

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: **C 0 I 2 7 4 7**

PIN #: **0 7 6 0 3 6 7 9 7 2**

OP DATE: **0 1 / 3 0 / 1 9 9 2**

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.)

0 1 5 0 0

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

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Tax Map No. 087 Parcel No. 22

Improvement Permit
Well Permit No. **C 12747**

Zoning WA1C Township SW FT CREEK

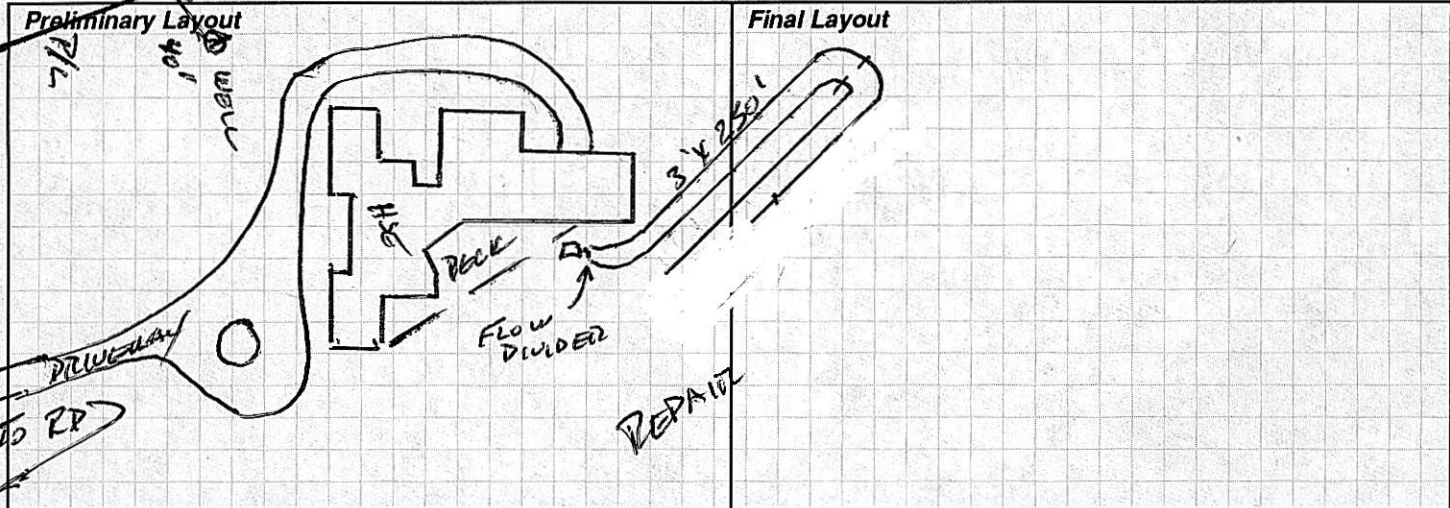
Operation Permit []

Owner/Contractor: HORIZON Custom Homes

Date: 9-30-91

Location/Address: 3537 Arthur PIERCE RD : STR 1300 South, TL STR 1305 + on the left S.R. # 1305

Subdivision Name: _____ Lot No. _____ Section or Block No. _____



Sewage System Specifications

Repair [] Original Permit No. _____

Garbage Disposal Unit Yes [] No ☒

House ☒ Mobile Home [] Business []

No. of Bedrooms 4 Lot Area 5.42ES

Size of Tank 1200 gal.

Comments: * MUST INSTALL HAIR/LENT TRAP FOR GROOMING AREA

Nitrification Line 1500' x 13' x 25' sq. ft.

Depth of Stone: 12" ☒ Max Depth of Trenches: 28 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: W. DAVID Brown RS

Date: 1-30-92 Installed By: Janious Bully Approved By: W. Van J. Brown

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

Final Inspection

	Yes	No
Required Slab	☒	[]
Chlorinated	☒	[]
Required Certificate	[]	[]
Variance (Explain)	[]	☒
WCHD I.D. Affixed <u>2847</u>	☒	[]
Sample Collected	☒	[]

Date Inspected 9/30/91 Sanitarian Heram G. Case

Comments: _____

Bacteriological Results
Initial Sample: neg Date: 4/3/92
* 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**

Well Installed By: Goldston Well
4/6/92 Heram G. Case
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

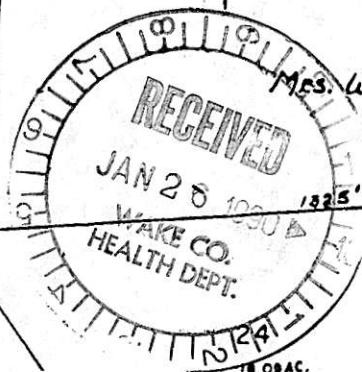
13.86 AC

4
43.00 AC TOTAL
S.G. JONES

11.85 AC

6
25.91 AC

5
31.18 AC



MRS. W.A. JONES

22
8 AC
5 AC
TRACT I

28
19.23 AC

43
2.07 AC

42
1.80 AC

41
1.73 AC

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11
HOMER R. JONES
25.02 AC

7
3 AC

Appraised
at \$15,000/acre
by Steve
McElroy
some
open
fencing

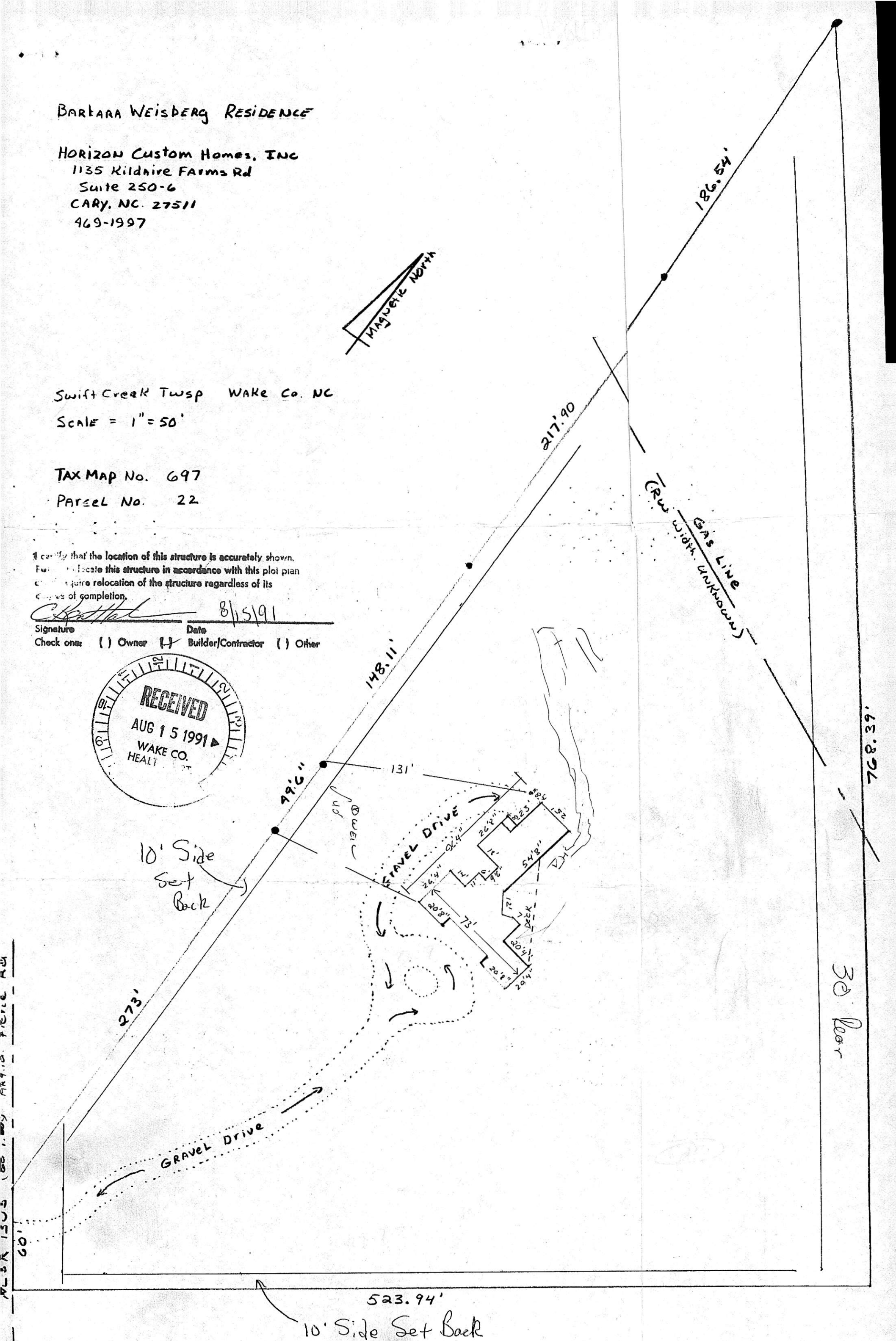
SHEET 698

HORIZON Custom Homes, Inc
1135 Kildaire Farms Rd
Suite 250-6
CARY, NC. 27511
469-1997

Scale = 1" = 50'

Parcel No. 22

Signature C. Battal Date 8/15/91
Check one: ☐ Owner ☒ Builder/Contractor ☐ Other



August 10, 1991