

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #:

PIN #:

OP DATE:

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.)

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

Revised
A

PERMIT#: D012972 STATUS: A APP DATE: 12/23/1998 BLDG PERMIT#: 0993876
 APPLICANT: DRIVER, CHARLES DAY PHONE: (919) 365 - 4545
 ADDRESS: 1900 LIZARD LICK RD FAX#: (000) 000 - 0000
 CITY: ZEBULON STATE: NC ZIP: 27597 365 - 4546
 OWNER: DRIVER, CHARLES R ET AL DAY PHONE: (919) 365 - 4545
 ADDRESS: SAME FAX#: (000) 000 - 0000
 CITY: SAME STATE: NC ZIP: 27597
 HD USE CD: 101 ONE-FAMILY HOUSE ORIG PERMIT#: REC?: Y
 EXIST USE: TAX MAP#: 0338 0076
 BEDROOMS: 3 BSMT: N #EMPLOYEES: 0 WATER: I WASTEWATER: I GARB DISPOS: N
 TOWNSHIP: 09 LITTLE RIVER JURIS: WC ZON: PIN: ~~1797-02-86-3193-000~~
 SUBD#: S 000 000 00 SUBD NAME: DRIVER FINCH ES LOT-SEC: 46 ACRE: 0.92
 IMPRV PRMT: ISSUED?: Y DATE: 06/01/1999 BY: RJD TYPE SYSTEM: II PUMP:
 CNSTR AUTH: ISSUED?: Y DATE: 06/01/1999 BY: RJD MAINT: N OPER: N
 RECEIPT#: FEE: 290.00 OP DATE: BY:
 WATR SAMPL: REQ?: Y APPROVED?: DATE: PROPRIETARY SYS:
 ST#: MI: DIR: NAME: NEUMA DIR: TYP: DR
 DIRECTIONS: TAKE 64E TO ZEB EXIT TL 96N TR FERRELL RD TL NE
 UMA DR

Pin # 1797 85 1729

IMPROVEMENT PERMIT

SIZE OF TANK 1000 ST PT GALS. TOTAL SQ. FT. 1080 DEPTH OF STONE 12 IN. MAX. DEPTH LINE 24 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.

OTHER CONDITIONS:

SIZE OF TANK 1000 ST PT GALS. TOTAL SQ. FT. 1080 DEPTH OF STONE 12 IN. MAX. DEPTH LINE 24 IN.
 ST FILTER REQUIRED ☒ NUMBER OF TRENCHES 2 LENGTH OF TRENCHES 180 FT. WIDTH OF TRENCHES 3 FT.

C.A. ISSUED BY Ron Dudley R.S. INSTALLED BY Sonny DRIVER CTR. I.D. #

SEPTIC TANK FILTER USED

INNOV. APPRL. #: IWWS- DATE 8/3/99 INSTALLATION APPROVED BY Ron Dudley R.S.

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

WELL LOG INFORMATION = DEPTH 250 CASING DEPTH 101 YIELD 4 STATIC LEVEL 20

WELL CONTRACTOR N.W. Poole REG.# 4 PUMP CONTRACTOR Fuller REG.# 1847

CONSTRUCTION COMPLIANCE = GROUT APPROVED ☒ DATE 8/30/99 EHS

WCHD ID # 9159 WELLHEAD APPROVED ☒ DATE 9/3/99 EHS

NEGATIVE BACTERIOLOGICAL RESULTS ☒ DATE 9/17/99 EHS

SYSTEM FINALIZED ☒ DATE 9/20/99 EHS

COMMENTS:

Pme event 8/30/99

 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.

NORTH →

1" = 30'

Zoning	040	By	MA
Approve	✓	Date	4/23/99
Revise		Use	10
Reject		MBL	
Front	30	Rear	30
Side	15	Corner	

I certify that the location of planned or existing structure(s) are accurately shown. I understand that the 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.

x Charles [Signature] 4/23/99
Signature of Owner or Authorized Agent

LOT 46

0093876
D-12972
3505
Neuma Dr.

1000 GAL. TANK
2(180' x 3')
24" DEPTH

15' 5" E.C. Y.

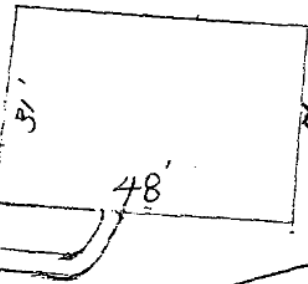
143'

Well
60'

15' 5" E.C. Y.

260.36'

58'



CONCRETE DRIVE

(REPAIR)

30 FT

146.00'

Neuma Drive

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section
P.O. Box 29578 - Raleigh, N.C. 27626-0578-Phone (919) 733-3221

WELL CONSTRUCTION RECORDDRILLING CONTRACTOR: NW Poole Well Co.DRILLER REGISTRATION #: #4

STATE WELL CONSTRUCTION PERMIT#: _____

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: Zebulon County: Wake

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

3. OWNER Charles Atwell

ADDRESS Driver Finch Subdivision

(Street or Route No.)

Zebulon

City or Town

State

Zip Code

4. DATE DRILLED 6-30-99

5. TOTAL DEPTH 250

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 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): 4 METHOD OF TEST Blowing

11. WATER ZONES (depth): 185', 240'

12. CHLORINATION: Type _____ Amount _____

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>101</u>	Ft.	<u>6 1/4"</u>		<u>galv.</u>
From _____	To _____	Ft.			
From _____	To _____	Ft.			

14. GROUT:

From	To	Depth	Material	Method
From <u>0</u>	To <u>20</u>	Ft.	<u>Portland</u>	<u>mix after</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: _____



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.



SIGNATURE OF CONTRACTOR OR AGENT

Submit original to Division of Water Quality and copy to well owner.

DATE

GW-1 REV. 1/88