

Environmental Services - Water Quality  
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0008187

PIN #: 0881843793

OP DATE: 07/01/1998

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

- ☐ ☐ ☐  
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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

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

TW

# 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#: D008187 STATUS: A APP DATE: 10/30/1997 BLDG PERMIT#: 0981424  
 APPLICANT: CHATEAU CONST CORP DAY PHONE: ( 919 ) 676 - 6766  
 ADDRESS: PO BOX 32189 FAX#: ( 919 ) 676 - 1635  
 CITY: RALEIGH STATE: NC ZIP: 27622  
 OWNER: 98 PARTNERS LLC DAY PHONE: ( 999 ) 999 - 9999  
 ADDRESS: 3620 RANLO DR FAX#: ( 999 ) 999 - 9999  
 CITY: RALEIGH STATE: NC ZIP: 27612  
 HD USE CD: 101 ONE-FAMILY HOUSE ORIG PERMIT#: REC?: Y  
 EXIST USE: TAX MAP#: 0185  
 BEDROOMS: 3 BSMT: N #EMPLOYEES: 0 WATER: C WASTEWATER: I GARB DISPOSAL: N  
 TOWNSHIP: 02 BARTON'S CREEK JURIS: WC ZON: 40W PIN: 0881.04 84 3793 000  
 SUBD#: S 000 000 00 SUBD NAME: LAKEFALL LOT-SEC: 72 ACRE: 3.35  
 IMPRV PRMT: ISSUED?: Y DATE: 11/17/1997 BY: TW TYPE SYSTEM: II PUMP:  
 CNSTR AUTH: ISSUED?: Y DATE: 11/17/1997 BY: TW DATE EXPIRED: 11/17/2002  
 RECEIPT#: 0021656 FEE: 145.00 OP DATE: BY:  
 WATR SAMPL: REQ?: APPROVED?: DATE: PROPRIETARY SYS:  
 ST#: 7301 MI: DIR: NAME: LAKEFALL DIR: TYP: DR  
 DIRECTIONS: 50N-L NC 98-RT ON TO LAKE FALLS DR INTO SUB  
 1ST LOT ON LEFT

## IMPROVEMENT PERMIT

SIZE OF TANK 1000 ST PT GALS. TOTAL SQ. FT. 1200 DEPTH OF STONE 12 IN. MAX. DEPTH LINE 20 IN.

WASTEWATER: DOMESTIC ☒ INDUSTRIAL ☐

I.P. ISSUED BY

*Tim Hauen, 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: Install drainfield shallow (19"-20" max) with no stepdowns. Keep septic system 5' from hse found; 10' from P/L. Divert foundation drains / roof gutter drains away from septic system.

SIZE OF TANK 1000 ST PT GALS. TOTAL SQ. FT. 1200 DEPTH OF STONE 12 IN. MAX. DEPTH LINE 20 IN.

NUMBER OF TRENCHES 4 LENGTH OF TRENCHES 100 FT. WIDTH OF TRENCHES 3 FT.

C.A. ISSUED BY *Tim Hauen, R.S.* INSTALLED BY *Glenn Todd* CTR. I.D. #

INNOV. APPL. #: IWWS- DATE 7/1/98 INSTALLATION APPROVED BY *Vincent J. Maurzi, R.S.*

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

WELL LOG INFORMATION = DEPTH CASING DEPTH YIELD STATIC LEVEL

WELL CONTRACTOR REG.# PUMP CONTRACTOR REG.#

CONSTRUCTION COMPLIANCE = GROUT APPROVED ☐ DATE EHS

WCHD ID # WELLHEAD APPROVED ☐ DATE EHS

NEGATIVE BACTERIOLOGICAL RESULTS ☐ DATE EHS

SYSTEM FINALIZED ☐ DATE EHS

COMMENTS:

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 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.

failure to locate structures in accordance with the plot plan may require the relocation of structure(s) regardless degree of completion hereby grant permission to Municipal Court Representatives the right of entry to make evaluations or inspections upon this property

Signature of Owner or Authorized Agent

REF: B.M. 1996, PG. 88

NEW LIGHT TOWNSHIP

WAKE COUNTY, NORTH CAROLINA

OCTOBER 27, 1997

ZONED R-40W

Zoning 40W By SLL  
 Approve ✓ Date 10/30/97  
 Revise \_\_\_\_\_ Use 101  
 Reject \_\_\_\_\_ MBL \_\_\_\_\_  
 Front 30 Rear 30  
 Side 15 Corner \_\_\_\_\_

**Comments:**

Comments: 028104843793

0981424

D8187

7301 LAKEFAIR DR

LAKEFALL DRIVE

