

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0007909

PIN #: 1706662696

OP DATE: 0212011998

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.)

01260

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

BW 3/3/14

Attn: Ann

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#: D007909 STATUS: A APP DATE: 10/02/1997 BLDG PERMIT#: 0981122
APPLICANT: WHITEHORNE, CHRIS DAY PHONE: (919) 266 - 7780
ADDRESS: PO BOX 207 FAX#: (999) 999 - 9999
CITY: KNIGHTDALE STATE: NC ZIP: 27545
OWNER: LAONIPON INC DAY PHONE: (999) 999 - 9999
ADDRESS: 233 WILLOWOOD DR FAX#: (999) 999 - 9999
CITY: HENDERSON STATE: NC ZIP: 27536
HD USE CD: 101 ONE-FAMILY HOUSE ORIG PERMIT#: REC?: Y
EXIST USE: TAX MAP#: 0388
BEDROOMS: 3 BSMT: N #EMPLOYEES: 0 WATER: I WASTEWATER: I GARB DISPOS: N
TOWNSHIP: 10 MARKS CREEK JURIS: WC ZON: R30 PIN: 1766.02 66 2696 000
SUBD#: S 000 000 00 SUBD NAME: WAKEWYND S LOT-SEC: 23 ACRE: 0.79
IMPRV PRMT: ISSUED?: Y DATE: 11/20/1997 BY: RJD TYPE SYSTEM: II PUMP:
CNSTR AUTH: ISSUED?: Y DATE: 11/20/1997 BY: RJD DATE EXPIRED: 11/20/2002
RECEIPT#: 0020635 FEE: 290.00 OP DATE: BY:
WATR SAMPL: REQ?: APPROVED?: DATE: PROPRIETARY SYS:
ST#: 2812 MI: DIR: NAME: PRAIRIE VIEW DIR: TYP: PT
DIRECTIONS: 64E-L SR 2217-R SR 2320-R SR 1003-L INTO SUB

IMPROVEMENT PERMIT

SIZE OF TANK 1000 ST PT GALS. TOTAL SQ. FT. 1200 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: _____

SCP 1000

STB 575

SIZE OF TANK 1000 ST PT GALS. TOTAL SQ. FT. 1200 DEPTH OF STONE 12 IN. MAX. DEPTH LINE 24 IN.

NUMBER OF TRENCHES 2 LENGTH OF TRENCHES 200 FT. WIDTH OF TRENCHES 3 FT.

C.A. ISSUED BY Ron Dudley R.S. INSTALLED BY Bernie Hall CIR. I.D. # _____

INNOV. APPL. #: IWWS-_____ DATE 2/20/98 INSTALLATION APPROVED BY Glenn

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

WELL LOG INFORMATION = DEPTH 350 CASING DEPTH 46 YIELD 15 STATIC LEVEL _____

WELL CONTRACTOR Reliable REG.# 1715 PUMP CONTRACTOR Groundwater Systems REG.# 1650

CONSTRUCTION COMPLIANCE = GROUT APPROVED ☒ DATE 1/1/98 EHS Matt Harrell

WCHD ID # _____ WELLHEAD APPROVED ☒ DATE _____ EHS Greg Bishop

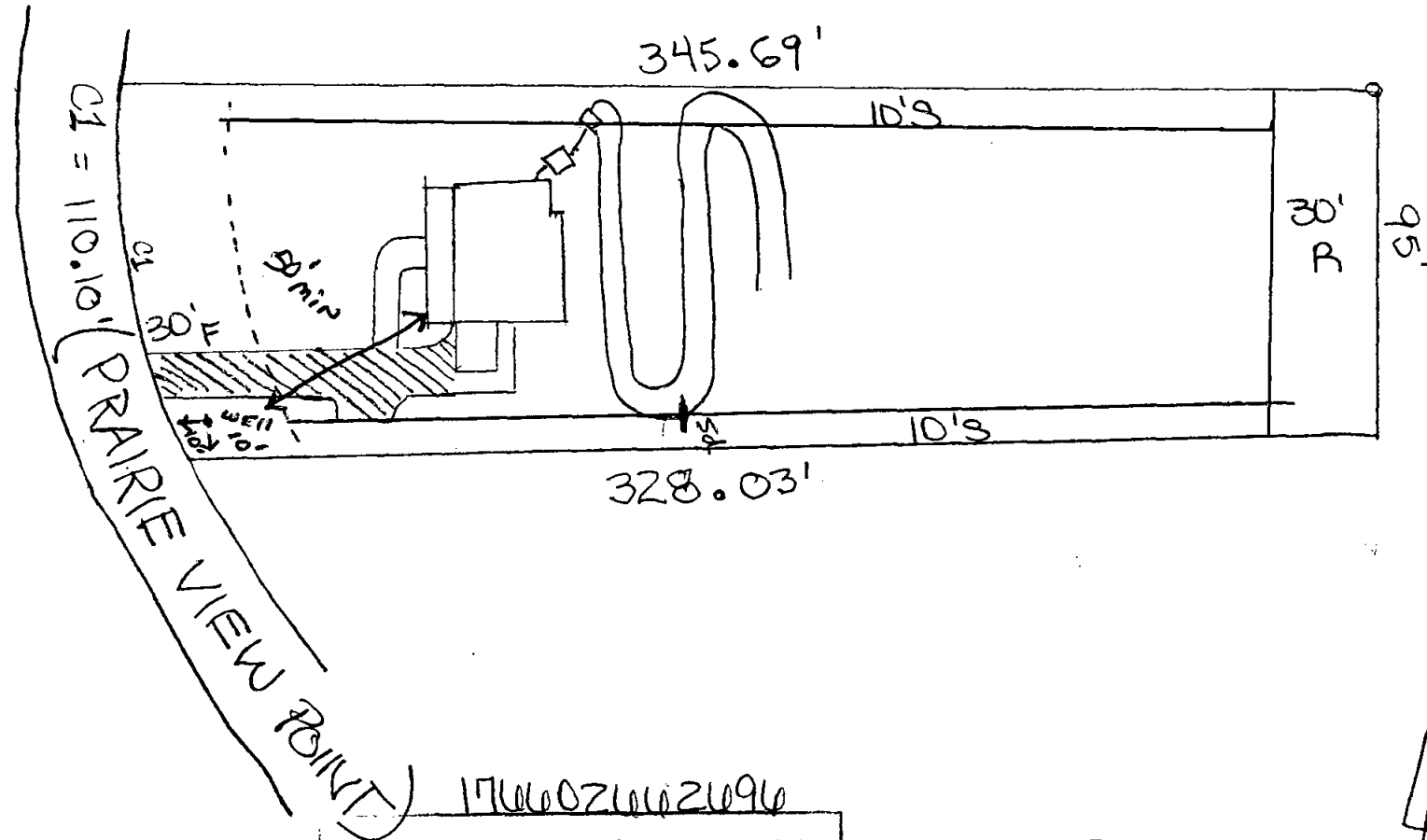
NEGATIVE BACTERIOLOGICAL RESULTS ☒ DATE 5/23/97 EHS Greg Bishop

SYSTEM FINALIZED ☒ DATE 5/23/97 EHS Greg Bishop

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.

0981122
D7909
2812 PRAIRIE VIEW PT.



1" = 50'
2812 PRAIRIE VIEW POINT
WENDELL NE
Wakenynds Sobelius. Lot # 23

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.

Chad H. Stone

Signature of Owner or Authorized Agent

Zoning R30 By SJL
Approve ✓ Date 10/10/2017
Revise _____ Use 101 NORTH
Reject _____ MBL _____
Front 30 Rear 30
Side 10 Corner _____

Comments: