

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0015091

PIN #: 1746778424

OP DATE: 0510312000

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

include permit
W-3368

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 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#: 015091 STATUS: A APP DATE: 07/08/1999 BLDG PERMIT#: 0000091
 APPLICANT: WATSON, JOHNNY BUILDERS, INC. DAY PHONE: (919) 266 - 3982
 ADDRESS: 7419 SUITE 109 HWY 64 E. FAX#: (919) 266 - 6663
 CITY: KNIGHTDALE STATE: NC ZIP: 02745
 OWNER: JOHNNY WATSON BUILDERS IN DAY PHONE: (919) 266 - 3982
 ADDRESS: 7419 SUITE 109 HWY 64 E. FAX#: (919) 266 - 6663
 CITY: KNIGHTDALE STATE: NC ZIP: 27545
 HD USE CD: 101 ONE-FAMILY HOUSE ORIG PERMIT#: REC?: Y
 EXIST USE: TAX MAP#: 0385 0005
 BEDROOMS: 4 BSMT: N #EMPLOYEES: 0 WATER: I WASTEWATER: I GARB DISPOS: N
 TOWNSHIP: 19 WAKE FOREST JURIS: WC ZON: R30 PIN: 1746.02 87 4532 000
 SUBD#: S 000 000 00 SUBD NAME: LAUREN OAKS LOT-SEC: 9 ACRE: 1.26
 IMPRV PRMT: ISSUED?: Y DATE: 01/12/2000 BY: RJD TYPE SYSTEM: III G PUMP:
 CNSTR AUTH: ISSUED?: Y DATE: 01/12/2000 BY: RJD MAINT: N OPER: N
 RECEIPT#: FEE: 290.00 OP DATE: BY:
 WATR SAMPL: REQ?: Y APPROVED?: DATE: PROPRIETARY SYS:
 ST#: 2901 MI: DIR: NAME: LAUREN OAKS DIR: TYP: DR
 DIRECTIONS: 64 EAST LEFT ON OLD MILBURNIE RD SUBD WILL BE O
 N L @ INTERSECTION OF SR 2217 & SR 2222

Raise

*** UPDATE COMPLETED - ENTER NEXT PERMIT# ***

IMPROVEMENT PERMIT

SIZE OF TANK 1200 ST PT GALS. TOTAL SQ. FT. 1200 DEPTH OF STONE PSA IN. MAX. DEPTH LINE 20 IN.
 WASTEWATER: DOMESTIC ☒ INDUSTRIAL ☐ I.P. ISSUED BY Ron Dudley R.S.

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

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

OTHER CONDITIONS: UPGRADED PERMIT FROM 3 TO 4 BEDROOMS BY USING INNOV. SYSTEM
 SIZE OF TANK 1200 ST PT GALS. TOTAL SQ. FT. 1200 DEPTH OF STONE PSA IN. MAX. DEPTH LINE 20 IN.
 ST FILTER REQUIRED ☒ NUMBER OF TRENCHES 2 LENGTH OF TRENCHES 200 FT. WIDTH OF TRENCHES 3 FT.

C.A. ISSUED BY Ron Dudley R.S. INSTALLED BY HBM Inc. CTR. I.D. # _____
 SEPTIC TANK FILTER USED _____
 INNOV. APPL. #: IWWS- _____ DATE 5-3-00 INSTALLATION APPROVED BY Ron Dudley R.S.

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

WELL LOG INFORMATION = DEPTH 340 CASING DEPTH 32 YIELD 5 STATIC LEVEL 20
 WELL CONTRACTOR S. Polk REG.# 479 PUMP CONTRACTOR A-1 REG.# 781

CONSTRUCTION COMPLIANCE = GROUT APPROVED ☒ DATE 2/17/00 EHS Doug Bight
 WCHD ID # 9478 WELLHEAD APPROVED ☒ DATE 3/14/00 EHS Doug Bight
 NEGATIVE BACTERIOLOGICAL RESULTS ☐ DATE _____ EHS _____
 SYSTEM FINALIZED ☐ DATE _____ EHS _____

COMMENTS: _____

 This permit is based in part on information provided by the homeowner or his/her representative in the application submitted for this permit. The Environmental Health Specialist is not responsible for false or misleading information contained in the application. The Environmental Health Specialist 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 Environmental Health Specialist warrants that the septic tank system will continue to function satisfactorily in the future or that the water supply will remain potable.

*Mills-1000
STP-1018*

SITE PLAN

Parcel # _____ Lot # 9 Sub'd Lauren Oaks Project # 0000091

Johnny Watson Bldrs.
1.26 Acres

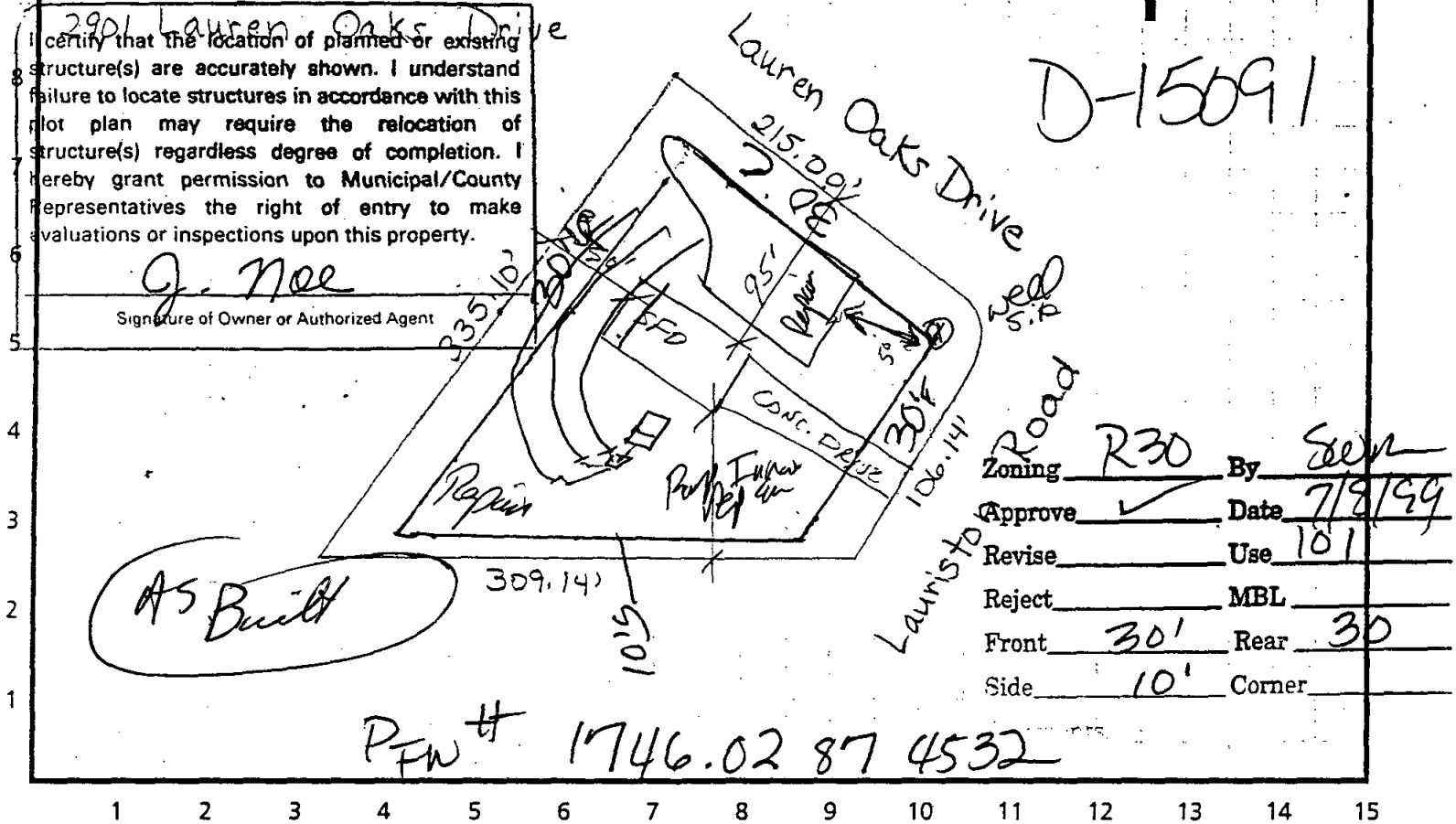
I certify that the location of planned or existing structure(s) are accurately shown. I understand failure to locate structures in accordance with this plot plan may require the relocation of structure(s) regardless degree of completion. I hereby grant permission to Municipal/County Representatives the right of entry to make evaluations or inspections upon this property.

J. Noel

Signature of Owner or Authorized Agent

NORTH

D-15091



Zoning R30 By Seen
 Approve ✓ Date 7/8/99
 Revise _____ Use 101
 Reject _____ MBL
 Front 30' Rear 30
 Side 10' Corner _____

Scale 1 inch = 100 feet

CONSTRUCTION CANNOT OCCUR WITHIN ANY REQUIRED YARD AS SHOWN

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and are made in good faith. I also understand that false information may be grounds for rejection of this application. Authorized Health Department Municipal/County Representatives are granted the right of entry to make evaluations or inspections and to release information upon public request. I certify the location of structures are accurately shown.

Signature of Owner or Authorized Agent

Date

2901 Lauren Oaks Dr.
Lot # 9

ZONING REQUIREMENTS

Area _____ Sq. Ft. Lot Width _____ Ft. Corner Yard Setback _____ Ft.
 Front Yard Setback _____ Ft. Rear Yard Setback _____ Ft. Front Yard Setback _____ Ft.
 Book of Maps _____ Page _____ Unique # _____ (if applicable)

IT Name: _____ Paid: \$ _____

Address: _____ Receipt #: _____

City/State/Zip: _____ Phone #: _____ PPC Init: _____

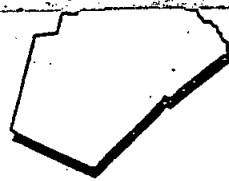
Approved By: _____ Date: _____

WAKE COUNTY
Department of Environmental Services

Water, Wastewater and Development Services

856-7400 FAX: (919) 856-7407

PO Box 550, Raleigh, NC 27602



Attn: Ken DAELE

REVISIONS THAT DO NOT NEED REVISED SITE PLANS

D # 015091

Building Permit # 000091

- Change of Bedrooms from 3
to 4
- Change of Name on Permit *
- Change of Foundation
- Change of Garbage Disposal
- Change of Employees

* Need Name, Address and Phone Number of New Applicant

Comments:

Applicant Signature

[Signature]

Date

1/4/00

Permit Processor

[Signature]

Date

1-4-00

To protect and improve the quality of Wake County's environment and ensure a healthy future
for its citizens through cooperation, education, management and enforcement

WELL CONSTRUCTION RECORD

DRILLING CONTRACTOR: Grady Poole
DRILLER REGISTRATION #: _____
STATE WELL CONSTRUCTION PERMIT#: _____

015091

1. WELL USE (Check Applicable Box): Residential ☒ Municipal ☐ Industrial ☐ Agricultural ☐ Monitoring ☐
Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use: _____

2. WELL LOCATION: (Show sketch of the location below)

Nearest Town: Knightdale County: Wake

(Road, Community, or Subdivision and Lot No.)

3. OWNER Johany Watson
ADDRESS _____

(Street or Route No.)

City or Town

State

Zip Code

4. DATE DRILLED 2-7-00

5. TOTAL DEPTH 340

6. CUTTINGS COLLECTED YES ☐ NO ☒

7. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒

8. STATIC WATER LEVEL Below Top of Casing: 20 FT.

(Use "+" if Above Top of Casing)

9. TOP OF CASING IS 1 1/2 FT. Above Land Surface*

* Casing Terminated at/or below land surface is illegal unless a variance is issued in accordance with 15A NCAC 2C .0118

10. YIELD (gpm): 5 METHOD OF TEST Blow

11. WATER ZONES (depth): 300

12. CHLORINATION: Type HTH Amount 1 1/2 lb.

13. CASING:

If additional space is needed use back of form

LOCATION SKETCH

(Show direction and distance from at least two State Roads, or other map reference points)

From	To	Depth	Diameter	Wall Thickness or Weight/Ft.	Material
From <u>0</u>	To <u>32</u>	Ft. <u>6 1/4</u>	<u>.188</u>	<u>galvanized</u>	
From _____	To _____	Ft. _____	_____	_____	_____
From _____	To _____	Ft. _____	_____	_____	_____

14. GROUT:

From	To	Depth	Material	Method
From <u>0</u>	To <u>20</u>	Ft. <u>port. screen</u>	<u>gravity</u>	
From _____	To _____	Ft. _____	_____	_____

15. SCREEN:

From	To	Depth	Diameter	Slot Size	Material
From _____	To _____	Ft. _____	in. _____	in. _____	_____
From _____	To _____	Ft. _____	in. _____	in. _____	_____
From _____	To _____	Ft. _____	in. _____	in. _____	_____

16. SAND/GRAVEL PACK:

From	To	Depth	Size	Material
From _____	To _____	Ft. _____	_____	_____
From _____	To _____	Ft. _____	_____	_____

17. REMARKS: Felton Jacobs # 2765

1019
Lauren Oaks
Old Milburnie

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

FOR OFFICE USE ONLY

Quad No: _____
Serial No: _____

SIGNATURE OF CONTRACTOR OR AGENT
Submit original to Division of Water Quality and copy to well owner.

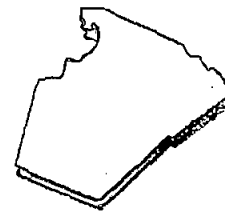
DATE

WAKE COUNTY Department of Environmental Services

Water, Wastewater and Development Services

(919) 856-7400 FAX: (919) 856-7407

PO Box 550, Raleigh, NC 27602



I, Johnny Watson Builders hereby request the chamber system or
polystyrene aggregate system called E Z Lay to
be used in my sewage disposal system. I understand that I will be
granted a 25% reduction in the amount of required drainfield for my
property. My property is located at 2901 Lauren Oaks Drive,
Lot 9, Lauren Oaks

Johnny Watson Owner
5/3/00 Date

D# 015091

Bldg Permit # 91

PIN: 1746.02 87 4532

5/3

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for its citizens through cooperation, education, management and enforcement

W-3368

NOTE: AREA COMPUTED BY COORDINATE METHOD.

NOTE: NO NCGS MONUMENT
WITHIN 2000'

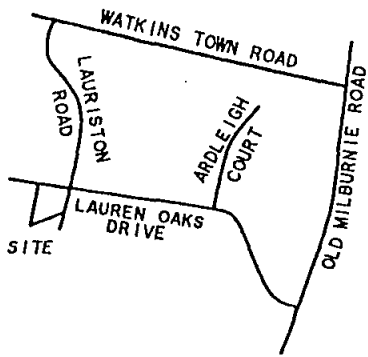
NOTE: BEING LOT 9 OF LAUREN OAKS
SUBDIVISION, RECORDED IN BOOK OF
MAPS 1999 PAGE 1729.

Zoning R30 Date 10-11-07
Approve / Use 436D
Revise / MBL
Reject /
Front 50 Rear 10
Side 5 Corner /

Comments: DET GAR NOT TO ENCRACH
SIDE OR REAR SETBACK

MAGNETIC NORTH

ADOPTED BOOK OF MAPS 1999 PAGE 1729



VICINITY MAP

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

BOOK OF MAPS 1999 PAGE 1729

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Signature of Owner or Authorized Agent

LOT 9
1.26 ACRES

DORIS WATKINS DEED BOOK 1482 PAGE 604

HOUSE LOCATION FOR

SIAMAK K. FATHULLAHZADEH

AND

TIFFANI FATHULLAHZADEH

WAKE FOREST TOWNSHIP

WAKE COUNTY

NORTH CAROLINA

Site plan approved as shown for
Any changes to site plan voids approval. All setbacks apply
for septic systems and wells, regarding any permits, the
applicant is responsible for obtaining all portions of the septic system, repair area and
wells from damage during construction. Adhere to all local and
State Rules.

Approved by [Signature]
Wake County Department of Environmental Services.

Water and Waste Water Section

I, DANNY O. WILLIAMS, certify that under my direction and supervision this map was drawn from an actual field survey; that the error of closure of the survey as calculated by latitudes and departures is 1: 10,000; and that this survey meets general standards of practice for land surveying in North Carolina.

Witness my hand and seal this 04 day of AUGUST, 2000

P.L.S. L-2647

60 0 60 120 180

GRAPHIC SCALE - FEET

FB: 1164 JOB: CTP1417 CF
DOW1912 SF

WILLIAMS, PEARCE & ASSOC., P.A.
PROFESSIONAL LAND SURVEYORS
ZEBULON, NORTH CAROLINA
TELEPHONE: (919) 269-9605

DRAWN BY: DOW

CHECKED BY: DOW

DATE: 08-04-00

SCALE: 1" = 60'

* REVISED *

ATTN: ERIC GREEN

2901
LAUREN OAKS

LEGEND

- EXISTING IRON PIPE
- EXISTING MONUMENT