Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: D 0 1 3 6 6 7 PIN #: 0 6 4 7 9 0 7 0 6 7

OP DATE: 0 8 1 1 3 1 1 9 9 9

SYSTEM USE:
- [x] House
- [ ] Mobile Home
- [ ] Business
- [ ] Other

SEWAGE TYPE:
- [x] Domestic
- [ ] Industrial

PUMP/SIPHON?:
- [ ] Yes
- [x] No

PRESSURE MANIFOLD:
- [ ] Yes
- [x] No

SYSTEM TYPE:
- [ ] I
- [x] II
- [ ] III
- [ ] IV
- [ ] V
- [ ] VI
- [ ] Other

SUB TYPE:
- [x] A
- [ ] B
- [ ] C
- [ ] D
- [ ] E
- [ ] F
- [ ] G

NBR BEDROOMS:
- [ ] 1
- [ ] 2
- [x] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] Other

MAINT. SCHEDULE:
- [ ] Yes
- [x] No

CERT. OPERATOR
- [ ] Yes
- [x] 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.)

0 0 7 2 0

DRAIN TYPE:
- [x] 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
- [x] 30 in. or less
- [ ] 32 in. or less
- [ ] 36 in. or less
- [ ] Other

STONE DEPTH (IN.):
- [ ] 8 in. or less
- [x] 12 in. or less
- [ ] 18 in. or less
- [ ] 24 in. or less
- [ ] Other

TRENCHES:
- [x] Individual
- [ ] Bed

TRENCH WIDTH (IN.):
- [ ] 12 in. or less
- [ ] 18 in.
- [ ] 24 in.
- [x] 36 in.
- [ ] 6 ft. or less
- [ ] 9 ft. or less
- [ ] Other

CH

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#: D013667 STATUS: A APP DATE: 03/08/1999 BLDG PERMIT#: 0993185
APPLICANT: WALL, DANIEL DAY PHONE: (919) 552 - 1379
ADDRESS: 367 SHERMAN LAKE DR FAX#: (999) 999 - 9999
CITY: FUQUAY STATE: NC ZIP: 27526
OWNER: AKINS, ANNA R DAY PHONE: (999) 999 - 9999
ADDRESS: P O BOX 266 FAX#: (999) 999 - 9999
CITY: FUQUAY VARINA STATE: NC ZIP: 27526
HD USE CD: 101 ONE-FAMILY HOUSE ORIG PERMIT#: REC?: Y
EXIST USE: TAX MAP#: 0836 0011
BEDROOMS: 3 BSMT: N #EMPLOYEES: 0 WATER: I WASTEWATER: I GARB DISPOSL: N
TOWNSHIP: 12 MIDDLE CREEK JURIS: WC ZON: R30 PIN: 0647.04 90~~9606~~ 000
SUBD#: S 000 000 00 SUBD NAME: PRESCOTT DOWNS LOT-SEC: 84 ACRE: 1.45
IMPRV PRMT: ISSUED?: Y DATE: 04/05/1999 BY: WEL TYPE SYSTEM: II PUMP:
CNSTR AUTH: ISSUED?: Y DATE: 04/05/1999 BY: WEL MAINT: N OPER: N
RECEIPT#: 0039576 FEE: 290.00 OP DATE: BY:
WATR SAMPL: REQ?: Y APPROVED?: DATE: PROPRIETARY SYS:
ST#: 6704 MI: DIR: NAME: WAVCOTT DIR: TYP: DR
DIRECTIONS: GO 401 S-TO FUQUAY-RIGHT HWY 42-RIGHT PINEY GROVE WILBON RD-4 MILE ON RIGHT

V3

7067

IMPROVEMENT PERMIT

SIZE OF TANK **1000 ST** ___ **PT** GALS. TOTAL SQ. FT. **720** DEPTH OF STONE **12** IN. MAX. DEPTH LINE **24-30** IN.

WASTEWATER: DOMESTIC ☒ INDUSTRIAL ☐ I.P. ISSUED BY Everette Lynn, 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: **Septic tank must have two access risers and approved effluent filter. Establish and install lines on contour.**

SIZE OF TANK **1000 ST** ___ **PT** GALS. TOTAL SQ. FT. **720** DEPTH OF STONE **12** IN. MAX. DEPTH LINE **24-30** IN.
ST FILTER REQUIRED ☒ NUMBER OF TRENCHES **2** LENGTH OF TRENCHES **120** FT. WIDTH OF TRENCHES **3 FT.**

R30

C.A. ISSUED BY Everette Lynn, R.S. INSTALLED BY Jason Matthews CTR. I.D. #
SEPTIC TANK FILTER USED ✓
INNOV. APPRL. #: IWWS-___ DATE 08/13/99 INSTALLATION APPROVED BY Tom Baker

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

WELL LOG INFORMATION = DEPTH 190' CASING DEPTH 76' YIELD 25 STATIC LEVEL 20
WELL CONTRACTOR N.W. Pool REG.# 4 PUMP CONTRACTOR N.W. Pool REG.# 846

CONSTRUCTION COMPLIANCE = GROUT APPROVED ☑ DATE 4/14/99 EHS Ryan Lassiter
WCHD ID # 8819 WELLHEAD APPROVED ☑ DATE 5/6/99 EHS Ryan Lassiter
NEGATIVE BACTERIOLOGICAL RESULTS ☑ DATE 11/2/99 EHS Ryan Lassiter
SYSTEM FINALIZED ☑ DATE 11/23/99 EHS Ryan Lassiter

COMMENTS:

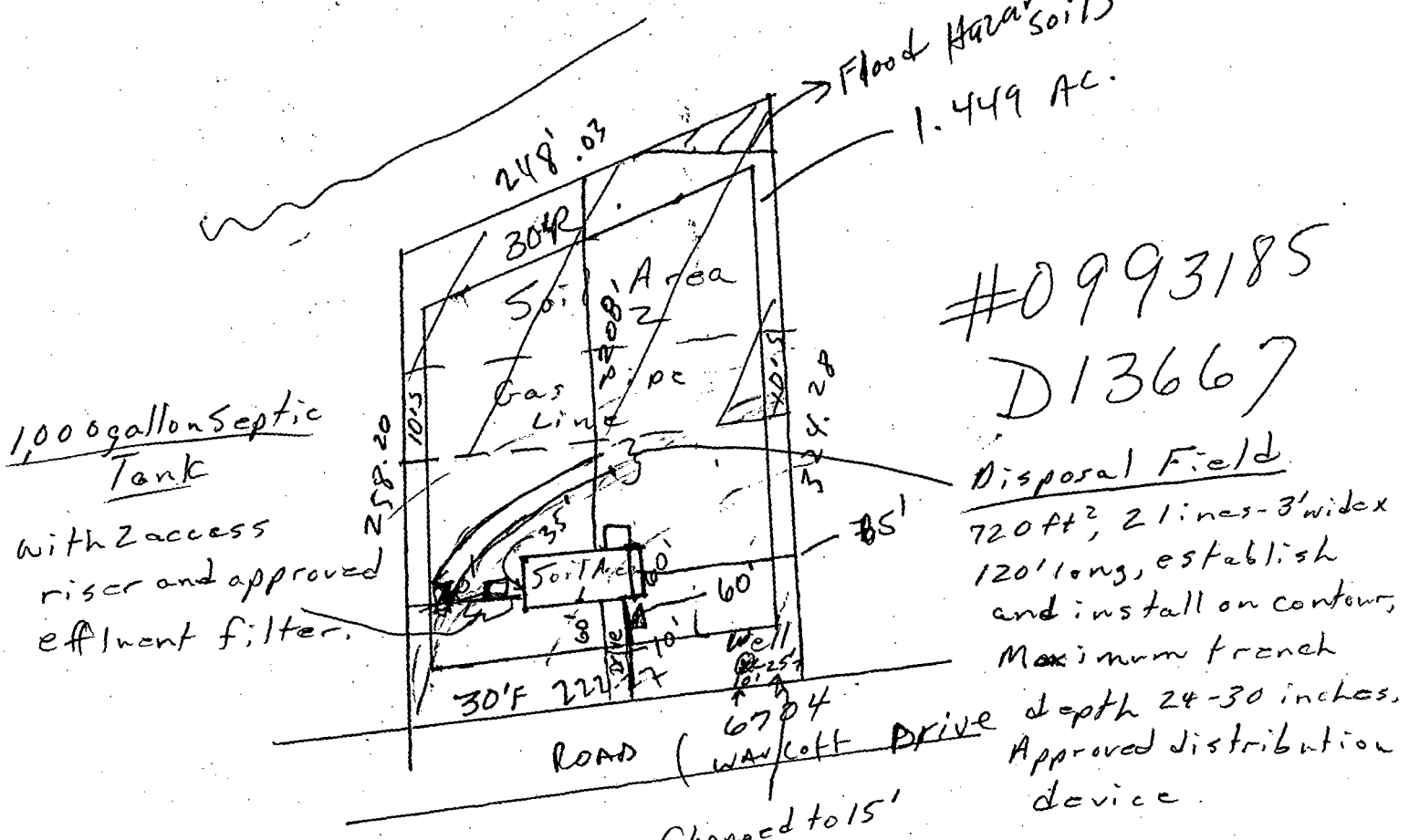
This permit is based in part on information provided by the homeowner or his/her representative in the application submitted for this permit. The Environmental Health Specialist is not responsible for false or misleading information contained in the application. The Environmental Health Specialist is 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.

1B - BTS 103
Installed 9/2
to Layout

IP & CA

Scale 1" = 100'

Daniel L. Wall
Lot #84
Prescott Downs



#0993185
D13667

1,000 gallon Septic Tank
with 2 access risers and approved effluent filter.

Disposal Field
720 ft², 2 lines - 3' wide x 120' long, establish and install on contour, Maximum trench depth 24-30 inches. Approved distribution device.

PIN#0647.04 90 6906

I 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:

Signature — Date 3/8/99
Check one ( ) Owner ( ) Builder/Contractor: ( ) Other

Zoning R-30 By Challand
Approve ✓ Date 3-8-99
Revise ____ Use 101
Reject ____ MBL ____
Front 30 Rear 30
Side ____ Corner ____
Comments: flood cert exempted over 200' from proposed structure

CDS
INSPECTIONS &
LAND USE DIVISION

DATE 03/08/1999 NON
#0993185

NON-ADD NO.	~~0993185~~
0050630-0921	$290.00
117200-01009	$24.00
TOTAL	$314.00
CHECK	$314.00
0000000CHK	801
TIME 15:52	NO.039576

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 RECORD

DRILLING CONTRACTOR: _____
DRILLER REGISTRATION #: _____
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: Fuquay County: _____
   (Road, Community, or Subdivision and Lot No.)
3. OWNER Daniel Wall
   ADDRESS Lot 86
   (Street or Route No.)
   City or Town State Zip Code
4. DATE DRILLED 4-14-99
5. TOTAL DEPTH 140
6. CUTTINGS COLLECTED YES ☐ NO ☒
7. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒
8. STATIC WATER LEVEL Below Top of Casing: 10 FT.
   (Use "+" if Above Top of Casing)
9. TOP OF CASING IS 1.5 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): 25 METHOD OF TEST Bailed
11. WATER ZONES (depth): 125' 36 GPM
    165' 22 GPM
12. CHLORINATION: Type _____ Amount _____
13. CASING:

	Depth		Diameter	Wall Thickness or Weight/Ft.	Material
From 0	To 140'	Ft.	6 1/4	.188	blank
From _____	To _____	Ft.	_____	_____	_____
From _____	To _____	Ft.	_____	_____	_____

14. GROUT:

	Depth		Material	Method
From 0	To 20'	Ft.	cement, sand	_____
From _____	To _____	Ft.	_____	_____

15. SCREEN:

	Depth		Diameter	Slot Size	Material
From _____	To _____	Ft	_____ in.	_____ in.	_____
From _____	To _____	Ft.	_____ in.	_____ in.	_____
From _____	To _____	Ft.	_____ in.	_____ in.	_____

16. SAND/GRAVEL PACK:

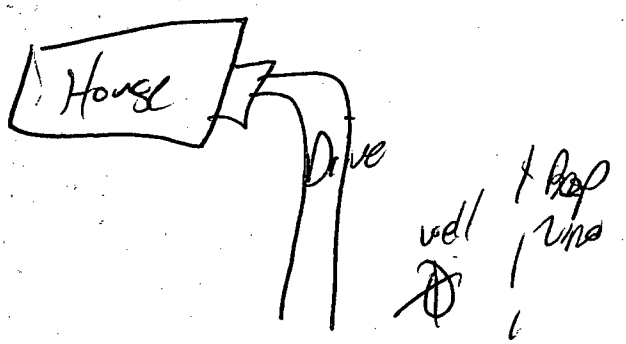
	Depth		Size	Material
From _____	To _____	Ft.	_____	_____
From _____	To _____	Ft.	_____	_____

17. REMARKS: _____

DEPTH From	DEPTH To	DRILLING LOG Formation Description
0	1'	Topsoil
1'	8'	Clay
8'	76'	Sand clay mix
76'	140'	State granite

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)



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.

David D Fields — 4-14-99
SIGNATURE OF CONTRACTOR OR AGENT — DATE

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

FOR OFFICE USE ONLY
Quad No: _____
Serial No: _____

GW-1 REV. 1/98