

Environmental Services - Water Quality  
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0001617

PIN #: 1820528465

OP DATE: 10/27/1999

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  
None/NA GT or PT

1600

DRAINFIELD SIZE(SQ. FT.)

01714

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

DH210

## WAKE COUNTY HEALTH DEPARTMENT 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 ISSUEDPin # 1820.04578465 Project # \_\_\_\_\_Improvement Permit D1817

Tax Map No. \_\_\_\_\_ Parcel No. \_\_\_\_\_

Well Permit No. \_\_\_\_\_

Zoning Wale Township new Lt.Operation Permit XOwner/Contractor: Bobby HoustonDate: 6-13-96Location/Address: 2115 Rolling Rock Road (Falls of NeuseTL Wakefalls 71 Rolling Rock on L)

S.R. # \_\_\_\_\_

Subdivision Name: Wake FieldLot No. (13)

Section or Block No. \_\_\_\_\_

## Preliminary Layout

SEE ATTACHED PLOT PLAN FOR WASTEWATER  
DISPOSAL SITE.SEE CONSTRUCTION AUTHORIZATION FOR  
WASTEWATER SYSTEM DESIGN.

## Final Layout

## Sewage System Specifications

Repair [ ] Original Permit No. \_\_\_\_\_

Garbage Disposal Unit Yes ☒ No [ ]

House [ ] Mobile Home [ ] Business [ ]

No. of Bedrooms 5 Lot Area 9.32 ACSize of Tank 1600 pt - 1500 ST gal.Wastewater: Sewage ☒ Industrial [ ] Comments: \_\_\_\_\_Nitrification Line 1714 sq. ft.Depth of Stone: 12" ☒ Max Depth of Trenches: 18-22" in.Riser and Baffle Required ☒ 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: DR ParnellDate: 10/27/99 Installed By: James ConleyApproved By: A. Pierce (drainfield) / Gene Yong

|                    |                 |                                            |
|--------------------|-----------------|--------------------------------------------|
| <b>Well System</b> |                 |                                            |
| Individual [ ]     | Semi-Public [ ] | Public <input checked="" type="checkbox"/> |
| New [ ]            | Replacement [ ] | Repair [ ]                                 |
| Fee Paid: Yes [ ]  | No [ ]          |                                            |

|                                |     |     |
|--------------------------------|-----|-----|
| <b>Construction Compliance</b> | 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

# AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

VOID SIXTY(60) MONTHS FROM DATE OF ISSUANCE

0963559

DATE: 6-13-96 IMPROVEMENT PERMIT NO.: D 1817

TAX MAP NO.: \_\_\_\_\_ PARCEL NO.: \_\_\_\_\_ PIN NO.: 1820.0452 8465

OWNER/CONTRACTOR: Bobby Houston

LOCATION/ADDRESS: 2115 Rolling Rock Road  
[Falls of house] Wake Falls + Rolling Rock site on

SUBDIVISION NAME: Wake Field

LOT NO.: (13) SECTION OR BLOCK NO.: \_\_\_\_\_

AUTHORIZATION ISSUED BY: DR Parrell

PIN #:

## AUTHORIZATION CONDITIONS

- 1 WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. D 1817 AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE "REGULATIONS GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL IN WAKE COUNTY" AND ANY OTHER APPLICABLE RULES AND LAWS.
- 2 THE WASTEWATER SYSTEM SHALL NOT BE COVERED OR PLACED INTO USE UNTIL INSPECTED BY THE WAKE COUNTY DEPARTMENT OF HEALTH AND AN OPERATION PERMIT ISSUED.
- 3 ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY VOID THIS AUTHORIZATION AND ASSOCIATED PERMITS.
- 4 OTHER CONDITIONS: Conventional Pump trench system: 2  
trenches: 3' wide, 18"-22" deep, 28.5' long.  
Contractor: Establish and follow contour  
use 1500 gallon septic tank and 1500 gallon pump  
tank.

0963559

2-80W

m

5/23/96

certify that the location of this structure is accurately shown. Failure to locate this structure in accordance with this plot plan could require relocation of the structure regardless of its degree of completion.

Locating  
Approve

Revise

Use

Reject

MBL

Front

Rear

Side

Corner

Comments:

CONCRETE PATIO  
WOOD DECK

Proposed Area 5/23/96  
Builder/Contractor ( ) Other

# HOUSTON RESIDENCE

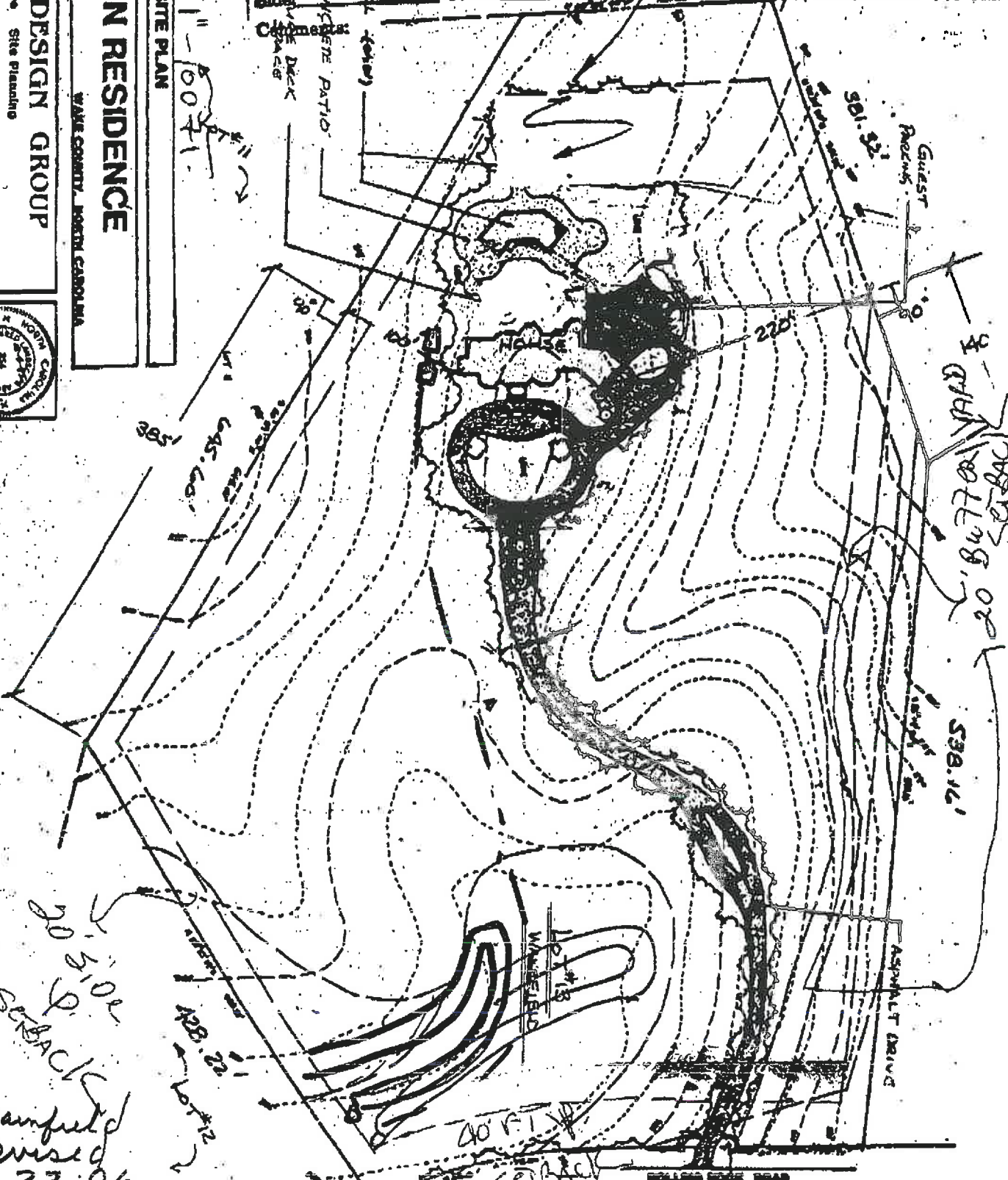
LOT 13 WAKEFIELD

WAKE COUNTY, NORTH CAROLINA

SITE PLAN

BLAKELY DESIGN GROUP

Landscape Architecture Site Planning



drawn  
revised  
6-27-96  
DRP