

Environmental Services - Water Quality  
Onsite Wastewater Scan Data Entry Form

PERMIT #:

PIN #:

OP DATE:

**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.)**

**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 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 # 1618.02755088 Project # 0972510  
Tax Map No. \_\_\_\_\_ Parcel No. \_\_\_\_\_  
Zoning WAKE Township PANTHER BR.  
Owner/Contractor: DAVID LAYTON  
Location/Address: 5533 TROLLINGFIELD DR.

Improvement Permit  
Well Permit No. **D 5281**  
Operation Permit [ ]  
Date: 3-26-97

Subdivision Name: TURNER FARMS IV Lot No. 182 Section or Block No. \_\_\_\_\_  
S.R. # \_\_\_\_\_

## Preliminary Layout

SEE ATTACHED PLOT PLAN FOR WASTEWATER  
DISPOSAL SITE.

SEE CONSTRUCTION AUTHORIZATION FOR  
WASTEWATER SYSTEM DESIGN.

## Final Layout

MCP-1000  
STP-814  
8-08-98

PT-1000  
MCP-53  
PT-53  
8-3-98

Line } 9-23-98  
Tank } 1480  
Reg }  
OK to use

wood stand  
for COL

## Sewage System Specifications

Repair [ ] Original Permit No. \_\_\_\_\_  
Garbage Disposal Unit Yes [ ] No ☒  
House ☒ Mobile Home [ ] Business [ ]  
No. of Bedrooms 3 Lot Area .71 AC  
Size of Tank 1000 + 1000 PT gal.  
Wastewater: Sewage ☒ Industrial [ ] Comments: \_\_\_\_\_

Nitrification Line 960 ft 4(8'x3') sq. ft.  
Depth of Stone: 12" ☒ Max Depth of Trenches: 30 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: Clinton J. Maunz TS

Date: 3-25-97 Installed By: A. Harold Chappel Approved By: Kurt D. Duke TS

| Well System                                          |                                                      | Public                                               |                                                      |
|------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|------------------------------------------------------|
| Individual                                           | Semi-Public                                          | Replacement                                          | Repair                                               |
| Fee Paid: Yes [ ]                                    | Fee Paid: Yes [ ]                                    | Fee Paid: Yes [ ]                                    | Fee Paid: Yes [ ]                                    |
| Construction Compliance                              | Construction Compliance                              | Construction Compliance                              | Construction Compliance                              |
| Site Approved                                        | Site Approved                                        | Site Approved                                        | Site Approved                                        |
| Well Head Approved                                   | Well Head Approved                                   | Well Head Approved                                   | Well Head Approved                                   |
| Grouting Approved                                    | Grouting Approved                                    | Grouting Approved                                    | Grouting Approved                                    |
| Date Inspected                                       | Date Inspected                                       | Date Inspected                                       | Date Inspected                                       |
| Bacteriological Results                              | Bacteriological Results                              | Bacteriological Results                              | Bacteriological Results                              |
| Initial Sample:                                      | Initial Sample:                                      | Initial Sample:                                      | Initial Sample:                                      |
| * Re-Sample #1                                       | * Re-Sample #1                                       | * Re-Sample #1                                       | * Re-Sample #1                                       |
| * Re-Sample #2                                       | * Re-Sample #2                                       | * Re-Sample #2                                       | * Re-Sample #2                                       |
| * Re-chlorination as required                        | * Re-chlorination as required                        | * Re-chlorination as required                        | * Re-chlorination as required                        |
| * Fees for all resamples                             | * Fees for all resamples                             | * Fees for all resamples                             | * Fees for all resamples                             |
| All checks payable to: Wake County Health Department | All checks payable to: Wake County Health Department | All checks payable to: Wake County Health Department | 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:             | _____ |     |
| 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.

COPY TO HEALTH DEPARTMENT

30.203-10/15/96

Turner Farms  
Section 4 Phase 1  
LOT 182

David Layton  
846-9254 0972510

D-5281

5533 Rolling Fields  
← DR.

C.A. Site Plan

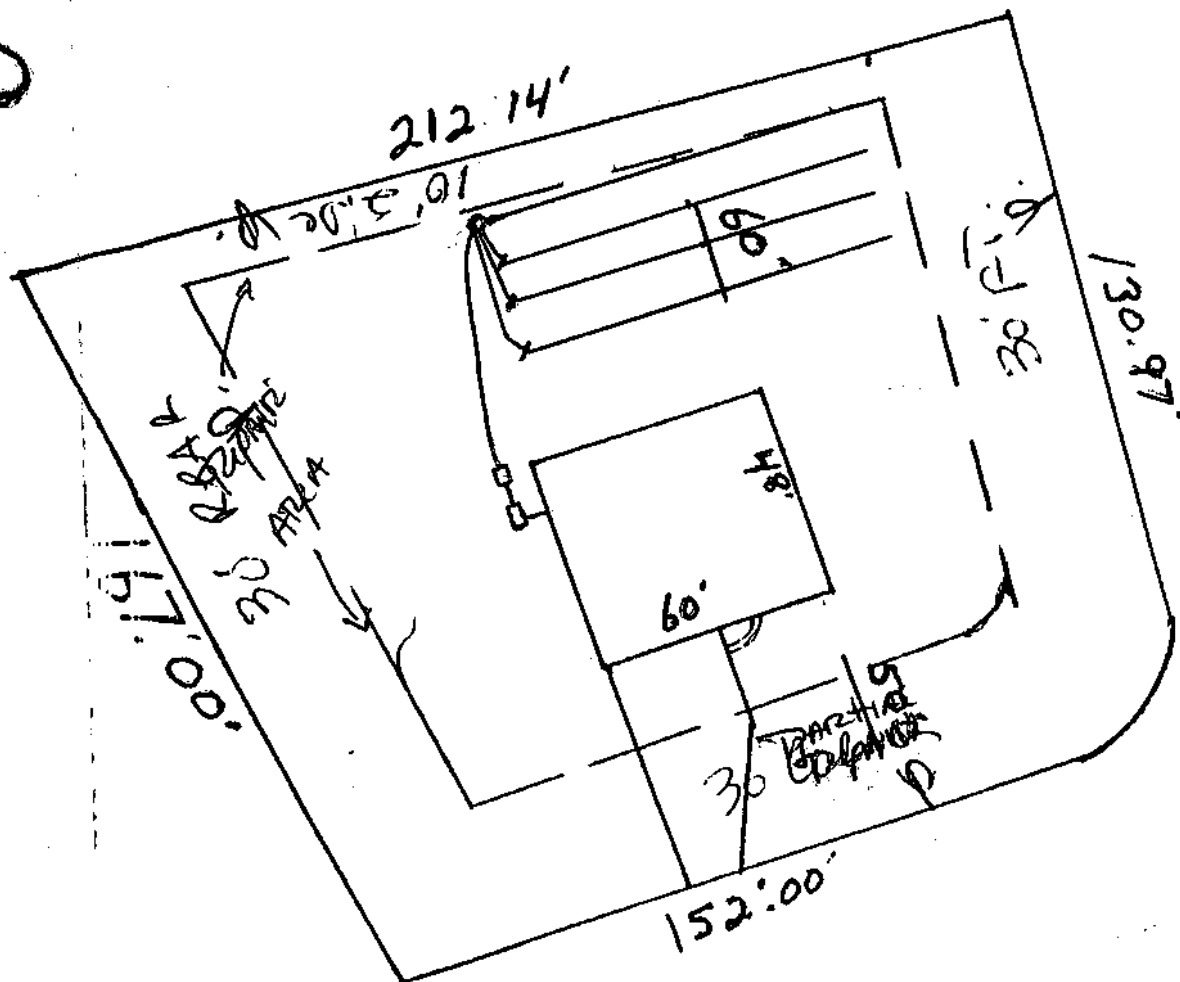
1" = 40'

Zoning R30 By MT  
Approve ✓ Date 2/17/97  
Revise \_\_\_\_\_ Use 101  
Reject \_\_\_\_\_ MBL \_\_\_\_\_  
Front 30 Rear 30  
Side 10 Corner 30  
Comments:

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.

David Layton 2-17-97

Signature of Owner or Authorized Agent



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

|                                                    |                             |                                       |
|----------------------------------------------------|-----------------------------|---------------------------------------|
| DATE: <u>3-26-97</u>                               |                             | IMPROVEMENT PERMIT NO.: <u>D-5281</u> |
| TAX MAP NO.: _____                                 | PARCEL NO.: _____           | PIN NO.: <u>1618.02755088</u>         |
| OWNER/CONTRACTOR: <u>DAVID LAYTON</u>              |                             |                                       |
| LOCATION/ADDRESS: <u>5533 Rollingfield Dr</u>      |                             |                                       |
| SUBDIVISION NAME: <u>TURNER FARMS IV</u>           |                             |                                       |
| LOT NO.: <u>182</u>                                | SECTION OR BLOCK NO.: _____ |                                       |
| AUTHORIZATION ISSUED BY: <u>Vernon J. Manzi RS</u> |                             |                                       |

PIN #:

**AUTHORIZATION CONDITIONS**

- 1 WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. D-5281 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: conv. trench 3' wide 4 trenches  
80' long Contractor to establish and follow contour  
Use no step downs in construction - use 1000 gal  
septic tank + 1000 gal pump tank See attached  
Site plan For design and location