

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0015398

PIN #: 1746883450

OP DATE: 0511212004

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

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|------------------|
| ☐ | ☐ | ☐ | 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.)

00900

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 DEPARTMENT OF ENVIRONMENTAL SERVICES 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#: D015398 STATUS: A APP DATE: 07/30/1999 BLDG PERMIT#: 0000416
APPLICANT: WATSON, JOHNNY BUILDERS INC DAY PHONE: (919) 266 - 3982
ADDRESS: 7419 HWY 64 E SUTIE 109 FAX#: (919) 266 - 6663
CITY: KNIGHTDALE STATE: NC ZIP: 27545
OWNER: JOHNNY WATSON BUILDERS INC DAY PHONE: (000) 000 - 0000
ADDRESS: SAME FAX#: (000) 000 - 0000
CITY: SAME STATE: NC ZIP: 27545
HD USE CD: 101 ONE-FAMILY HOUSE ORIG PERMIT#: REC?: Y
EXIST USE: TAX MAP#: 0385 0005
BEDROOMS: 3 BSMT: N #EMPLOYEES: 0 WATER: I WASTEWATER: I GARB DISPOS: N
TOWNSHIP: 19 WAKE FOREST JURIS: WC ZON: R30 PIN: 1746.02 87 4532 000
SUBD#: S 000 000 00 SUBD NAME: LAUREN OAKS LOT-SEC: 23 ACRE: 0.80
IMPRV PRMT: ISSUED?: Y DATE: 09/14/1999 BY: KGD TYPE SYSTEM: III PUMP:
CNSTR AUTH: ISSUED?: Y DATE: 09/14/1999 BY: KGD MAINT: N OPER: N
RECEIPT#: 0045123 FEE: 290.00 OP DATE: BY:
WATR SAMPL: REQ?: Y APPROVED?: DATE: PROPRIETARY SYS: E E-Z LAY
ST#: 3936 MI: DIR: NAME: LAURISTON DIR: TYP: RD
DIRECTIONS: 64E L OLD MILBURNIE RD SITE @ 2217&2222 LOT 23

IMPROVEMENT PERMIT

SIZE OF TANK 1000 ST PT GALS. TOTAL SQ. FT. 900 DEPTH OF STONE PSA IN. MAX. DEPTH LINE 22 IN.

WASTEWATER: DOMESTIC ☒ INDUSTRIAL ☐ I.P. ISSUED BY [Signature]

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 Department of Environmental Services and an Operation Permit issued.

OTHER CONDITIONS: INNOV SYSTEM REQUESTED DUE SPACE REDUCTION ALREADY TAKEN NO UTILITIES TO CROSS SYSTEM

SIZE OF TANK 1000 ST PT GALS. TOTAL SQ. FT. 900 DEPTH OF STONE PSA IN. MAX. DEPTH LINE 22 IN.
ST FILTER REQUIRED ☒ NUMBER OF TRENCHES 2 LENGTH OF TRENCHES 150 FT. WIDTH OF TRENCHES 3 FT.

C.A. ISSUED BY [Signature] INSTALLED BY H B M CTR. I.D. # _____
SEPTIC TANK FILTER USED _____

INNOV. APPRL. #: IWWS-_____ DATE 5-12-09 INSTALLATION APPROVED BY [Signature] For KGD

WELL SYSTEM = PRIVATE ☒ SEMI-PUBLIC ☐ NEW ☐ REPLACEMENT ☐ EXISTING ☐

WELL LOG INFORMATION = DEPTH 460 CASING DEPTH 78 YIELD 5 STATIC LEVEL 30
WELL CONTRACTOR G. Poole REG.# 4779 PUMP CONTRACTOR 781 REG.# A-1

CONSTRUCTION COMPLIANCE = GROUT APPROVED ☒ DATE 1/20/04 EHS [Signature]
WCHD ID # 13355 WELLHEAD APPROVED ☒ DATE 5/10/04 EHS [Signature] Mills 1000
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.

well site was installed before lot 24, Mr. Watson used SE+C to [unclear] flag system and repair lot 24, Permit # 24-D15401 was reissued with future product & new cd.
[Signature]

AD

Johnny Watson Bldrs.
0.80 Acres
3936 Lauriston Road
1746.02 874532

Deficiencies
corrected & re-inspected
by R.B.D.

As B...

Comments: NO DIRECT ACCESS ON
SR 22.22

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.

A. No.

Signature of Owner or Authorized Agent

Scale 1 inch = 100 feet

~~I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and~~
~~and are made in good faith. I also understand that false information may be grounds for rejection of this application. Authorized Health Department~~
~~Municipal/County Representatives are granted the right of entry to make evaluations or inspections and to release information upon public request.~~
~~I certify the location of structures are accurately shown.~~

Johny Walter
nature of Owner or Authorized Agent

Date _____

7/26/95

Area _____ Sq. Ft. Lot Width _____ Ft. Corner Yard Setback _____ Ft.
 Side Yard Setback _____ Ft. Rear Yard Setback _____ Ft. Front Yard Setback _____ Ft.
 Book of Maps _____ Page _____ Unique # _____ (if applicable)

IT Name: _____ Paid: \$ _____

ress: _____ Receipt #: _____

'State/Zip: _____ Phone #: _____ PPC Init: _____

Approved By: _____ Date: _____

HI

0000416

1505 004 — 8/24/83

ATTN: H. CASEBOLT

Grady Poole Well & Pump Co., Inc.

5809 Farmwell Rd.
Raleigh, NC 27610
919-266-2185

01/20/2004

PERMIT NO.D-015398

Jason

Jon

Grady

WELL CONSTRUCTION RECORD

WELL CONTRACTOR (INDIVIDUAL) NAME (print) Kevin LamottCERTIFICATION # 2641

WELL CONTRACTOR COMPANY NAME

GRADY POOLE WELL COMPANY

PHONE # 919 266-2185STATE WELL CONSTRUCTION PERMIT#
(if applicable)ASSOCIATED WQ PERMIT#
(if applicable)

1. WELL USE (Check Applicable Box): Residential ☒ Municipal/Public ☐ Industrial ☐ Agricultural ☐
Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use _____

2. WELL LOCATION:

Nearest Town: Knightsdale County Wake
LOT #23, LAURISTON ROAD (5936) LAUREN OAKS S/D
(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting
☐ Ridge ☒ Slope ☐ Valley ☐ Flat
(check appropriate box)
Latitude/longitude of well location

3. OWNER: JOHNNY WATSON BUILDERS

Address 7419 US HWY. 64 EAST, STE. 109(Street or Route No.)
KNIGHTDALE, NC 27545

City or Town State Zip Code

Area code-Phone number

4. DATE DRILLED 1-19-045. TOTAL DEPTH: 4606. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒7. STATIC WATER LEVEL Below Top of Casing: 30 FT.

(Use "+" if Above Top of Casing)

8. TOP OF CASING IS 1 1/2 FT. Above Land Surface*

*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.

9. YIELD (gpm): 5 METHOD OF TEST Blow10. WATER ZONES (depth): 10-425'

(degrees/minutes/seconds)
Latitude/longitude source: ☐ GPS ☐ Topographic map
(check box)

DEPTH

From	To
0	3
3	10
10	30
30	78
78	460

DRILLING LOG

Formation Description

top soil
clay
granite
layers of sand & gravel
granite
granite

11. DISINFECTION: Type _____ Amount _____

12. CASING: Wall Thickness

From	To	Depth	Diameter	or Weight/Ft.	Material
0	78	Ft.	6 1/4"	.188	galv

From	To	Depth	Diameter	or Weight/Ft.	Material
From	To	Ft.			

13. GROUT: Depth Material Method

From	To	Depth	Material	Method
0	20	Ft.	Portland	gravity

From	To	Depth	Diameter	Slot Size	Material
From	To	Ft.			

14. SCREEN: Depth Diameter Slot Size Material

From	To	Depth	Diameter	Slot Size	Material
From	To	Ft.			

From	To	Depth	Diameter	Slot Size	Material
From	To	Ft.			

15. SAND/GRAVEL PACK:

From	To	Depth	Size	Material
From	To	Ft.		

From	To	Depth	Size	Material
From	To	Ft.		

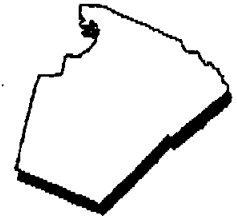
16. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER

SIGNATURE OF PERSON CONSTRUCTING THE WELL

DATE

WAKE COUNTY
Department of Environmental Services



Water, Wastewater and Development Services

(919) 856-7400 FAX: (919) 856-7407

PO Box 550, Raleigh, NC 27602

I, Johnny Watson Builders hereby request the chamber system or

polystyrene aggregate system called E Z Lay to

be used in my sewage disposal system. I understand that i will be

granted a 25% reduction in the amount of required drainfield for my

property. My property is located at Lot 23, Lauren Oaks

Johnny Watson Owner
5/4/04 Date

D# 015398

Blding Permit # 0000 416

PIN: 71/A