

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0005089

PIN #: 0712977778

OP DATE: 0610711988

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

*Existing/Repair

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 HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map No. 593 Parcel No. 74 PIN# 712.97.7778 No. C 05089

Contractor: _____ Operation Permit []
 Owner: FLORENCE B. BENSON Date: 6-7-88
 Location/Address: R-2 Box 124-A1 APEX NC 27502

Subdivision Name: _____ Lot No. #2 Section or Block No. _____
 Zoning: R-2C W Township: WHITE OAK S.R. # OFF 64

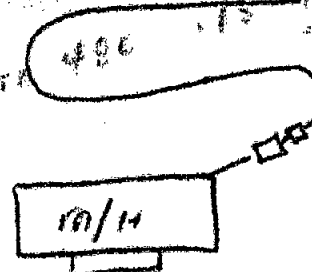
Sewage System

Repair [] Original Permit No. _____
 Garbage Disposal Unit Yes [] No []
 House [] Mobile Home [☒] Business []
 No. Bedrooms 2 Lot Area 0.12
 Size of Tank EXISTING 1200 gal.
 Nitrification Line EXISTING (200' x 6') 400 sq. ft.
 Depth of Stone: 12" [☒] Max. Depth of Trenches: _____ in.
 Riser and Baffle Required [] Pump Required []

Improvement Permit

*Permit Void 36 months from date of issuance
 *Permit Void if not in compliance with zoning regulations
 *Permit may be voided if site alterations made
 Layout By: Joseph F. Godfrey

MOBILE HOME REPLACEMENT SYSTEM APPROVED.



WELL

6-7-88

Cole Balthazar

Ron Dudley

Date _____ Installed By _____ Approved By _____

Well System

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

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

**Well permit void 36 months from issuance date

Bacteriological Results

Initial Sample: _____ Date: _____
 *Re-sample #1 _____ Date: _____
 *Re-sample #2 _____ Date: _____
 Re-chlorination as required Yes [] No []
 Comments: _____

*\$10.00 fee for all re-samples

All checks payable to: **Wake County Health Department**

Well Installed By: NA

6-7-88 Ronald Dudley
 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.

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#: D007799 STATUS: A APP DATE: 09/22/1997 BLDG PERMIT#:

APPLICANT: BAKER, FLORENCE DAY PHONE: (919) 362 - 9573

ADDRESS: 1304 FLYING HAWK RD FAX#: () 00 - 0000

CITY: APEX STATE: NC ZIP: 27502

OWNER: BAKER, FLORENCE MAY DAY PHONE: (919) 362 - 9573

ADDRESS: SAME FAX#: (000) 000 - 0000

CITY: SAME STATE: NC ZIP: 27502

HD USE CD: 0003 ORIG PERMIT#: REC?: Y

EXIST USE: 112 MOBILE HOME TAX MAP#: 0593 0074

BEDROOMS: 2 BSMT: N #EMPLOYEES: 0 WATER: I WASTEWATER: I GARB DISPOSAL: N

TOWNSHIP: 20 WHITE OAK JURIS: WC ZON: PIN: 0712.02 97 7778 000

SUBD#: S 000 000 00 SUBD NAME: GODFREY PROP LOT-SEC: 2 ACRE: 2.12

IMPRV PRMT: ISSUED?: Y DATE: 09/24/1997 BY: GEB TYPE SYSTEM: PUMP:

CNSTR AUTH: ISSUED?: DATE: BY: DATE EXPIRED:

RECEIPT#: FEE: OP DATE: BY:

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

ST#: 1304 MI: DIR: NAME: FLYING HAWK DIR: TYP: TR

DIRECTIONS: TAKE HWY 64W PASS JENKS RD T/R ON FLYING HAWK

ACROSS FROM GOLF DRIVING RANGE

IMPROVEMENT PERMIT

SIZE OF TANK ____ ST ____ PT GALS. TOTAL SQ. FT. ____ DEPTH OF STONE ____ IN. MAX. DEPTH LINE ____ IN.

WASTEWATER: DOMESTIC ☐ INDUSTRIAL ☐

I.P. ISSUED BY

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

AUTHORIZATION CONDITIONS

1. Wastewater system construction and installation must meet all conditions and specifications as set forth in the Improvement Permit 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 Environmental Health Division 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.

OTHER CONDITIONS: well permit only expiration 09/24/2002

SIZE OF TANK ____ ST ____ PT GALS. TOTAL SQ. FT. ____ DEPTH OF STONE ____ IN. MAX. DEPTH LINE ____ IN.

NUMBER OF TRENCHES ____ LENGTH OF TRENCHES ____ FT. WIDTH OF TRENCHES ____

Contractor To Follow Contours, See Attached Site Plan For Wastewater System Design And Well Location

C.A. ISSUED BY ____ INSTALLED BY ____ DATE ____

INSTALLATION APPROVED BY ____

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

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 ____

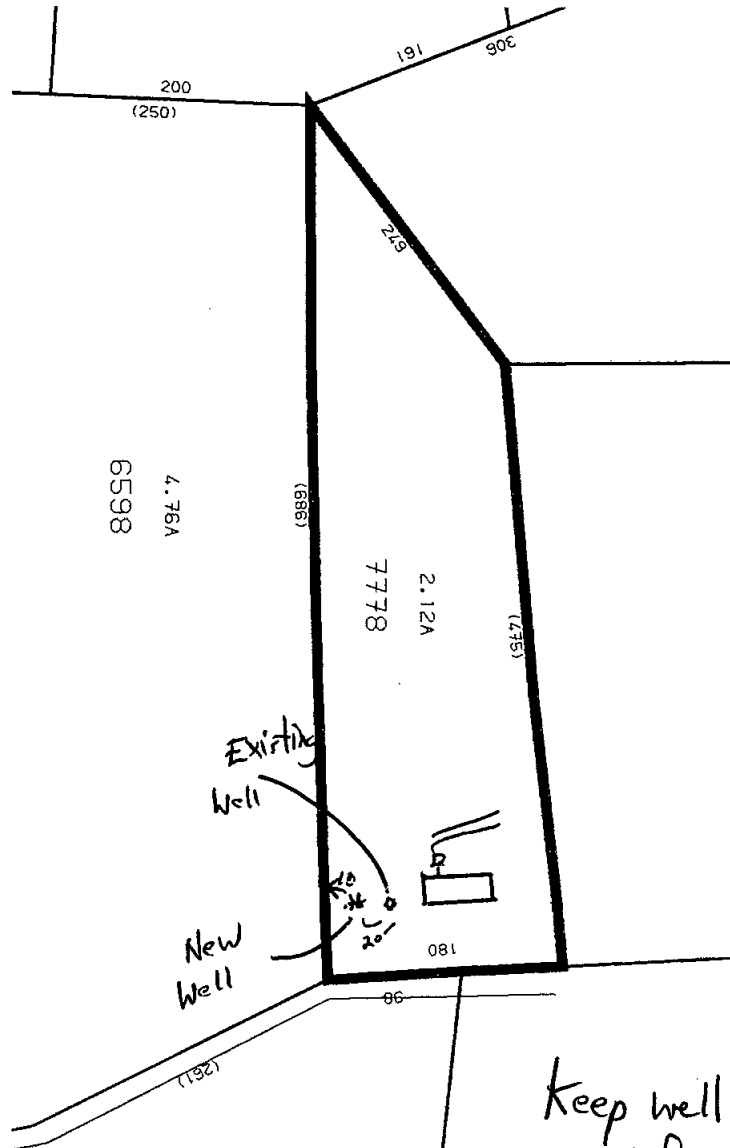
NEGATIVE BACTERIOLOGICAL RESULTS ____ DATE ____ EHS ____

SYSTEM FINALIZED ____ DATE ____ EHS ____

COMMENTS: ____

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Permit # D 7799



Keep well:
50' from house
100' from sewage disposal
10' from prop. line.
20' from existing well

* Existing well must be permanently abandoned within 30 days of completion of new well

Information included herein is for reference only and is not to be construed as a warranty or representation of any kind. The user assumes all responsibility for errors arising from the use of this map.

EHPUB1
Sep 25, 1997

Wake County

1"=150'

