or misleading information contained in the application. The Environmental Health Specialist is 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.

* EEE-777 Lay 4 x (100' x 3') See attached request form

LOT 22
 CROSSGATE SUBDIVISION
 1017 OLD MEETINGHOUSE WAY
 ANDERSONVILLE
 10/8/97

As Built

M/16-1200
 STB-857
 5-10-98



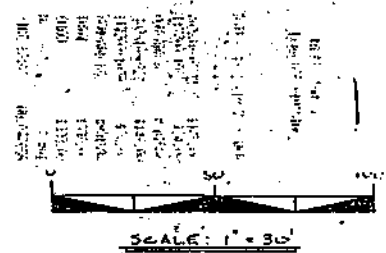
400' m
 Area: 11/12/97
 Date: 10/1
 Project: NDL
 Front: 30' Rear: 30'
 Side: 15' Corner: 15'

0981586
 D-8307

1107 OLD MEETINGHOUSE WAY
 AND MEETINGHOUSE WAY

I certify that the location of planned or existing structures are accurately shown. I understand failure to locate structures in accordance with this plot plan may require the relocation of structures regardless degree of completion. I hereby grant permission to Municipal/County Representatives the right of entry to make evaluations or inspections upon this property.
X. B. Thompson 11/13/97
 Signature of Owner or Authorized Agent

SCALE 1/4" = 30'
 1" = 60'



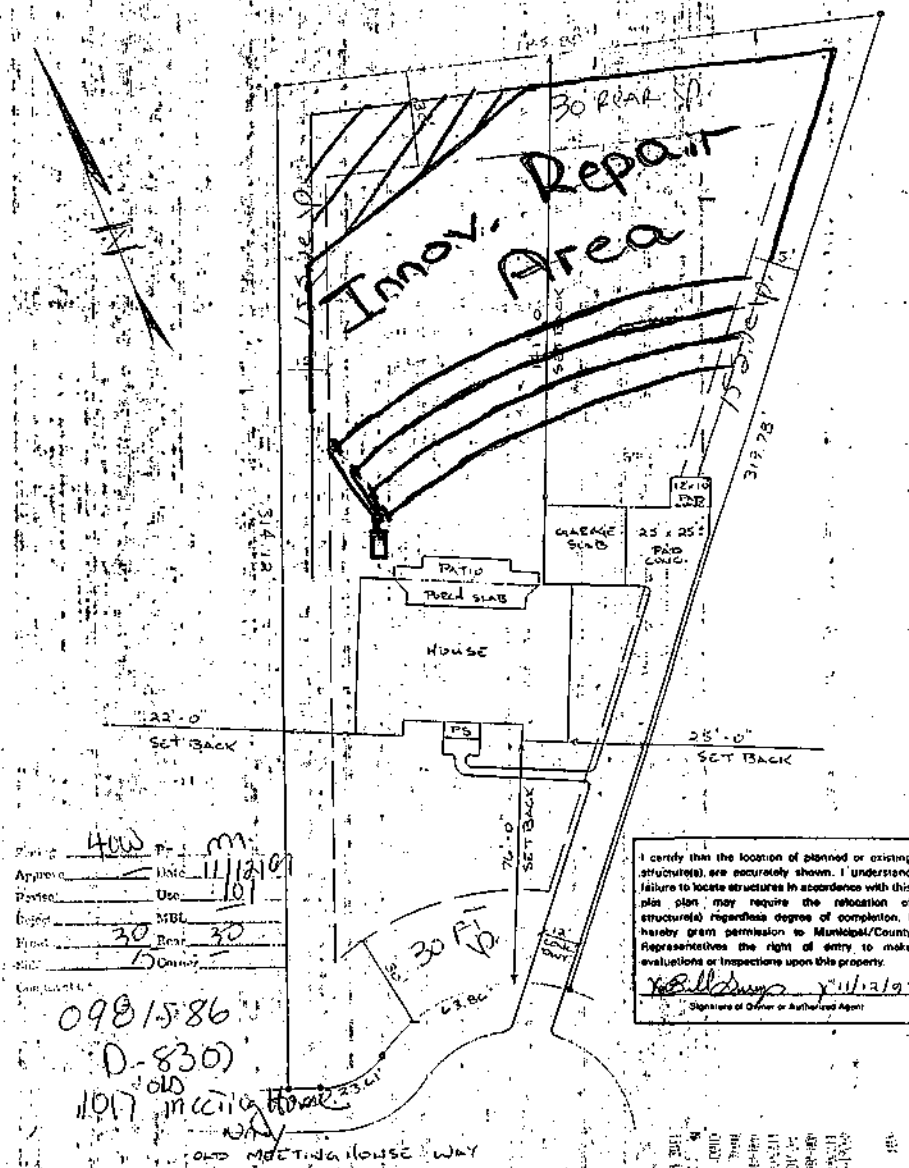
LOT 22

CROSSGATE SUBDIVISION

1017 OLD MEETINGHOUSE WAY

L. ANDERSON, ILL.

10/6/97



400 ft. m.
Approved _____ Date 11/12/97
Revised _____ Use 101
Budget _____ MBL 30
Front 30 Rear 30
Side 15 Corner _____
Comments _____

098/586

D-830

1017 Old Meetinghouse Way

OLD MEETINGHOUSE WAY

SCALE 1" = 30'

I certify that the location of planned or existing structure(s) are accurately shown. I understand failure to locate structures in accordance with this 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: *L. Anderson* 11/12/97

