

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: **D 0 2 1 7 8 5**

PIN #: **0 6 7 8 8 6 3 0 5 5**

OP DATE: **0 3 / 0 1 / 2 0 1 6**

WELL ONLY PERMIT

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 N/A |
| ☒ | | ☒ | None/NA GT or PT |

DRAINFIELD SIZE(SQ. FT.)

0 0 0 0 0

WELL ONLY PERMIT

Septic information Not Applicable

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 N/A

STONE DEPTH (IN.):

- ☐ 8 in. or less
☐ 12 in. or less
☐ 18 in. or less
☐ 24 in. or less
☒ Other N/A

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 N/A

WAKE COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES 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#: D021785 STATUS: A APP. DATE: 05/18/2001 BLDG. PERMIT#: 0013926
 PIN: 0678.02 86 4118 000 TAX MAP: 0784 RECORDED: Y ORIG. PERMIT#:
 TOWNSHIP: 12 MIDDLE CREEK JURISDICTION: WC ZONING: R20
 APPLICANT: D & G BUILDER INC
 4616 GOMAR LANE
 FUQUAY, NC 27526
 (919) 557 - 2202
 USE: HD USE: 101 ONE-FAMILY HOUSE
 EXIST USE:
 DISPOSAL: N BEDROOMS: 4 BASEMENT: N #EMPLOYEES: 0
 SITE: ADDRESS: 2800 GREEN YARD CT
 SUBDIVISION: CROOKED CREEK B LOT: 264 ACRES: 0.51
 DIRECTION: 401 S TO R ON SR 1390 TO R INTO SUB GO TO NEW S
 ECTION

Well System: WATER: INDIVIDUAL TYPE: IRRIGATION

WELL LOG INFORMATION: DEPTH: 280 CASING DEPTH: 85 YIELD: 15 GPM STATIC LEVEL: 20
 WELL CONTRACTOR: Cornelys REG.# 479 PUMP CONTRACTOR: 2. Dickland REG.# 1743
 Construction Compliance GROUT APPROVED ☒ DATE 8/8/01 EHS W. L. L. L.
 1083: WELLHEAD APPROVED ☒ DATE 9/4/01 EHS W. L. L. L.
 SYSTEM FINALIZED ☒ DATE 3/1/06 EHS W. L. L. L.

COMMENTS: FOLLOW DISTANCE REQUIREMENTS ON SITE PLAN.

Operation Permit

DESIGN FLOW: _____ gal./min. ACTUAL FLOW: _____ INNOVATIVE LETTER: _____

INSTALLED BY: _____ INSTALLATION APPROVED BY: _____
 PROPRIETARY SYSTEM: _____ FILTER NO: _____
 COMMENTS: _____

OPERATIONS PERMIT ISSUED? _____ OP DATE: _____ BY: _____

 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.

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IMPROVEMENT PERMIT

TANK SIZE: _____ gal. PUMP Tank: _____ gal. SQ FT: _____ STONE DEPTH: _____ in. MAX DEPTH LINE: _____ in.
WASTEWATER: COMMUNITY SEWAGE: DOMESTIC TYPE SYSTEM: NA PUMP: N P/M: N
DAILY FLOW: _____ gal/day WATER: INDIVIDUAL

COMMENTS:

IP ISSUED? _____ DATE: _____ BY: () _____ PHONE#: _____

AUTHORIZATION FOR WASTEWATER/WATER SYSTEM CONSTRUCTION

VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

AUTHORIZATION CONDITIONS:

Contractors shall install system on contours, see attached site plan for wastewater system design and well location. No underground utilities, water lines or sprinkler systems may be located in the original system or repair areas. A septic tank filter with a riser for access is required. The wastewater system shall not be covered or placed into use until inspected by the Wake County Department of Environmental Services and an Operation Permit issued. **OTHER CONDITIONS:**

TANK SIZE: _____ gal. PUMP TANK: _____ gal. SQ FT: _____ STONE DEPTH: _____ in. MAX DEPTH LINE: _____ in.
MAINT: N OPER: N L/O: N TRENCH#: _____ LENGTH: _____ ft. WIDTH: _____ in.
SUBFIELDS: _____ DESIGN HEAD PRESSURE: _____ DESIGN FLOW: _____ gal/min DOSE VOLUME: _____ gal.

CA ISSUED? Y DATE: 05/31/2001 BY: (HJC)  PHONE#: 856-7466

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section
1636 Mail Service Center - Raleigh, N.C. 27699-1636-Phone (819) 733-3221

WELL CONSTRUCTION RECORD

WELL CONTRACTOR: Grady Poole Well Co.WELL CONTRACTOR CERTIFICATION #: 2765

STATE WELL CONSTRUCTION PERMIT#: _____

D021785

1. WELL USE (Check Applicable Box): Residential ☐ Municipal ☐ Industrial ☐ Agricultural ☐ Monitoring ☐
Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use: _____

2. WELL LOCATION: (Show sketch of the location below)

Nearest Town: LaurinCounty: WakeLot 264, Crooked Creek B, 2800 Green Yard Cr.

(Road Name and Numbers, Community, or Subdivision and Lot No.)

3. OWNER
- B & B Builders

Address 4616 Homer LaneGuaranty, NC27526-8464

City/Town

State

Zip Code

4. DATE DRILLED
- 8-7-01

5. TOTAL DEPTH
- 220

6. CUTTINGS COLLECTED YES
- ☐
- NO
- ☒

7. DOES WELL REPLACE EXISTING WELL? YES
- ☐
- NO
- ☒

8. STATIC WATER LEVEL Below Top of Casing:
- 20
- FT.

(Use "+" if Above Top of Casing)

9. TOP OF CASING IS
- 1 1/2
- FT. Above Land Surface*

*Top of casing terminated at or below land surface requires a variance in accordance with 15A NCAC 2C .0118.

10. YIELD (gpm):
- 18
- METHOD OF TEST
- Blow

11. WATER ZONES (depth):
- 200

12. CHLORINATION: Type
- HTH
- Amount
- 1/2 lb

13. CASING:

From	To	Depth	Diameter	Wall Thickness or Weight/Ft.	Material
0	85	Ft.	6 1/4	18.8	galv
From	To	Ft.			
From	To	Ft.			

14. GROUT:

From	To	Depth	Material	Method
0	20	Ft.	portland cement	gravity
From	To	Ft.		

15. SCREEN:

From	To	Depth	Diameter	Slot Size	Material
From	To	Ft.			
From	To	Ft.			
From	To	Ft.			

16. SAND/GRAVEL PACK:

From	To	Depth	Size	Material
From	To	Ft.		
From	To	Ft.		

17. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

FOR OFFICE USE ONLY

Quad No: _____

Serial No. _____

SIGNATURE OF PERSON CONSTRUCTING THE WELL

Submit original to Division of Water Quality, Groundwater Section within 30 days

DATE

GW-1 REV. 12/99

DRILLING LOG

From To

0	3
3	20
20	85
85	220

DEPTH

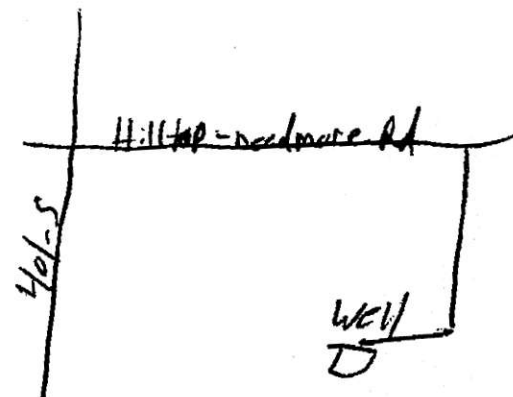
Formation Description

Top Soil
Clay
Sand
Slate Rock

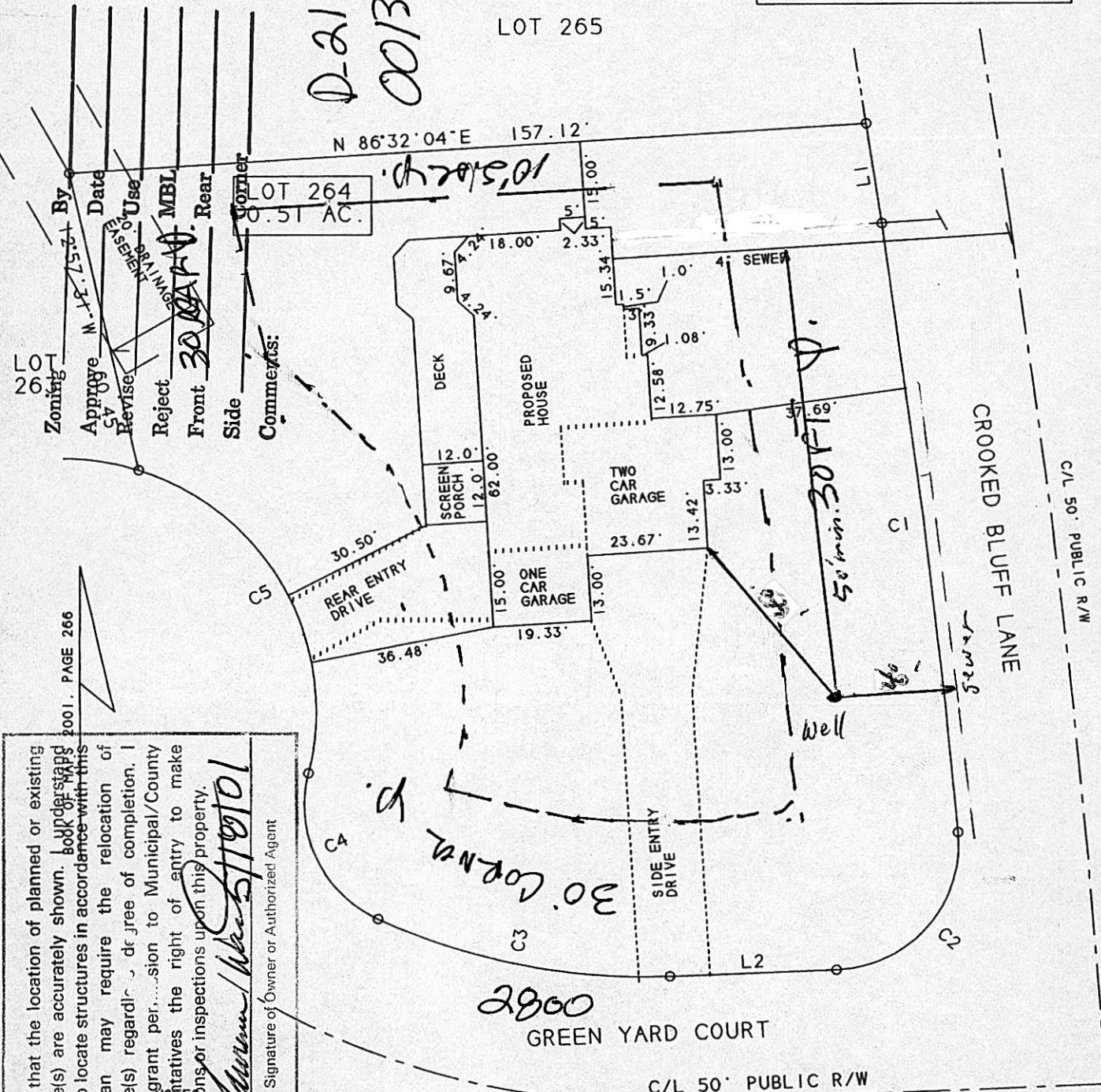
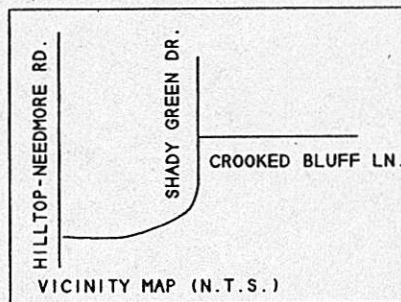
If additional space is needed use back of form

LOCATION SKETCH

(Show direction and distance from at least two State Roads, or other map reference points)



CURVE	DELTA ANGLE	RADIUS	ARC	TANGENT	CHORD	CHORD BEARING
C 1	03°31'56"	1975.00'	121.76'	60.90'	121.74'	S 06°56'43"E
C 2	93°01'32"	25.00'	40.59'	26.36'	36.28'	S 41°20'01"W
C 3	27°03'10"	125.00'	59.02'	30.07'	58.47'	N 78°38'18"W
C 4	79°39'51"	25.00'	34.76'	20.85'	32.03'	N 25°16'48"W
C 5	87°00'20"	50.00'	75.93'	47.45'	68.84'	N 28°56'00"W
LINE	BEARING	DISTANCE				
L 1	S 08°42'41"E	20.04'				
L 2	S 87°50'07"W	38.79'				



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) regarding the relocation of structure(s) grant permission to Municipal/County representatives the right of entry to make inspections or inspections upon this property.

[Signature]
Signature of Owner or Authorized Agent

FOR RECORDATION.
CONVEYANCE FOR SALE.
PRELIMINARY PLAT.
BUILDER TO VERIFY ALL
HOUSE DIMENSIONS.
PROPERTY SUBJECT TO ANY
EASEMENT OF RECORD.

LOT 264 BLOCK _____ SECTION _____
 SUBDIVISION CROOKED CREEK BLUFFS
 RECORDED IN BOOK OF MAPS 2001, PAGE 266, WAKE COUNTY REGISTRY

I, SONJA A. WARD, HEREBY CERTIFY THAT THIS MAP IS CORRECT. THAT THE BUILDINGS LIE WHOLLY ON THE LOT, AND THAT THERE ARE NO ENCROACHMENTS OF OTHER BUILDINGS ON THE SAID LOT.	SURVEY FOR:		D & G BUILDERS, INC.	
	MIDDLE CREEK TWSP	WAKE CO.	N.C.	
	SCALE: 1" = 30'	GLENN D. WARD & ASSOCIATES CIVIL ENGINEERS & SURVEYORS RALEIGH, N.C. (919) 851-5335		
	DATE: 05/15/01			
	BOOK #:			

2001467 GWK