

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0015361

PIN #: 0668502745

OP DATE: 0612212001

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.)

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 ENVIRONMENTAL HEALTH 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#: D015361 STATUS: P APP DATE: 07/28/1999 BLDG PERMIT#:
APPLICANT: ALLEN THORTON HOMES DAY PHONE: (919) 550 - 8888
ADDRESS: 351 LASSITER POND RD FAX#: (919) 999 - 9999
CITY: FOUR OAKS STATE: NC ZIP: 27524
OWNER: PERRY, A BRYAN SR & PATRI DAY PHONE: (919) 999 - 9999
ADDRESS: 6390 WIMBERLY RD FAX#: (919) 999 - 9999
CITY: WILLOW SPRINGS STATE: NC ZIP: 27592
HD USE CD: 101 ONE-FAMILY HOUSE ORIG PERMIT#: REC?: Y
EXIST USE: TAX MAP#: 0801
BEDROOMS: 3 BSMT: N #EMPLOYEES: 0 WATER: C WASTEWATER: I GARB DISPOS: N
TOWNSHIP: 12 MIDDLE CREEK JURIS: FUQ ZON: R30 PIN: 0668.00 50 2745 000
SUBD#: S 000 000 00 SUBD NAME: WHITEHURST LOT-SEC: 71 ACRE: 3.08
IMPRV PRMT: ISSUED?: Y DATE: 09/28/1999 BY: MTB TYPE SYSTEM: III G PUMP: Y
CNSTR AUTH: ISSUED?: Y DATE: 09/28/1999 BY: MTB MAINT: N OPER: N
RECEIPT#: FEE: 145.00 OP DATE: BY:
WATR SAMPL: REQ?: N APPROVED?: DATE: PROPRIETARY SYS:
ST#: 1212 MI: DIR: NAME: MALLARD CREEK DIR: TYP: CT
DIRECTIONS: 401 TOWARD FUQ, R ON HILL TOP, GO 6 MILES, TURN
L ON JONES SLAUGHTER, 1/2 MILE ON L

IMPROVEMENT PERMIT

SIZE OF TANK 1000 ST 1000 PT GALS. TOTAL SQ. FT. *900 DEPTH OF STONE INNOV IN. MAX. DEPTH LINE 18-22 IN.

WASTEWATER: DOMESTIC ☒ INDUSTRIAL ☐

I.P. ISSUED BY 1st Bahr

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 Environmental Health Division and an Operation Permit issued.

OTHER CONDITIONS: *Innovative reduction already taken. Do not drive on system or repair area. 18-22" max line depth.
No foundation drains. Keep system and repair >50' from proposed pond.

SIZE OF TANK 1000 ST 1000 PT GALS. TOTAL SQ. FT. *900 DEPTH OF STONE INNOV IN. MAX. DEPTH LINE 18-22 IN.
ST FILTER REQUIRED ☒ NUMBER OF TRENCHES 3 LENGTH OF TRENCHES 100 FT. WIDTH OF TRENCHES 3 FT.

C.A. ISSUED BY 1st Bahr INSTALLED BY Jeff Thompson CTR. I.D. #
SEPTIC TANK FILTER USED
INNOV. APPRL. #: IWWS- DATE 6/22/01 INSTALLATION APPROVED BY Jeff Thompson

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

WELL LOG INFORMATION = DEPTH _____ CASING DEPTH _____ YIELD _____ STATIC LEVEL _____
WELL CONTRACTOR _____ REG.# _____ PUMP CONTRACTOR _____ REG.# _____

CONSTRUCTION COMPLIANCE = GROUT APPROVED ☐ DATE _____ EHS
WCHD ID # _____ WELLHEAD APPROVED ☐ DATE _____ EHS
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.

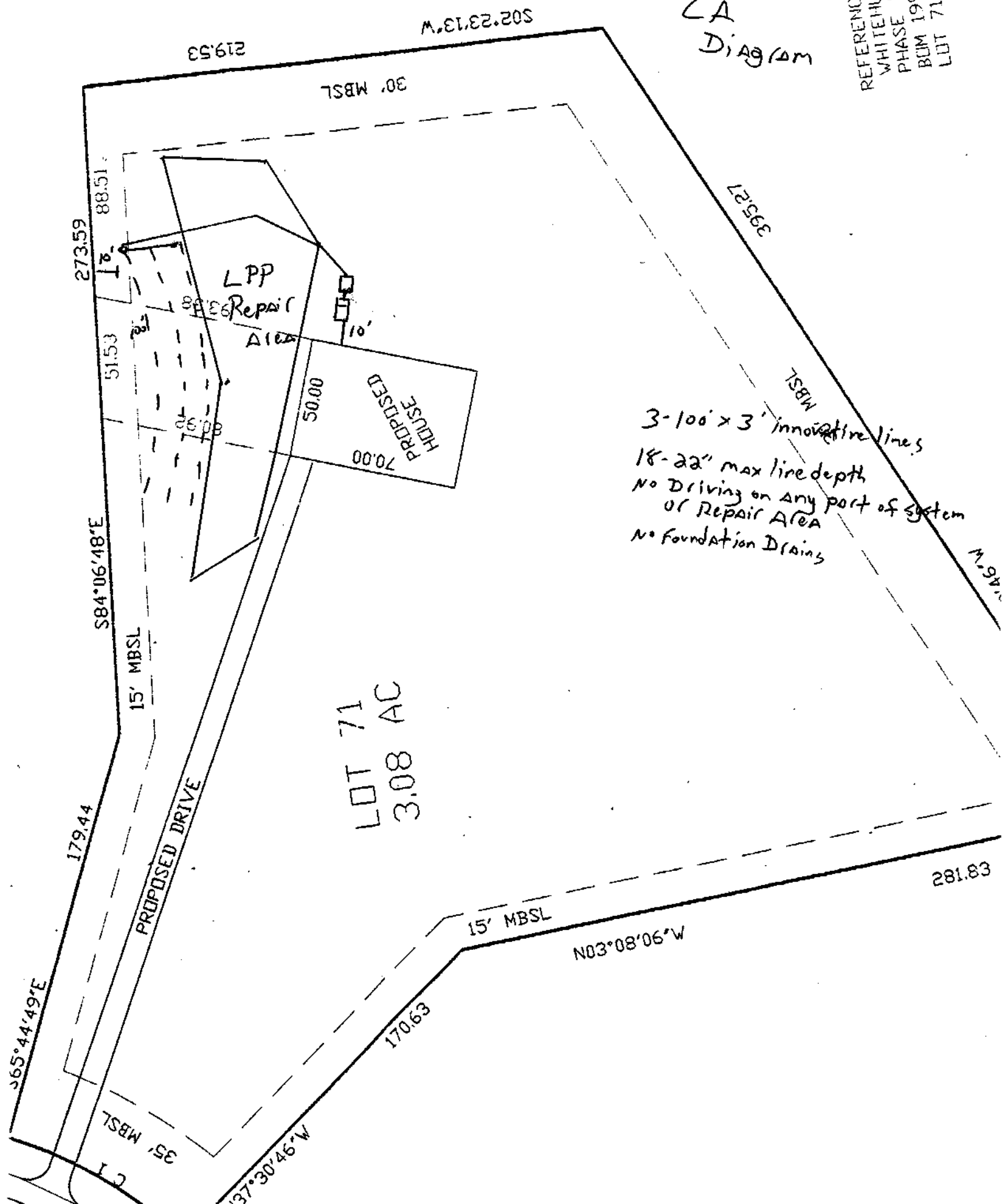
Tanks + Lines
ok TB
2/7/01

MCP 814
12/6/00
1000 gals

MCP 53
11/2/00
1000 gals

REFERENCE: S/D
WHITEHURST
PHASE II
BOM 1997, PG. 12
LOT 71

CA
Diagram



3-100' x 3' innovative lines
18-22" max line depth
No Driving on any part of system
or Repair Area
No Foundation Drains

LOT 71
3.08 AC