

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0004829

PIN #: 1708954841

OP DATE: 0510711997

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 (1250)
☐	☐	☐	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.)

01300

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

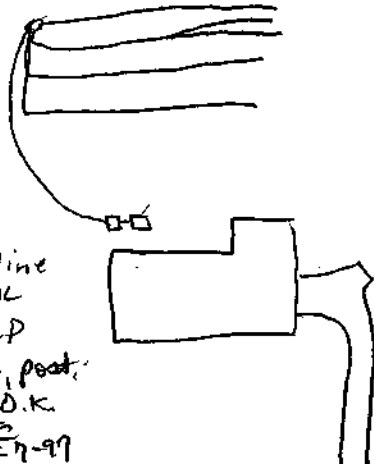
★ NOT FOR WASTEWATER SYSTEM CONSTRUCTION ★
WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

NO PERMIT(S) FOR CONSTRUCTION, LOCATION OR RELOCATION ACTIVITY SHALL BE ISSUED
 UNTIL AN AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION HAS BEEN ISSUED.

Pin # 1708.0295 ¹⁹¹ Project # 972064
 Tax Map No. 282 Parcel No. 19
 Zoning R40W Township BARTONS CREEK
 Owner/Contractor: EVERGREEN CONST
 Location/Address: 1008 BROKEN SOUND WAY

Improvement Permit
 Well Permit No. **D** 4829
 Operation Permit []
 Date: 2-4-97

Subdivision Name: CROSSGATE Lot No. 14 Section or Block No. _____ S.R. # _____

Preliminary Layout SEE ATTACHED PLOT PLAN FOR WASTEWATER DISPOSAL SITE. SEE CONSTRUCTION AUTHORIZATION FOR WASTEWATER SYSTEM DESIGN. <i>* CHAMBER SYSTEM OR E-Z LAY ONLY</i>	Final Layout 
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Sewage System Specifications Repair [] Original Permit No. _____ Garbage Disposal Unit Yes [] No [☒] House [☒] Mobile Home [] Business [] No. of Bedrooms <u>5</u> Lot Area _____ Size of Tank <u>1250</u> gal. Wastewater: Sewage [☒] Industrial [] Comments: _____	Nitrification Line <u>1300 W/ CHAMBER OR E-Z LAY</u> sq. ft. Depth of Stone: <u>12"</u> Max Depth of Trenches: <u>36"</u> 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: <u>Glenn Johnson</u>
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Date: 5-7-97 Installed By: QSTR ^{JUNY S} _{GRUBLEY} Approved By: Terry D. Chappell ^{Q.R.S.}

Well System Individual [] Semi-Public [☒] Public [] New [] Replacement [] Repair [] Fee Paid: Yes [] No [] Construction Compliance <table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>[]</td> <td>[]</td> </tr> <tr> <td>[]</td> <td>[]</td> </tr> <tr> <td>[]</td> <td>[]</td> </tr> </table> 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	Yes	No	[]	[]	[]	[]	[]	[]	Final Inspection <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Required Slab</td> <td>[]</td> <td>[]</td> </tr> <tr> <td>Chlorinated</td> <td>[]</td> <td>[]</td> </tr> <tr> <td>Required Certificate</td> <td>[]</td> <td>[]</td> </tr> <tr> <td>Variance (Explain)</td> <td>[]</td> <td>[]</td> </tr> <tr> <td>WCHD I.D. Affixed</td> <td>[]</td> <td>[]</td> </tr> <tr> <td>Sample Collected</td> <td>[]</td> <td>[]</td> </tr> </table> Comments: _____ Well Installed By: _____ Date System Finalized _____ Sanitarian _____		Yes	No	Required Slab	[]	[]	Chlorinated	[]	[]	Required Certificate	[]	[]	Variance (Explain)	[]	[]	WCHD I.D. Affixed	[]	[]	Sample Collected	[]	[]
Yes	No																													
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WCHD I.D. Affixed	[]	[]																												
Sample Collected	[]	[]																												

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

Tax Map No. Parcel No.

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

DATE: <u>2-4-97</u>		IMPROVEMENT PERMIT NO.: <u>D-4829</u>	
TAX MAP NO.: <u>282</u>	PARCEL NO.: <u>19</u>	PIN NO.: <u>1708.0275 8752</u>	
OWNER/CONTRACTOR: <u>EVERGREEN CONST</u>			
LOCATION/ADDRESS: <u>1008 BROKEN SOUND WAY</u>			
SUBDIVISION NAME: <u>CROSS GATE</u>			
LOT NO.: <u>14</u>		SECTION OR BLOCK NO.: _____	
AUTHORIZATION ISSUED BY: <u><i>Glenn John</i></u>			

PIN #:

AUTHORIZATION CONDITIONS

- 1 WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. D-4829 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: PUMP, PUMPTANK, NEMA 4X BOX, ALARM ON SEPARATE CIRCUIT AND ALL ELECTRICAL CONNECTIONS REQUIRED
* START TOP LINE 10' OFF BASIL PROPERTY LINE * LAYOUT WILL REQUIRE STEP DOWNS

* CHAMBER SYSTEM OR EZ-LAY SYSTEM ONLY!

DATE: 12/30/96

972064

D-4829

1008 Broken
Sound

1708. 0275 8752

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 of Owner or Authorized Agent _____

Zoning 40W By mt.
 Approve ✓ Date 1/23/97
 Revise ✓ Use 101
 MBL 110
30 Rear 30
15 Corner -

CONSTRUCTION AUTHORIZATION

- PUMP SYSTEM
- 4 LINES @ 3' x 109'
- 36" DEPTH
- 1250 GAL TANK

