

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 036929

PIN #: 0665178424

OP DATE: 0510411988

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

include permit
D 6676
D 9089

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

DH 2/4

WAKE COUNTY HEALTH DEPARTMENT SEPTIC TANK LAYOUT AND PERMIT

4-500 8
36929 1:00

TAX MAP NO. 576 PARCEL NO. 518

PERMIT NO. B
OPERATION PERMIT ☐

CONTRACTOR

OWNER Carlton Anderson

DATE 10-25-86

LOCATION

S. R. NO. 2770

SECTION OR BLOCK NO. 3

SUBDIVISION NAME Nail's Crossing LOT NO. 72

REPAIR ☐ ORIGINAL PERMIT NO. _____

GARBAGE DISPOSAL UNIT YES ☐ NO ☒

HOUSE ☒ MOBILE HOME ☐ BUSINESS ☐

NO BEDROOMS 3 LOT AREA 34,227
SIZE OF TANK 1000 gal.

NITRIFICATION LINE 1200 2(200x3) sq. ft.

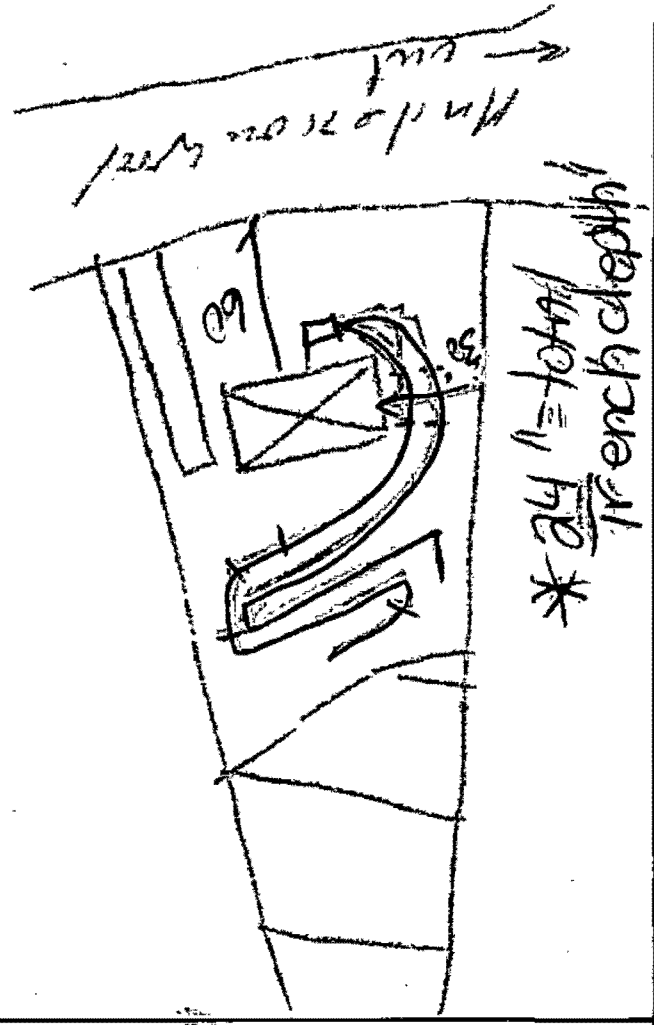
DEPTH OF STONE IN LINES: 12" ☒

RISER AND BAFFLE REQUIRED ☒ PUMP REQUIRED ☐

WATER SUPPLY: INDIVIDUAL ☐ PUBLIC ☐ OTHER ☐

- PERMIT VOID 36 MONTHS FROM DATE OF ISSUANCE.
- PERMIT VOID IF NOT IN COMPLIANCE WITH ZONING REGULATIONS
- PERMIT MAY BE VOIDED IF SITE ALTERATIONS MADE

LAYOUT BY W. A. Smith, P.E.

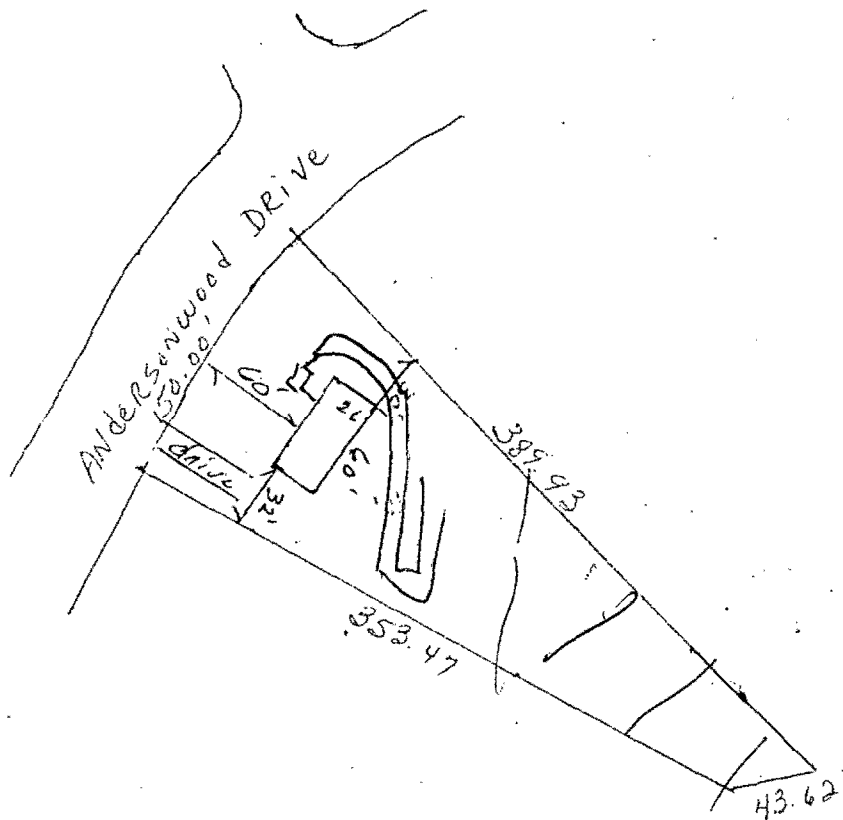


* 24' = total trench depth

DATE 5/24/88

INSTALLED BY Jersey Placemont

APPROVED BY D. H. Smith, P.E.



Katus Anderson Builder INC.

Lot 72 Hills Crossing S/D

Scale 1" = 100'

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.

Pin # 665-01178424 Project # _____ Improvement Permit _____
Tax Map No. 876 Parcel No. 115 Well Permit No. **D6676**
Zoning R-20 Township MIDDLE CREEK Operation Permit []
Owner/Contractor: ED SMITH Date: 6-13-97
Location/Address: 1317 ANDERSON WOOD DR FUQUAY-VARINA 27526
4015 TO FUQUAY, LEFT ON VANLE ST, R, FARMINGDALE, L. ANDERSON WOOD S.R. # _____
Subdivision Name: NEILS CROSSING Lot No. 72 Section or Block No. _____

Preliminary Layout

SEE ATTACHED PLOT PLAN FOR WASTEWATER
DISPOSAL SITE.

SEE CONSTRUCTION AUTHORIZATION FOR
WASTEWATER SYSTEM DESIGN.

Final Layout

CONTACT GLENN JOHNSON
BEFORE STARTING REPAIRS!
856-7413

Sewage System Specifications

Repair ☒ Original Permit No. 36929
Garbage Disposal Unit Yes [] No ☒
House ☒ Mobile Home [] Business []
No. of Bedrooms 3 Lot Area 34,227
Size of Tank 1000 gal.
Wastewater: Sewage ☒ Industrial [] Comments: _____

Nitrification Line EXISTING 1200 sq. ft.
Depth of Stone: 12" [] Max Depth of Trenches: _____ 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: W. A. WARD

Date: _____ Installed By: _____ Approved By: _____

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 _____ 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**

Final Inspection

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

Comments: _____
Well Installed By: _____
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: 6-13-97 IMPROVEMENT PERMIT NO.: D 6676
TAX MAP NO.: 876 PARCEL NO.: 115 PIN NO.: 665-0117 8424
OWNER/CONTRACTOR: ED SMITH
LOCATION/ADDRESS: 1317 ANDERSONWOOD DR

SUBDIVISION NAME: NEIL'S CROSSING
LOT NO.: 72 SECTION OR BLOCK NO.: _____
AUTHORIZATION ISSUED BY: Glenn Johnson

AUTHORIZATION CONDITIONS

- 1 WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. D6676 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 ENVIRONMENTAL 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: ① CHECK D-BOX FOR LEVEL
② REPAIR STEPDOWN
③ RECOMMEND REDUCING WATER USAGE (clothes washer)
④ HEALTH DEPT MUST BE PRESENT AT TIME OF REPAIR
CONTACT: GLENN JOHNSON 856-7413

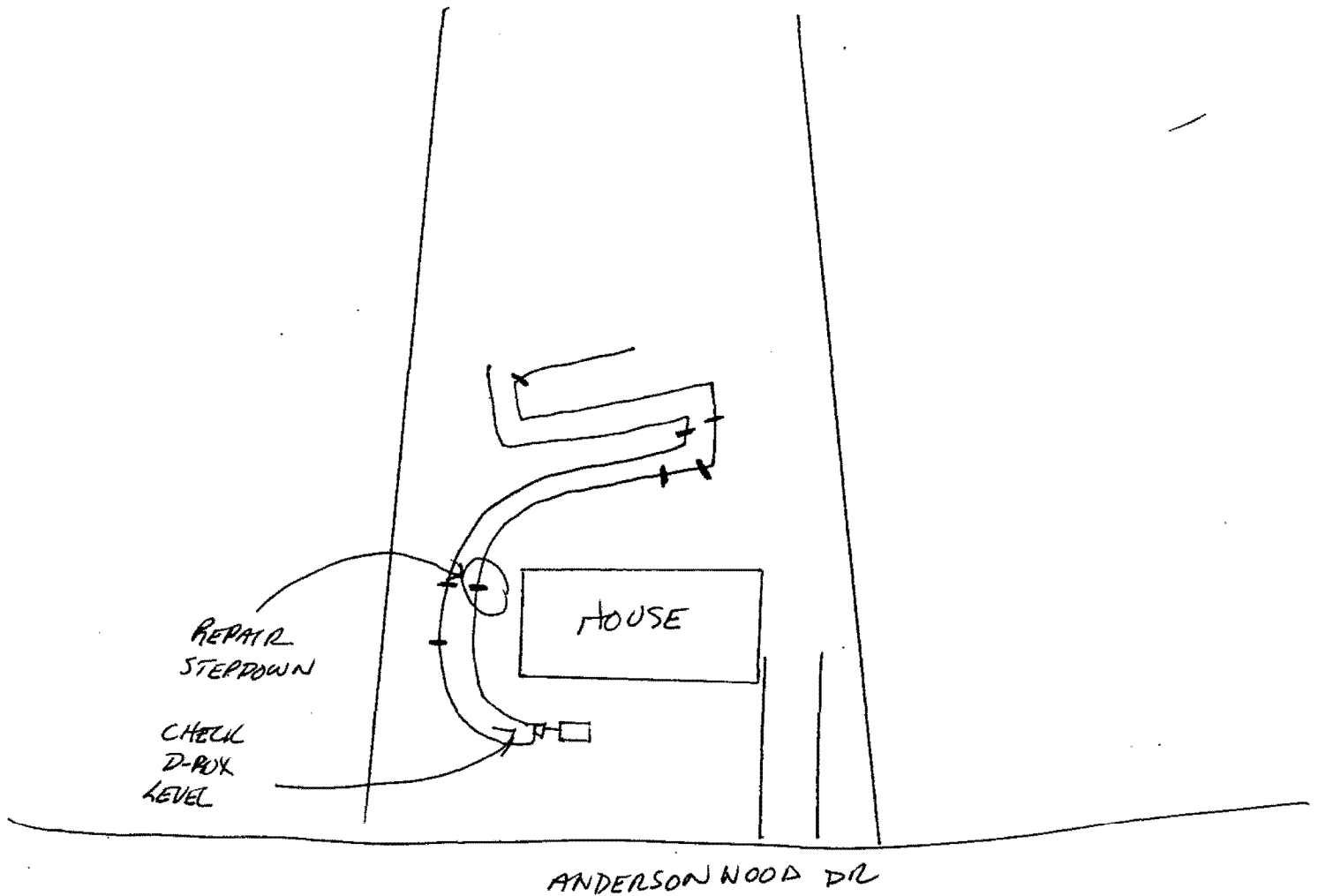
PIN #:



COUNTY OF WAKE
RALEIGH, NORTH CAROLINA

Environmental Health Division

Phone: (919) 856-7400 Fax: (919) 856-7407



Construction Authorization
D6676

PERMIT VOID IF NOT IN COMPLIANCE WITH ZONING REGULATIONS AND/ OR IF SITE IS ALTERED OR INTENDED USE CHANGED

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.

1/28/98
CA FOR REPAIRS

EXIST Septic Tank

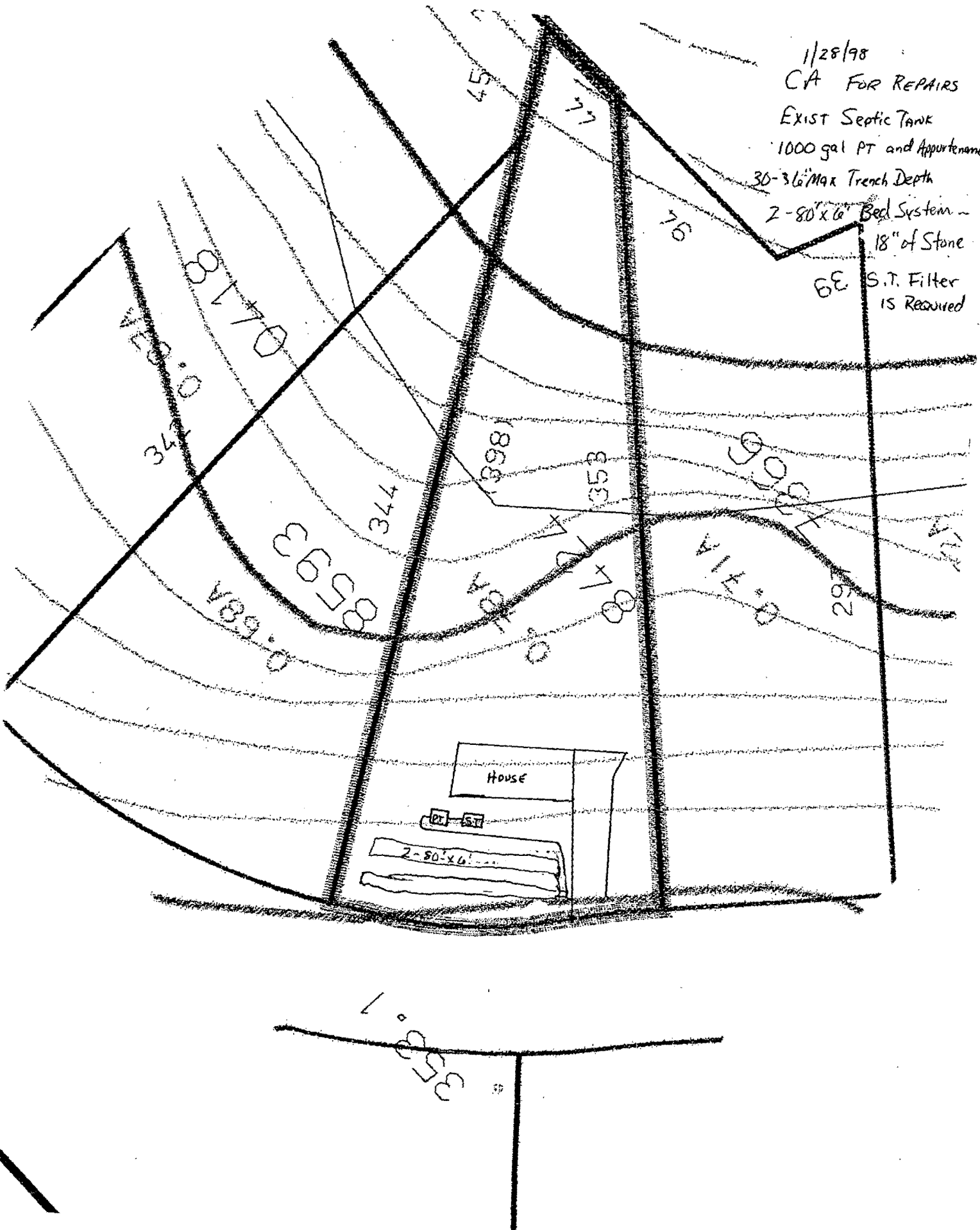
1000 gal PT and Appurtenances

30-36" Max Trench Depth

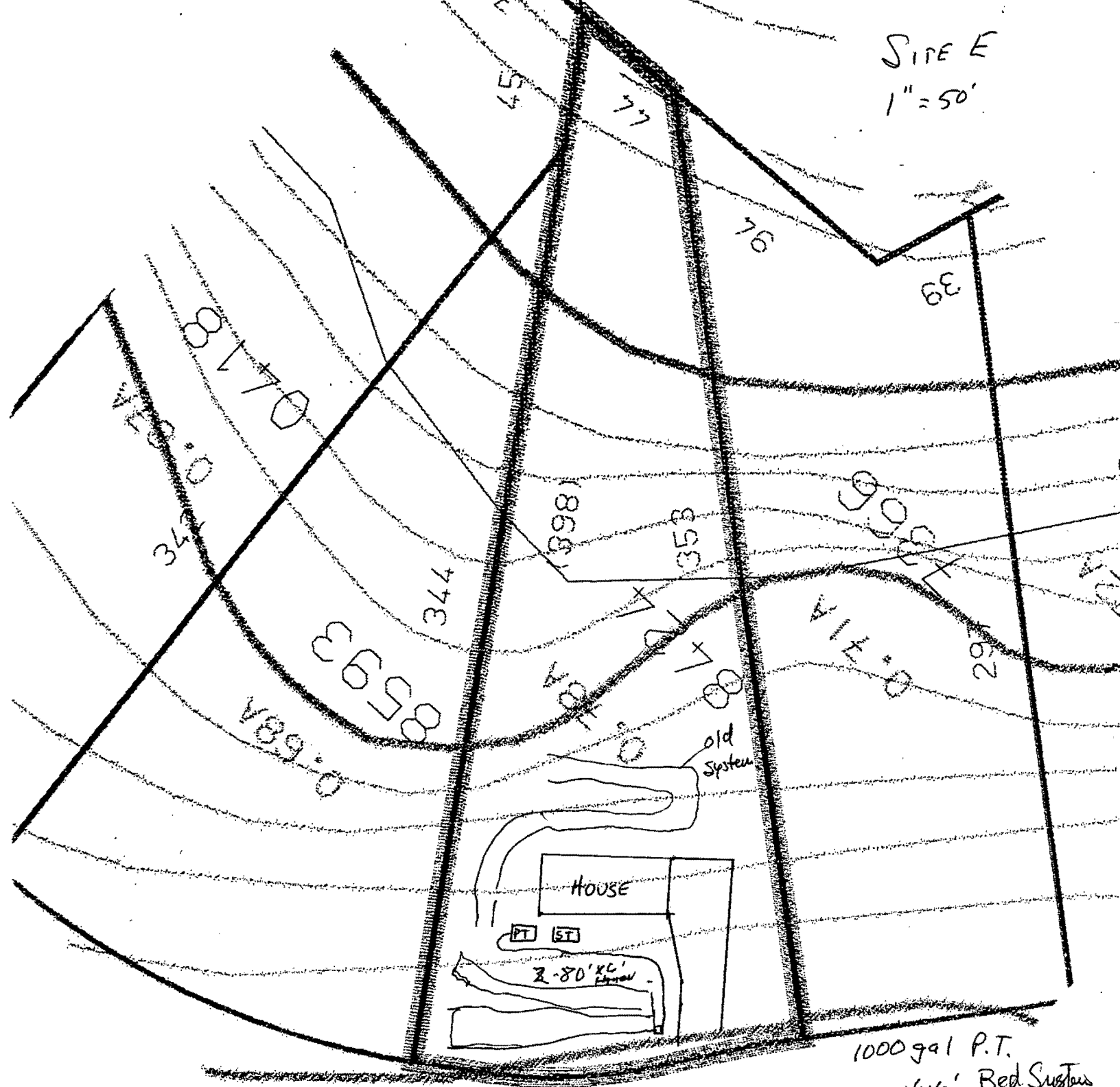
2-80'x6" Bed System ~

18" of Stone

6E S.T. Filter
IS Required



SIDE E
1" = 50'



1000 gal P.T.
3-80'x4' ~~Bed~~ System

Pump + Replace S.T.
AND TEE IF Needed
18" of Stone
Filter Required

SIDE E