

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: D004366

PIN #: 1718798260

OP DATE: 0910511997

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

CH

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 # 1719.04703132 Project # 0971594

Tax Map No. _____ Parcel No. _____

Zoning Wake Township Barton's CreekOwner/Contractor: Tall House Bld.

Improvement Permit

Well Permit No. D-4366

Operation Permit []

Date: 12-5-96Location/Address: (4901 Oakmoor Ct.) Falls of Neuse N, (2) Raven Ridge (L)
S/D, (L) Magson (R) Oakmoor, 1000 H. in CDSS.R. # 2002Subdivision Name: Sheffield Est.Lot No. 5

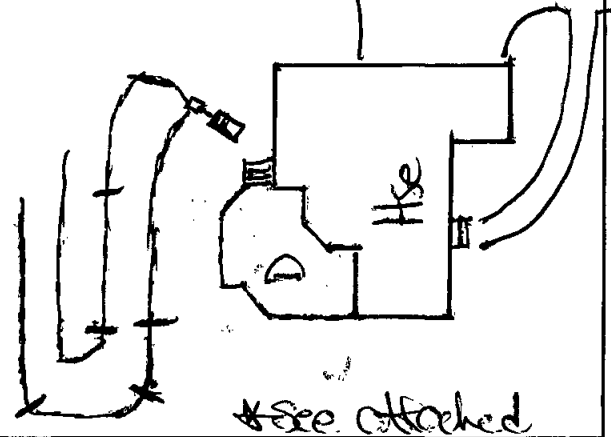
Section or Block No. _____

Preliminary Layout

SEE ATTACHED PLOT PLAN FOR WASTEWATER
DISPOSAL SITE.

SEE CONSTRUCTION AUTHORIZATION FOR
WASTEWATER SYSTEM DESIGN.

Final Layout



Sewage System Specifications

Repair [] Original Permit No. _____

Garbage Disposal Unit Yes [] No [4]House [4] Mobile Home [] Business []No. of Bedrooms 4 Lot Area 1.07Size of Tank 1200 gal.Wastewater: Sewage [4] Industrial [] Comments: _____Nitrification Line 1200 ft² 2(34200') sq. ft.Depth of Stone: 12" [4] Max Depth of Trenches: 24 in.Riser and Baffle Required [4] 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: Terry D. Chappell R.S.Date: 9-5-97 Installed By: Quickly Handgraphs Approved By: Lin Waven, R.S.

Well System

Individual [] Semi-Public [] Public [4]

New [] Replacement [] Repair []

Fee Paid: Yes [] No []

Construction Compliance

Site Approved [] Yes [] No []

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 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.

Tax Map No.

Parcel No.

PIN# 1719.04703132

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

DATE: <u>12-5-96</u>	IMPROVEMENT PERMIT NO.: <u>D4366</u>	
TAX MAP NO.: _____	PARCEL NO.: _____	PIN NO.: <u>1719.04/703/32</u>
OWNER/CONTRACTOR: <u>Tall House Bld.</u>		
LOCATION/ADDRESS: <u>4901 Oakman Ct.</u>		
SUBDIVISION NAME: <u>Sheffield Est.</u>		
LOT NO.: <u>5</u>	SECTION OR BLOCK NO.: _____	
AUTHORIZATION ISSUED BY: <u>Terry D. Chappell R.S.</u>		

PIN #:

AUTHORIZATION CONDITIONS

- 1 WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. D4366 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.

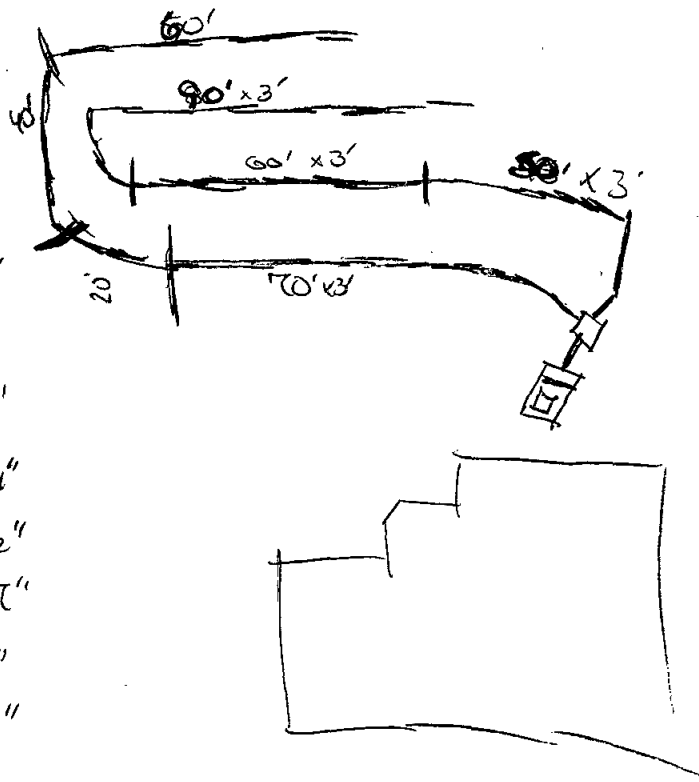
- 4 OTHER CONDITIONS: use conventional trench 3' wide, 2 trenches 200' long, use 1200 gal septic tank, max depth 24"

Mills - 1200
 STB - 1018
 11-18-96

Sheffield Estate
 Lot #5

Ed Faison
 9-2-97

SE 4' 9 1/2"
 D-in 5' 2 1/2"
 ①
 Dot 5' 2 1/2" 5' 1 1/2"
 1 6' 1/2" 5' 10 1/2"
 2 6' 0 1/4" 5' 10 1/2"
 SD 5' 10" 5' 5 1/2"
 8' 2 3/4" 6' 10 3/4"
 8' 3" 6' 10 1/2"
 D 7' 8 1/4" SD 6' 7"
 9' 2 1/4" 7' 10"
 9 7' 10"
 SD
 9' 7 3/4"
 9' 6 3/8"



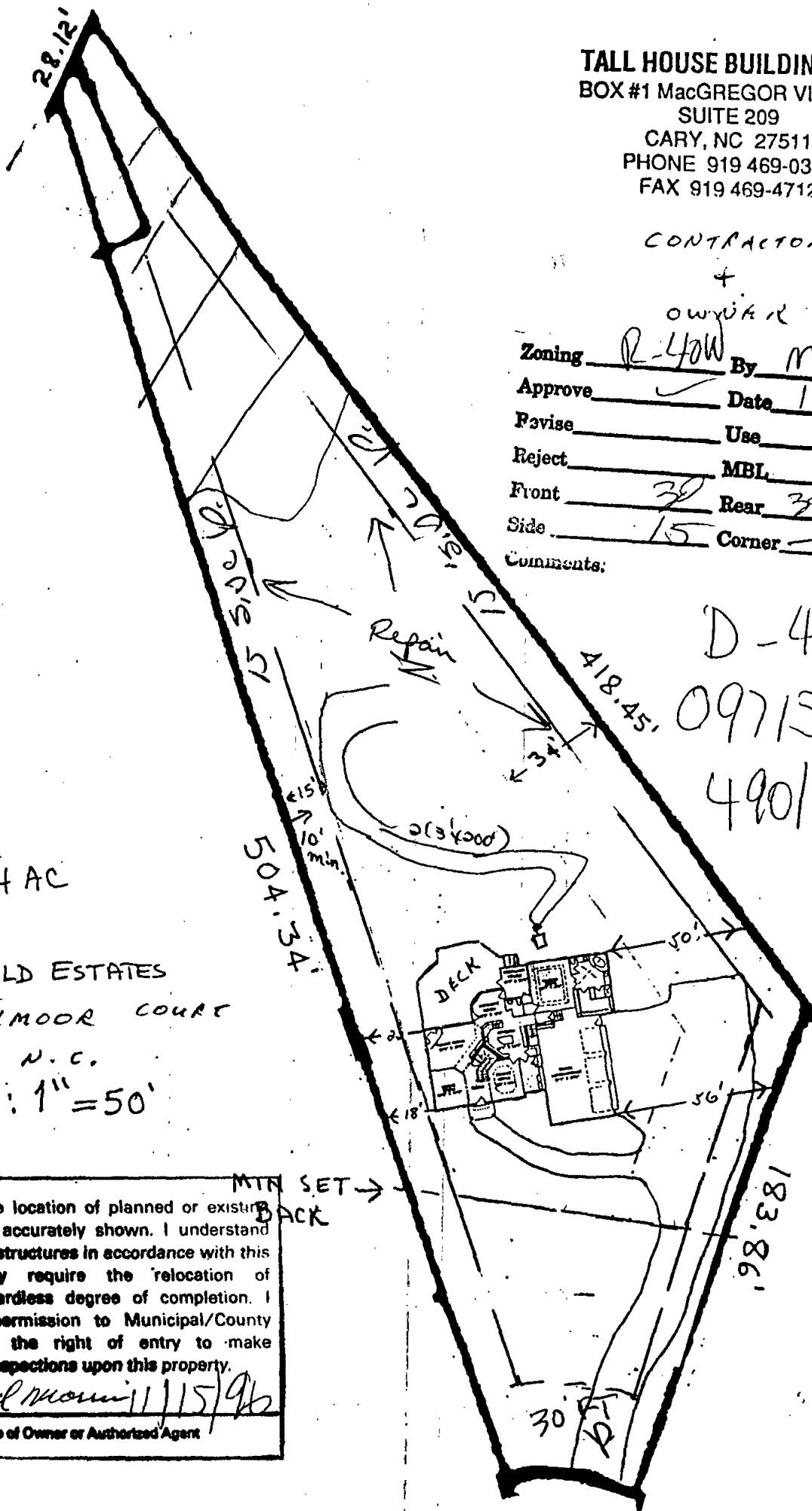
~~Pending. 80' x 3' in outside line~~

TALL HOUSE BUILDING CO.
 BOX #1 MacGREGOR VILLAGE
 SUITE 209
 CARY, NC 27511
 PHONE 919 469-0340
 FAX 919 469-4712

CONTRACTOR

OWYAK
 Zoning R-40W By MD
 Approve ✓ Date 11/19/96
 Revise _____ Use 101
 Reject _____ MBL 110
 Front 30 Rear 30
 Side 15 Corner _____
 Comments:

D-4366
 0971594
 4901 OAKMOOR
 Ct.



Lot 5

1.0754 AC

SHEFFIELD ESTATES
 4901 OAKMOOR COURT
 RALEIGH, N.C.
 SCALE: 1" = 50'

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.

Ronald Morris 11/15/96

Signature of Owner or Authorized Agent