

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 1000504

PIN #: 2716336846

OP DATE: 0611811996

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

JH11/18

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMITNO PERMIT(S) FOR CONSTRUCTION, LOCATION OR RELOCATION ACTIVITY SHALL BE ISSUED
UNTIL AN AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION HAS BEEN ISSUEDPin # 2716.03337839 Project # 961825 ^{→ previously well permit} Improvement Permit D504

Tax Map No. _____ Parcel No. _____

Zoning WAVE Township LITTLE RIVEROwner/Contractor: JOSEPH R. McLEOD JR.Location/Address: ? STAGHOUND TRAIL

Well Permit No. _____

Operation Permit []

Date: 12/27/95

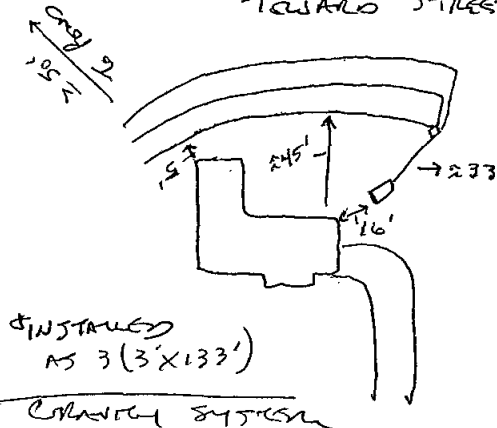
S.R. # _____

Subdivision Name: TIPPET CREEKLot No. 33

Section or Block No. _____

Preliminary Layout

- SEE ATTACHED PLAT FOR WASTEWATER DISPOSAL SITE
- SEE CONSTRUCTION AUTHORIZATION FOR WASTEWATER SYSTEM DESIGN

Final Layout* ZONING * - HOUSE MOVED
TOWARD STREET 5'**Sewage System Specifications**

Repair [] Original Permit No. _____

Garbage Disposal Unit Yes [] No [✓]

House [✓] Mobile Home [] Business []

No. of Bedrooms 4 Lot Area 2.09Size of Tank 1200 - 521 ¹²⁰⁰ PT gal.

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

Nitrification Line _____ ~ 1200 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: J. S. J. R.S., EHS254-4359Date: 6/18/96 Installed By: Blaughey & Sons Approved By: J. S. J.

Well System

Individual [✓] Semi-Public [] Public []

New [✓] Replacement [] Repair []

Fee Paid: Yes [✓] No []

Construction Compliance Yes [] No []

Site Approved [✓] []

Well Head Approved [✓] []

Grouting Approved [✓] []

Date Inspected 6/16/96 Sanitarian [Signature]**Bacteriological Results**Initial Sample: neg Date: 7/24/96

* 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 [✓] []

Chlorinated [✓] []

Required Certificate [] []

Variance (Explain) [] [✓]

WCHD I.D. Affixed 2708 [✓] []

Sample Collected [✓] []

Comments: - SEE CONSTRUCTION AUTHORIZATION FOR WELL SITE LOCATIONWell Installed By: Louisa Watkins7/26/96 [Signature]

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

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
VOID SIXTY(60) MONTHS FROM DATE OF ISSUANCE

DATE: <u>12/27/95</u>	IMPROVEMENT PERMIT NO.: <u>D-504</u>
TAX MAP NO.: _____	PARCEL NO.: _____ PIN NO.: <u>2716.03337839</u>
OWNER/CONTRACTOR: <u>Joseph R. McLeod Jr.</u>	
LOCATION/ADDRESS: <u>? STARHOUND TRAIL</u>	
SUBDIVISION NAME: <u>TIPPLE CREEK</u>	
LOT NO.: <u>33</u>	SECTION OR BLOCK NO.: _____
AUTHORIZATION ISSUED BY: <u>[Signature]</u>	

PIN #:

AUTHORIZATION CONDITIONS

- 1 WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. D-504 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: *INSTALL WELL FIRST - PRIOR TO SEPTIC SYSTEM INSTALLATION
SEWAGE DISPOSAL SYSTEM: MODIFIED CONVENTIONAL
TRENCHES → 4 TRENCHES, EACH 3' WIDE, EACH 100' LONG - MAXIMUM
DEPTH OF TRENCHES ≈ 24" - CONTRACTOR TO ESTABLISH AND FOLLOW
CONTOUR - SEE ATTACHED PLOT PLAN FOR LOCATION OF WASTEWATER

SYSTEM — NOTE: SYSTEM WILL BE CHANGED TO GRAVITY FLOW IF
CONTRACTOR CAN DEMONSTRATE

*STAY AT LEAST 50' AWAY FROM POND - SEE BUFFER

WILLIAMS - PEARCE & ASSOC., P.A.

