

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: C 0 1 6 1 4 8

PIN #: 1 7 2 9 1 3 4 0 0 5

OP DATE: 0 3 / 1 1 8 / 1 1 9 9 4

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 (1600 P.T.) |
| ☒ | ☐ | ☐ | None/NA GT or PT |

DRAINFIELD SIZE(SQ. FT.)

0 1 5 0 0

*D4247 Attached

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

AW

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Tax Map No. 263 Parcel No. 108

Improvement Permit
Well Permit No. **C 16148**

Zoning Wake Township Barton Creek

Operation Permit [☒]

Owner/Contractor: Young Homes

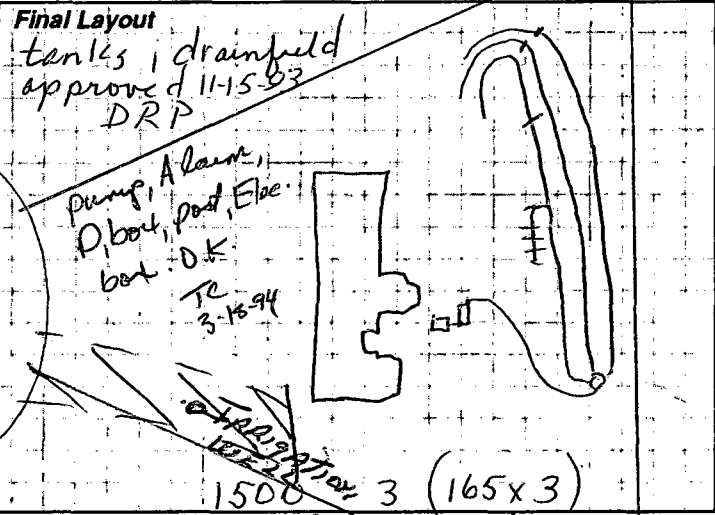
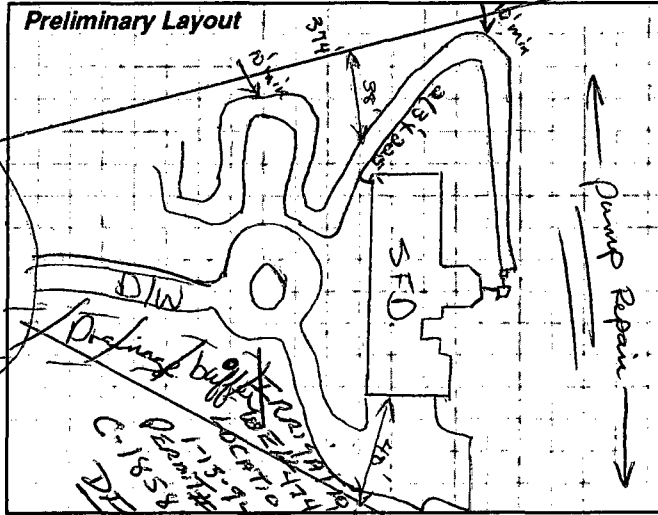
Date: 2-1-93

Location/Address: (11204 Trescott Ct.) Falls of Neuse Rd (L) Kings Grant (R)
(R) into Trescott, CDs on it.

S.R. # 2000

Subdivision Name: River Oaks

Lot No. 29 Section or Block No. _____



Sewage System Specifications
Repair [☐] Original Permit No. _____
Garbage Disposal Unit Yes [☐] No [☒]
House [☒] Mobile Home [☐] Business [☐]
No. of Bedrooms 5 Lot Area 40,000ft² +
Size of Tank 1500 1600 pt gal.

Nitrification Line 1500ft² 2(3'x165') 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: Terry D. Chappell R.S.

* Comments: Keep system shallower, follow contour, pump repair on system.
Stay 10' from prop. line.

Date: 3-18-94 Installed By: Glenn Todd Approved By: Terry D. Chappell R.S.

SEE PERMIT # C-18588-FOR
Well System
Individual [☐] Semi-Public [☐] IRRIGATION WELL
New [☐] Replacement [☐] Repair [☐] DFO
Fee Paid: Yes [☐] No [☐]
Construction Compliance Yes [☐] No [☐]
Site Approved [☐]
Well Head Approved [☐]
Grouting Approved [☐]

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

Bacteriological Results
Date Inspected _____ Sanitarian _____
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**

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

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 # 1729.03134005 Project # 0971437 House Improvement Permit
Tax Map No. _____ Parcel No. _____ Replacement Well Permit No. D-4247
Zoning Wake Township Barton's Creek Operation Permit []
Owner/Contractor: Young Homes Date: 11-21-96
Location/Address: (11204 Trescott Dr.)

Tax Map No.

Subdivision Name: River Oaks I Lot No. 29 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

*exist. system is O.K. for re-building
burned house.

Sewage System Specifications

Repair [] Original Permit No. _____
Garbage Disposal Unit Yes [] No [☒]
House [☒] Mobile Home [] Business []
No. of Bedrooms 5 Lot Area 80,000 ft²
Size of Tank 1500ST + 1600PT existing gal.
Wastewater: Sewage [☒] Industrial [] Comments: _____

Nitrification Line 1500ft² existing 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
re-inspec. Layout by: Terry D. Chappell RS

Date: 11-21-96 Installed By: Glen Todd 3-18-94 re-insp. Approved By: Terry D. Chappell RS

Well System
Individual [] Semi-Public [] Public [☒]
New [] Replacement [] Repair []
Fee Paid: Yes [] No []
Construction Compliance
Site Approved Yes [] No []
Well Head Approved Yes [] No []
Grouting Approved Yes [] No []

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.

COPY TO HEALTH DEPARTMENT

30.203-10/15/96

PIN # 1729.03134005

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

DATE: <u>11-21-96</u>		IMPROVEMENT PERMIT NO.: <u>D 4247</u>
TAX MAP NO.: _____	PARCEL NO.: _____	PIN NO.: <u>1729.03134005</u>
OWNER/CONTRACTOR: <u>Young Homes</u>		
LOCATION/ADDRESS: <u>11204 Threscott Dr</u>		
SUBDIVISION NAME: <u>River Oaks</u>		
LOT NO.: <u>29</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. D4247 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: existing system is O.K. for re-connection to rebuilt home (House was burned)