

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0008493

PIN #: 1719450118

OP DATE: 1011711990

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

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

CH

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map No. 242 Parcel No. 164 No. C 08493
 Contractor: Clyton Hicks Builders Operation Permit []
 Owner: _____ Date: 10-25-89
 Location/Address: 5420 Deer Forest Trail S.R. # _____
 Subdivision Name: Stonefield Lot No. 7 Section or Block No. _____
 Zoning: Wake Township: Fanton's Creek

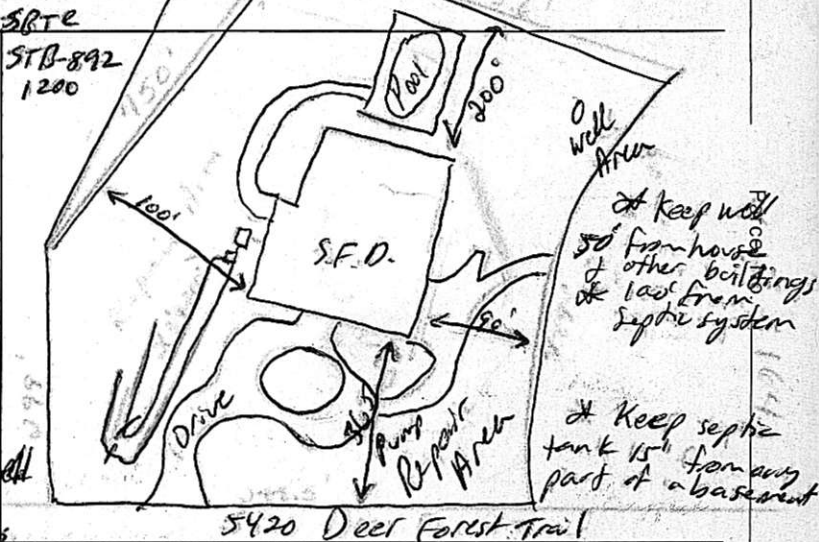
Sewage System

Repair [] Original Permit No. _____
 Garbage Disposal Unit Yes [] No [x]
 House [x] Mobile Home [] Business []
 No. Bedrooms 4 Lot Area 5 AC
 Size of Tank 1200 gal.
 Nitrification Line 1200 ft² 2(3' x 200') sq. ft.
 Depth of Stone: 12" [x] Max. Depth of Trenches: 30 in.
 Riser and Baffle Required [x] Pump Required []

Improvement Permit

*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: Terry D. Chappell R.S.
 *Permit may be voided if installed w/ changes



10-17-90
 Date

Woody Wilson
 Installed By

Terry D. Chappell R.S.
 Approved By
Terry D. Chappell R.S.

Well System

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

10-31-89
 Date Inspected

Final Inspection Yes [x] No []
 Required Slab [x] []
 Chlorinated [x] []
 Required Certificate [x] []
 Variance (Explain) [x] []
 WCHD I.D. Affixed # 2312 [x] []
 Sample Collected [x] []

**Well permit void 36 months from issuance date

Bacteriological Results

Initial Sample: INVALID Date: 1-4-91
 *Re-sample #1 INVALID Date: 1-16-91
 *Re-sample #2 NEG Date: 1-29-91
 Re-chlorination as required Yes [] No []

Comments: _____

*\$10.00 fee for all re-samples

All checks payable to: **Wake County Health Department**

Well Installed By: Goldston Well Co.

2-21-91
 Date System Finalized

10. F. D. R.S.
 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.

W-12124

Site plan approved as shown for Fountain and associated electrical & plumbing

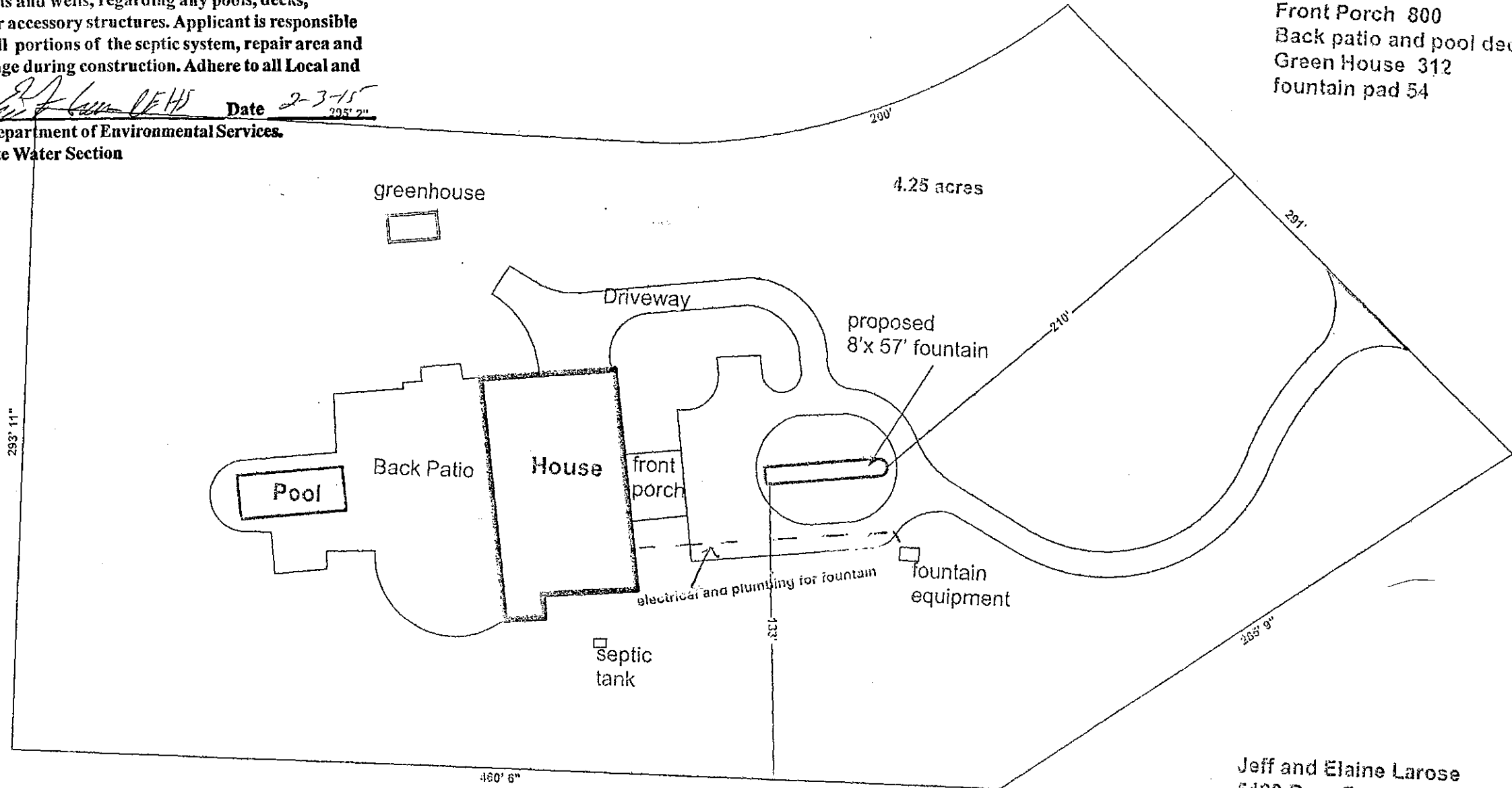
Any changes to site plan voids approval. All setbacks apply for septic systems and wells, regarding any pools, decks, additions and/or accessory structures. Applicant is responsible for protecting all portions of the septic system, repair area and wells from damage during construction. Adhere to all Local and State Rules.

Approved by [Signature] Date 2-3-15

Wake County Department of Environmental Services.

Water and Waste Water Section

House 6651 sqft
Driveway 12343
Front Porch 800
Back patio and pool deck 8772
Green House 312
fountain pad 54



1" equals 60'

Jeff and Elaine Larose
5420 Deer Forest Trail
Raleigh, NC 27614