

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: B038283

PIN #: 1608155307

OP DATE: 0511611986

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

Include
W-4573
C-19814
D-7867

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

B.W 5/12/14

WAKE COUNTY HEALTH DEPARTMENT SEPTIC TANK LAYOUT AND PERMIT

TAX MAP NO. _____ PARCEL NO. _____

PERMIT NO. B
OPERATION PERMIT ☐

CONTRACTOR _____

OWNER _____

DATE _____

LOCATION _____

S. R. NO. _____

SUBDIVISION NAME _____ LOT NO. **49** SECTION OR BLOCK NO. _____

REPAIR ☐ ORIGINAL PERMIT NO. _____

GARBAGE DISPOSAL UNIT YES ☐ NO ☐

HOUSE ☐ MOBILE HOME ☒ BUSINESS ☐

NO. BEDROOMS 3 LOT AREA _____

SIZE OF TANK 900 (STTS. 519-10741-11) gal.

NITRIFICATION LINE 900 sq. ft.

DEPTH OF STONE IN LINES: 12" ☒

RISER AND BAFFLE REQUIRED ☐ PUMP REQUIRED ☐

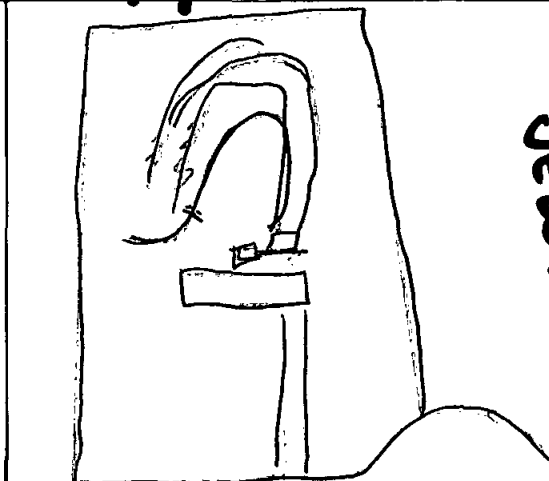
WATER SUPPLY: INDIVIDUAL ☐ PUBLIC ☐ OTHER ☐

* 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 _____



Abandoned
4123107
Jew.

DATE

INSTALLED BY

APPROVED BY

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Pin # 1608.01153619 Project # 0942638

Tax Map No. 807 Parcel No. 1

Zoning Wake Township Parthen Brook

Owner/Contractor: Molly Newton

Location/Address: 508 Margie Selva Rd.

Improvement Permit

Well Permit No. **C 19814**

Operation Permit []

Date: March 6, 1994

S.R. #

Subdivision Name: Kings Ridge

Lot No. 49

Section or Block No.

Preliminary Layout

Septic system appears to be functioning properly at time of inspection.

Final Layout

Sewage System Specifications

Repair [] Original Permit No.

Garbage Disposal Unit Yes [] No [☒]

House [] Mobile Home [☒] Business []

No. of Bedrooms 3 Lot Area

Size of Tank EXISTING gal.

Comments:

Nitrification Line EXISTING sq. ft.

Depth of Stone: 12" [] Max Depth of Trenches: 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:

Date: 3/6/94 Installed By: Passivation Approved By: Robert G. Tucker, Esq.

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

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**

Final Inspection

Yes No

Required Slab [] []

Chlorinated [] []

Required Certificate [] []

Variance (Explain) [] []

WCHD I.D. Affixed [] []

Sample Collected [] []

Comments:

Well Installed By:

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.

COPY TO HEALTH DEPARTMENT

3002.017 — 5/14/83

Tax Map No.

807

Parcel No.

★ NOT FOR WASTEWATER SYSTEM CONSTRUCTION ★
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.

Pin # 1608.01/153619 Project # 981058
 Tax Map No. _____ Parcel No. _____
 Zoning _____ Township Purton Branch
 Owner/Contractor: Mo 118 Houston
 Location/Address: 508 Margie Helen

Improvement Permit
 Well Permit No. **D-7867**
 Operation Permit []
 Date: 10-14-97

Subdivision Name: Kings Ridge Lot No. 49 Section or Block No. _____ S.R. # _____

Preliminary Layout SEE ATTACHED PLOT PLAN FOR WASTEWATER DISPOSAL SITE. SEE CONSTRUCTION AUTHORIZATION FOR WASTEWATER SYSTEM DESIGN.	Final Layout <i>OK to Repave mt</i>
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Sewage System Specifications
 Repair [] Original Permit No. _____
 Garbage Disposal Unit Yes [] No []
 House [] Mobile Home [] Business []
 No. of Bedrooms _____ Lot Area _____
 Size of Tank _____ gal.
 Wastewater: Sewage [x] Industrial [] Comments: _____

Nitrification Line 2715'± sq. ft.
 Depth of Stone: 12" [] Max Depth of Trenches: _____ 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: Reinspector

Date: 10-14-97 Installed By: Reinspector Approved By: [Signature]

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

Final Inspection	Yes	No
Required Slab	[]	[]
Chlorinated	[]	[]
Required Certificate	[]	[]
Variance (Explain)	[]	[]
WCHD I.D. Affixed	[]	[]
Sample Collected	[]	[]
Comments: _____ _____ _____ Well Installed By: _____ Date System Finalized _____ Sanitarian _____		

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**Environmental
Services**

TEL 919 856 7400

Water Quality Division

336 Fayetteville St. • P.O. Box 550 • Raleigh, NC 27602

Purpose: This forms is to be completed when making changes to a pending or active Well, Septic, or Building Permit.

D# 038736 BUILDING PERMIT # 0071968 PIN # 160801155307

Change of Bedrooms from ... 6 to 4
*Site Plan May Be Required

Change Applicant Name to _____
*Attach Owner Authorization

Change of Applicant Address to _____

Change of Applicant Phone Number to _____

Change of Building Footprint _____
* Site Plan Will Be Required

Foundation Drain ☐ Yes ☐ No
* No Site Plan Required

Change # of Employees _____
* Business, Schools, Daycares, etc.

Change of Basement: Add Basement _____ or Remove Basement _____

Comments _____

Project (Site) Address _____

Applicant Signature Gott-Fried Homes Inc. Date 1-24-07
By: [Signature]

Wake County Permit Processor PM Date 1/24/07

☒ Sent to Plan Review Staff

Note: Any change made where a Wake County Building Permit is involved requires that this document be forwarded through the Wake County Building Permits Department. All other revision forms can be forwarded to Environmental Services representatives on the 1st floor. Be aware revision fee may be required before processing can begin.