

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0012305

PIN #: 1766662383

OP DATE: 1010811999

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

BW 3/3/14

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#: D012305 STATUS: A APP DATE: 10/22/1998 BLDG PERMIT#: 0991460

APPLICANT: WHITEHORNE, CHRIS DAY PHONE: (919) 266 - 7780

ADDRESS: 1024 HUNTSBORO RD FAX#: (999) 999 - 9999

CITY: KNIGHTDALE STATE: NC ZIP: 27545

OWNER: LAONIPON INC DAY PHONE: (999) 999 - 9999

ADDRESS: 233 WILLOWOOD DR FAX#: (999) 999 - 9999

CITY: HENDERSON STATE: NC ZIP: 27536

HD USE CD: 101 ONE-FAMILY HOUSE ORIG PERMIT#: REC?: Y

EXIST USE: TAX MAP#: 0388

BEDROOMS: 3 BSMT: N #EMPLOYEES: 0 WATER: I WASTEWATER: I GARB DISPOSAL: N

TOWNSHIP: 10 MARKS CREEK JURIS: WC ZON: R30 PIN: 1766.02 66 2383 000

SUBD#: S 000 000 00 SUBD NAME: WAKEWYND S LOT-SEC: 19 ACRE: 0.88

IMPRV PRMT: ISSUED?: Y DATE: 01/13/1999 BY: KGD TYPE SYSTEM: II PUMP:

CNSTR AUTH: ISSUED?: Y DATE: 01/13/1999 BY: KGD MAINT: N OPER: N

RECEIPT#: 0034705 FEE: 290.00 OP DATE: BY:

WATR SAMPL: REQ?: Y APPROVED?: DATE: PROPRIETARY SYS:

ST#: 2801 MI: DIR: NAME: PRAIRIE VIEW DIR: TYP: PT

DIRECTIONS: 64E L SR 2217 R SR 2320 R SR 1003 L INTO SUB

IMPROVEMENT PERMIT

SIZE OF TANK 1000 ST PT GALS. TOTAL SQ. FT. 1200 DEPTH OF STONE 12 IN. MAX. DEPTH LINE 24 IN.

WASTEWATER: DOMESTIC ☒ INDUSTRIAL ☐

I.P. ISSUED BY

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 Department of Environmental Services and an Operation Permit issued.

OTHER CONDITIONS: FILTER AND 2 RISERS ON SEPTIC TANK

SIZE OF TANK 1000 ST PT GALS. TOTAL SQ. FT. 1200 DEPTH OF STONE 12 IN. MAX. DEPTH LINE 24 IN.

ST FILTER REQUIRED ☒ NUMBER OF TRENCHES 3 LENGTH OF TRENCHES 133 FT. WIDTH OF TRENCHES 3 FT.

C.A. ISSUED BY INSTALLED BY CTR. I.D. #

SEPTIC TANK FILTER USED

INNOV. APPRL. #: IWWS- DATE 10-89 INSTALLATION APPROVED BY

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

WELL LOG INFORMATION = DEPTH 115' CASING DEPTH 50' YIELD 30 gpm STATIC LEVEL 20'

WELL CONTRACTOR G. Oldston's REG.# 272 PUMP CONTRACTOR G. Oldston's REG.# 1650

CONSTRUCTION COMPLIANCE = GROUT APPROVED ☒

DATE 7/1/99

EHS (Partial)

WCHD ID # 9170

WELLHEAD APPROVED ☒

DATE 10/18/99

EHS

NEGATIVE BACTERIOLOGICAL RESULTS ☒

DATE 11/14/99

EHS

SYSTEM FINALIZED ☒

DATE 11/15/99

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.

34 19

Wakewyns
Subdivision

home Bldrs
srie View Point
NC 27591

INSPECTIONS &
LAND USE DIVISION

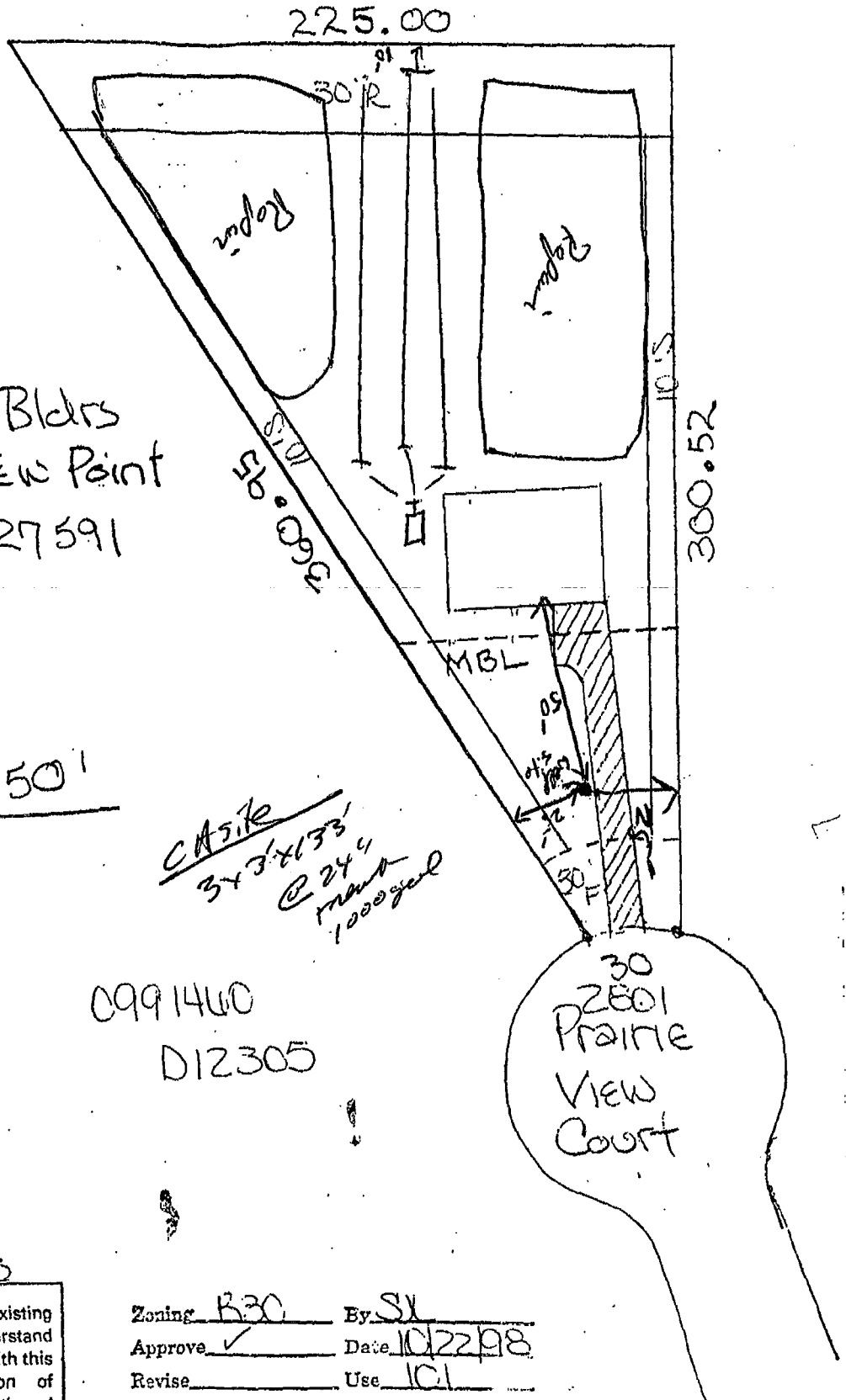
DATE 10/22/1998 THU

050630-0521	\$290.00
117200-01009	\$24.00
050630-0521	\$290.00
117200-01009	\$24.00
050630-0521	\$290.00
117200-01009	\$24.00
050630-0521	\$290.00
117200-01009	\$24.00
050630-0521	\$290.00
117200-01009	\$24.00
050630-0521	\$290.00
117200-01009	\$24.00
TOTAL	\$1256.00
CHECK	\$1256.00
050630-0521	\$290.00
117200-01009	\$24.00

1" = 50'

CASIR
3x 3'x13'
@ 24"
max
1000 gal

0991460
D12305



Pin: 17166-02-166-2383

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.

Alan Corneil

10/22/98 Signature of Owner or Authorized Agent

Zoning B30 By SL
Approve ✓ Date 10/22/98
Revise _____ Use IC1
Reject _____ MBL _____
Front 30 Rear 30
Side 10 Corner _____
Comments: CHANGE CAPA

st 19

Wakenynds
Subdivision

home Bldrs
sire View Point
NC 27591

TO:
REPRESENTING
LAND USE DIVISION

DATE 10/22/1998 THU

000000-0001	\$290.00
117200-01009	\$290.00
000-000 HD.	\$12305
000000-0001	\$290.00
117200-01009	\$290.00
000-000 HD.	\$12305
000000-0001	\$290.00
117200-01009	\$290.00
000-000 HD.	\$12305
000000-0001	\$290.00
117200-01009	\$290.00
000-000 HD.	\$12305
TOTAL	\$1256.00
CHECK	\$1256.00
0000000000	001
TIME 10:34	NO.034705

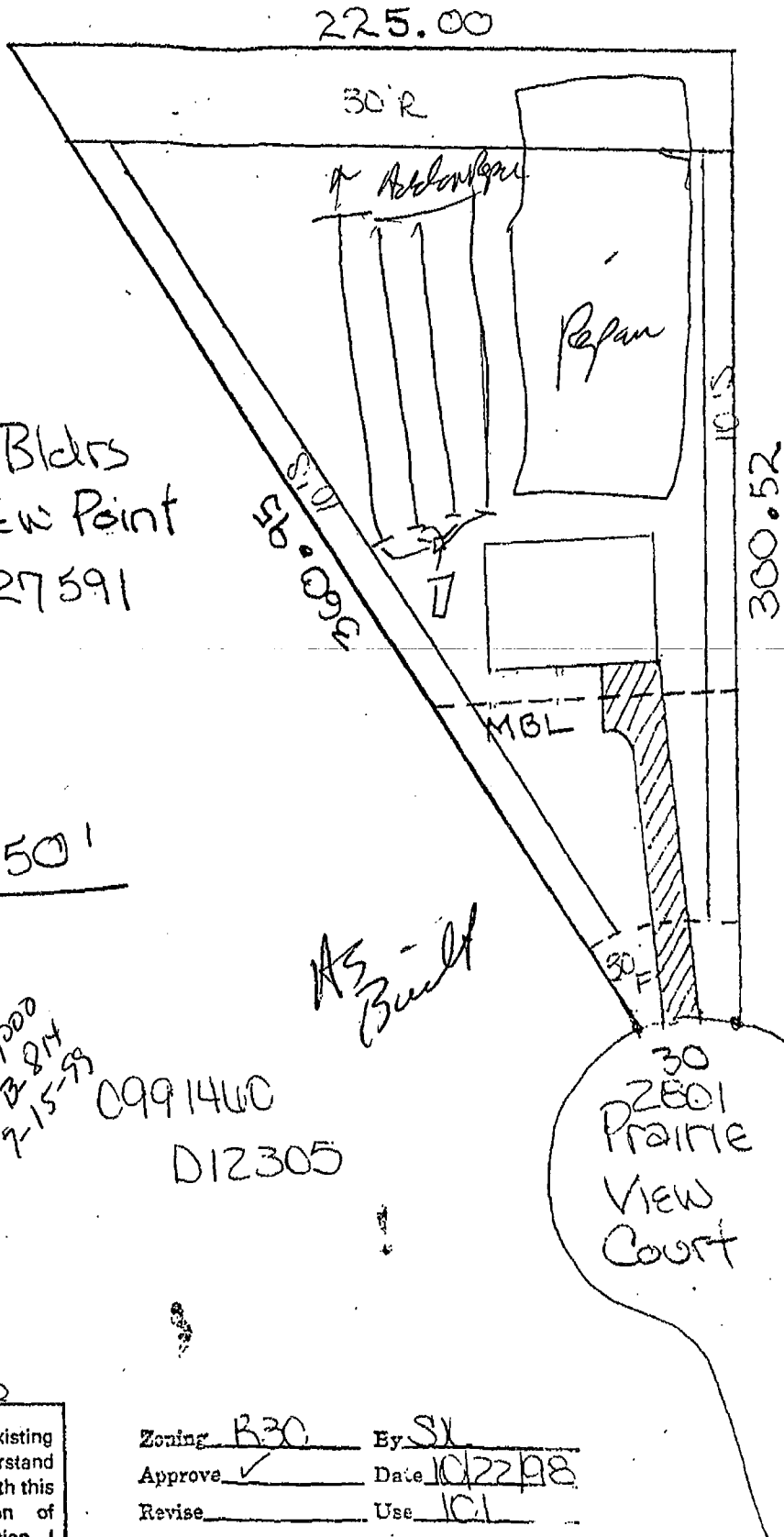
1" = 50'

Tank
MCP-1000
9/15/98
7-15-98

0991460

D12305

AS-Built



Pin: 17166.02-166-2383

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.

Signature
Signature of Owner or Authorized Agent

Zoning B30 By SL
Approve ✓ Date 10/22/98
Revise Use ICL
Reject MBL
Front 30 Rear 30
Side 10 Corner
Comments: CHANGE CAPA

WELL CONSTRUCTION RECORD

DRILLING CONTRACTOR: Goldston Well Drilling
DRILLER REGISTRATION #: 272
STATE WELL CONSTRUCTION PERMIT#: 0012305

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: Knight Dale County: Wake

Wake Wynds Lot 19
(Road, Community, or Subdivision and Lot No.)

3. OWNER Whitehorn
ADDRESS 2801 Prairie View
(Street or Route No.)
Knight Dale NC 29545
City or Town State Zip Code

DEPTH

From	To
0	50
50	145

DRILLING LOG

Formation Description

Top Soil
Gravelly Sand

4. DATE DRILLED 7-16-1999
5. TOTAL DEPTH 145
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 64 FT. Above Land Surface*
* Casing Terminated at/or below land surface is illegal unless a variance is issued in accordance with 15A NCAC 2C .0118
10. YIELD (gpm): 20 METHOD OF TEST Blow
11. WATER ZONES (depth): 60 - 75 - 95

12. CHLORINATION: Type HTH Amount 1/2"
13. CASING:

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)

- | From | Depth | To | Diameter | Wall Thickness or Weight/Ft. | Material |
|------|-------|----|----------|------------------------------|----------|
| 0 | 50 | | | | P.V.C. |
| | | | | | |
| | | | | | |

14. GROUT:
- | From | Depth | To | Material | Method |
|------|-------|----|----------|---------|
| 0 | 20 | | Portlan | Gravity |
| | | | | |

15. SCREEN:
- | From | Depth | To | Diameter | Slot Size | Material |
|------|-------|----|----------|-----------|----------|
| | | | | | |
| | | | | | |
| | | | | | |

16. SAND/GRAVEL PACK:
- | From | Depth | To | Size | Material |
|------|-------|----|------|----------|
| | | | | |
| | | | | |

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 CONTRACTOR OR AGENT
Submit original to Division of Water Quality and copy to well owner.

DATE