Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: C 0 2 0 5 3 6 PIN #: 1 7 0 8 7 7 4 5 0 8

OP DATE: 0 8 1 0 3 1 1 9 9 5

SYSTEM USE:
- [x] House
- [ ] Mobile Home
- [ ] Business
- [ ] Other

SEWAGE TYPE:
- [x] Domestic
- [ ] Industrial

PUMP/SIPHON?:
- [ ] Yes
- [x] No

PRESSURE MANIFOLD:
- [ ] Yes
- [x] No

SYSTEM TYPE:
- [ ] I
- [x] II
- [ ] III
- [ ] IV
- [ ] V
- [ ] VI
- [ ] Other

SUB TYPE:
- [x] A
- [ ] B
- [ ] C
- [ ] D
- [ ] E
- [ ] F
- [ ] G

NBR BEDROOMS:
- [ ] 1
- [ ] 2
- [ ] 3
- [x] 4
- [ ] 5
- [ ] 6
- [ ] Other

MAINT. SCHEDULE:
- [ ] Yes
- [x] No

CERT. OPERATOR
- [ ] Yes
- [x] 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 2 0 0

DRAIN TYPE:
- [x] 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
- [x] 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
- [x] 12 in. or less
- [ ] 18 in. or less
- [ ] 24 in. or less
- [ ] Other

TRENCHES:
- [x] Individual
- [ ] Bed

TRENCH WIDTH (IN.):
- [ ] 12 in. or less
- [ ] 18 in.
- [ ] 24 in.
- [x] 36 in.
- [ ] 6 ft. or less
- [ ] 9 ft. or less
- [ ] Other

Scf

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Pin # 1708.02774508 Project # 952412 KB 8.3.95

Tax Map No. 282 Parcel No. _____ Improvement Permit

Zoning Wake Township Barton's Creek Well Permit No. C 20536

Operation Permit [ ]

Owner/Contractor: Crist-Chapman Blders Date: 2-2-95

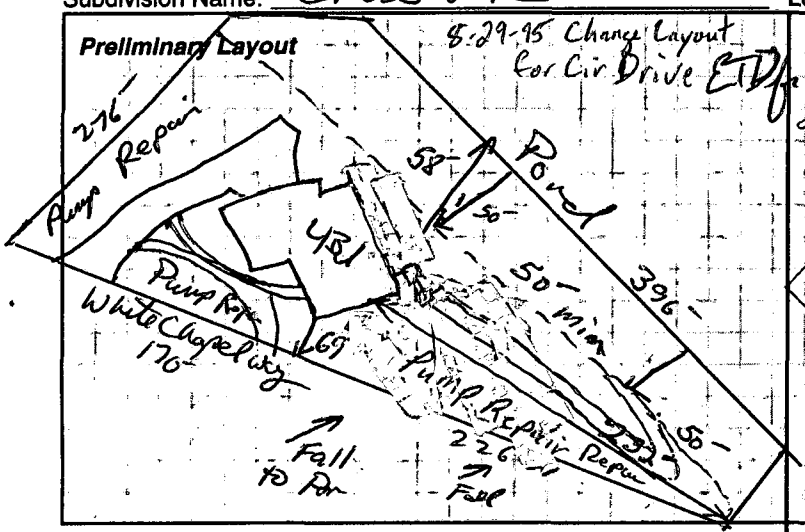
Location/Address: Durant Rd (FL) into Sub on White Chapel Way end of Street Pvd

S.R. # _____

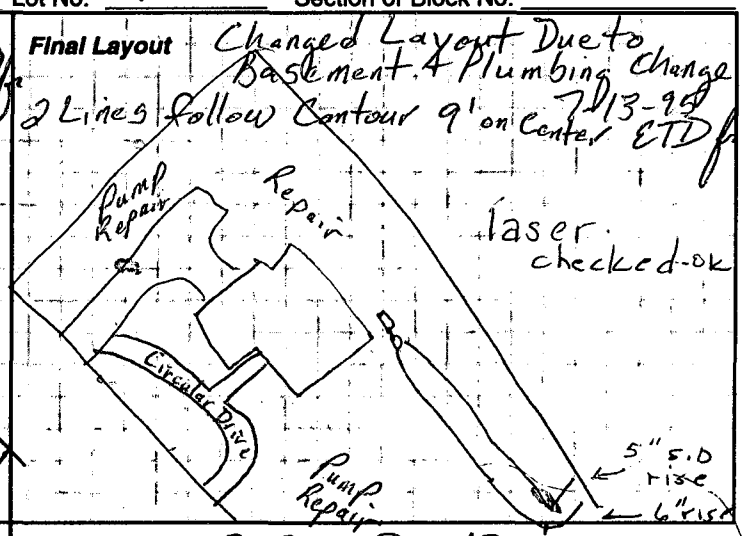
Subdivision Name: Cross Gate Lot No. 106 Section or Block No. _____

Tax Map No. _____ Parcel No. _____

Preliminary Layout



Final Layout Changed Layout Due to Basement & Plumbing Change 2 Lines follow Contour 9' on Center 7-13-95 ETD



Sewage System Specifications

Repair [ ] Original Permit No. _____

Garbage Disposal Unit Yes [ ] No [X]

House [X] Mobile Home [ ] Business [ ]

No. of Bedrooms 4 Lot Area 1.56

Size of Tank 1200 gal.

Nitrification Line 2x3x200 = 1200 sq. ft.

Depth of Stone: 12" [X] Max Depth of Trenches: 24 in.

Riser and Baffle Required [X] 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: Kent G. Doeke RS.

Comments: Keep system shallow follow contour, stay min 50' off road, keep 10' off property line new line comes in contact with existing drainfield for hall type access street no problem though

Date: 8/3/95 Installed By: David Brantley Approved By: D. R. Parnell

Well System

Individual [ ] Semi-Public [ ] Public [X]

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: _____

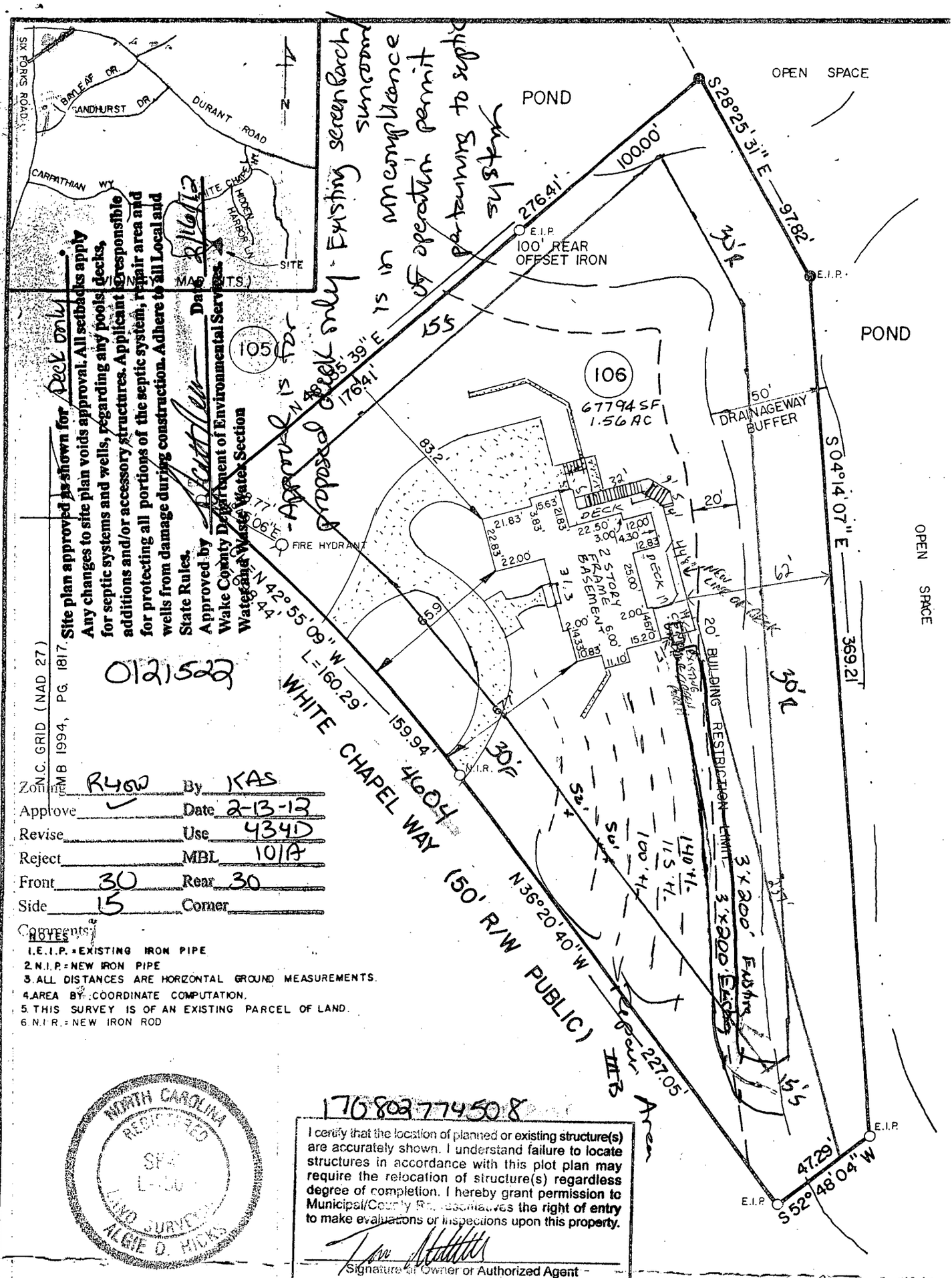
Well Installed By: _____

_____ _____

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



Site plan approved as shown for deck only. Any changes to site plan voids approval. All setbacks apply for septic systems and wells, regarding any pools, decks, additions and/or accessory structures. Applicant responsible for protecting all portions of the septic system, repair area and wells from damage during construction. Adhere to all Local and State Rules.
Approved by _____ Date _____
Wake County Department of Environmental Services
Water and Waste Section

Existing screen porch & sunroom is in encroachment of septic pertaining to septic system. Proposed deck only - Approved for deck only

0121522

Zoning R40W By KAS
Approve ✓ Date 2-13-12
Revise _____ Use 4341
Reject _____ MBL 101A
Front 30 Rear 30
Side 15 Corner _____
Comments

NOTES
1. E.I.P. = EXISTING IRON PIPE
2. N.I.P. = NEW IRON PIPE
3. ALL DISTANCES ARE HORIZONTAL GROUND MEASUREMENTS.
4. AREA BY COORDINATE COMPUTATION.
5. THIS SURVEY IS OF AN EXISTING PARCEL OF LAND.
6. N.I.R. = NEW IRON ROD

NORTH CAROLINA REGISTERED SEAL L-1303 LAND SURVEYOR ALGIE D. HICKS

1708027745 08

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

0 25 50 100 150 FEET

SCALE 1"=50' DRAFT WEE

247-1151

NORTH CAROLINA WAKE COUNTY

I, ALGIE D. HICKS, CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE BY ME, DEED DESCRIPTIONS RECORDED IN MB 1994, PAGE 1817, BOOK ____, PAGE ____, THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1: 7500F; THAT BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOKS REFERENCED HEREON;

WITNESS MY HAND AND SEAL THIS 19 DAY OF DEC., A.D., 1995

REGISTRATION NUMBER L-1303 SIGNED Algie D. Hicks LAND SURVEYOR

RIVERS AND ASSOCIATES, INC.
ENGINEERS PLANNERS SURVEYORS
GREENVILLE AND RALEIGH, NORTH CAROLINA

FINAL SURVEY

FLETCHER H. CARVER
AND WIFE
SUZANNE CARVER

LOT 106
CROSS GATE SUBDIVISION

4604 WHITE CHAPEL WAY
BARTON'S CREEK TWSP. WAKE CO., N.C.