

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: C024490

PIN #: 2707125564

OP DATE: 0610411997

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

mg

3:00 PM

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Pin # 2707.03 12 5564 Project # 960734

Tax Map No. _____ Parcel No. _____

Zoning Wake Township Little RiverOwner/Contractor: Joe Eddins

Improvement Permit

Well Permit No. C 24490

Operation Permit []

Date: Sept 22, 1995Location/Address: 1621 Pearces Rd: 64E TL 96 TR 1001 Go 4 miles

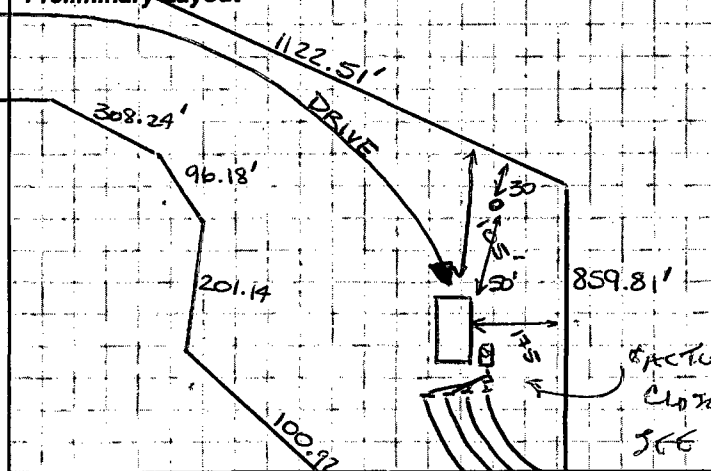
S.R. # _____

Subdivision Name: _____

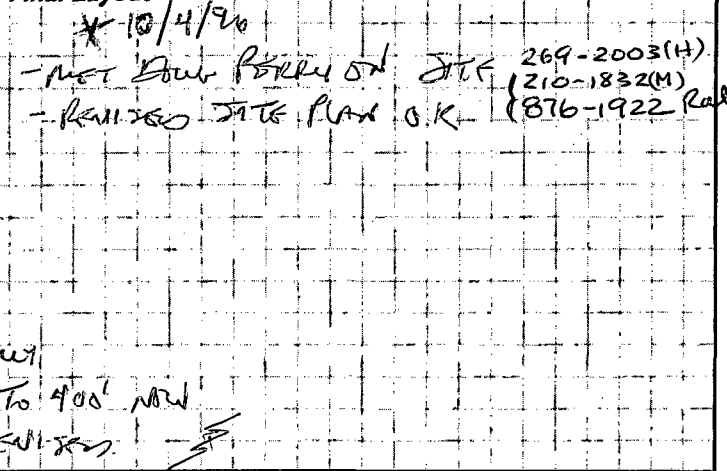
Lot No. 4 (formerly 10+6)

Section or Block No. _____

Preliminary Layout



Final Layout



Sewage System Specifications

Repair [] Original Permit No. _____

Garbage Disposal Unit Yes [] No ☒House ☒ Mobile Home [] Business []No. of Bedrooms 4 Lot Area 4.34 A.Size of Tank 1200 gal.

Comments: _____

Nitrification Line 4 X (3' x 100') = 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: Andre C Pierce, R.S.Date: May 20, 1997 Installed By: BRANT Approved By: Andre C Pierce, R.S.

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 2/18/97Sanitarian M. S. G. G. G.

Bacteriological Results

Initial Sample: absent Date: 05-27-97

* 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 Yes ☒ No []Chlorinated Yes ☒ No []

Required Certificate [] []

Variance (Explain) [] []

WCHD I.D. Affixed 7952 Yes ☒ No []Sample Collected Yes ☒ No []

Comments: _____

Well Installed By: Louise Watkins06-04-97

Date System Finalized

Martha Tyndall

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

3002.017 — 5/14/83

Tax Map No.

Parcel No.

PIN: 2707.03 12 5564

I certify that the location of this structure is accurately shown. Failure to locate this structure in accordance with this plot plan could require relocation of the structure regardless of its degree of completion:

Zoning R-30 By act
 Approve ✓ Date 9/8/95
 Revise _____ Use 101-SFD
 Reject _____ MBL _____
 Front 30 Rear 30
 Side 30 Corner 30
 Comments: 0960734

NORTH CAROLINA - WAKE COUNTY

The foregoing certificate

Brunetta R. Taylor

Notar (y) (ies) (are) certified to be correct. This instrument was presented for registration and recorded in this office.

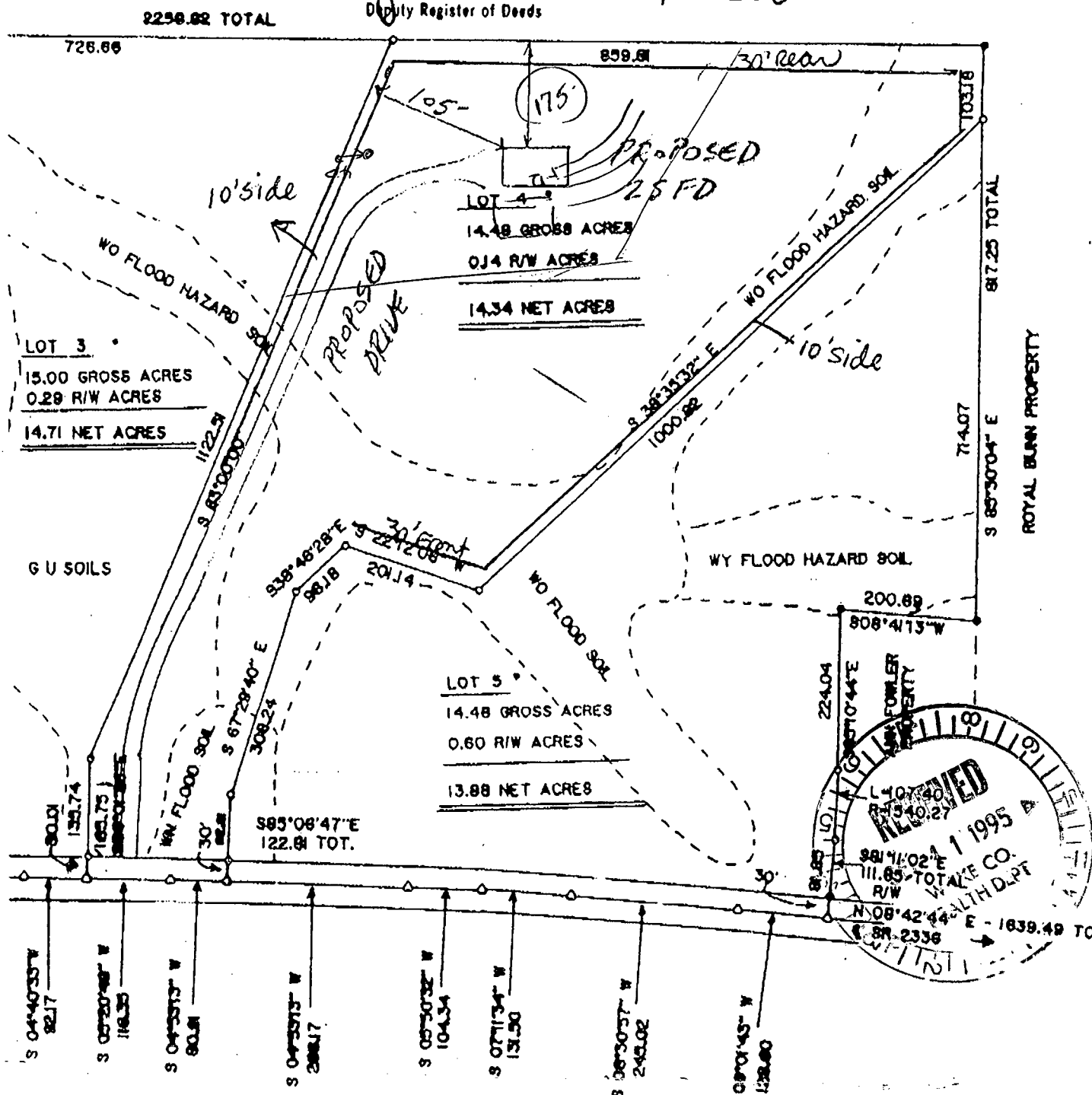
PROPERTY The 29 day of Aug. 1991 at 11:41 o'clock A. M.

Kenneth Wilkins, Register of Deeds
 By Rayna B. Cole
 Deputy Register of Deeds

WAKE COUNTY CERTIFICATION
 I hereby certify that this record plat has been found to comply with the Subdivision Ordinance of Wake County, North Carolina, and that this plat has been approved for record in the office of the Register of Deeds of Wake County.

Date 9-29-91 Director Jah Lyle

Approval expires if not recorded on or before 9-12



NOTE: WITH ANY FUTURE DIVISION THE DRIVEWAY SHOWN ON LOT 19 AND LOT 2 WOULD BE UPGRADED TO A PRIVATE ROAD STANDARD.

NOTE: THE PURPOSE OF RERECORDING THIS MAP IS TO ADD LOT 1A. OTHER LOTS ARE PRE-EXISTING ACCORDING TO BOOK OF MAPS 1981, PAGE 447. LOT 1A IS TO BE RECORDED WITH TIMOTHY RICHARDSON PROPERTY AND IS NOT USED AS A SEPARATE BUILDING LOT.

NOTE: BEING TAX PARCEL 385-40

ZONED R-30

Certification for recording; Exempt Subdivision Regulations.

Jah Lyle
 Division Administrator