Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: C 0 0 5 9 6 5 PIN #: 0 7 8 2 1 3 7 7 6 4

OP DATE: 1 0 1 2 4 1 1 9 8 8

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 1 0 0 0

include permit
D021534

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
- [ ] 30 in. or less
- [ ] 32 in. or less
- [ ] 36 in. or less
- [x] 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

B.W 11/18/13

2.35

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map No. 1628 Parcel No. 54-57 No. C 26965

Contractor: [illegible] Operation Permit [ ]

Owner: [illegible] Date: 5-19-86

Location/Address: [illegible] S.R. # [illegible]

Subdivision Name: _____ Lot No. _____ Section or Block No. _____

Zoning: [illegible] Township: [illegible]

Tax Map No. _____ Parcel No. _____

Sewage System

Repair [ ] Original Permit No. _____

Garbage Disposal Unit Yes [ ] No [X]

House [X] Mobile Home [ ] Business [ ]

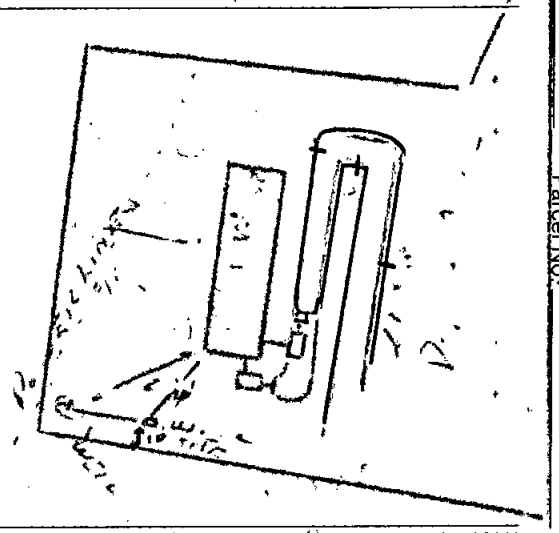
No. Bedrooms 3 Lot Area _____

Size of Tank 1000 gal.

Nitrification Line 1000 2(3X167') 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: [illegible]

10-24-88 URMANS GRADING [illegible]

Date Installed By Approved By

Well System

Individual [X] Semi-Public [ ] Public [ ]

New [X] Replacement [ ] Repair [ ]

Fee Paid Yes [X] No [ ]

Construction Compliance	Yes	No
Site Approved	[X]	[ ]
Well Head Approved	[X]	[ ]
Grouting Approved	[X]	[ ]

10-26-88 Edgerton

Date Inspected Sanitarian

Final Inspection	Yes	No
Required Slab	[X]	[ ]
Chlorinated	[X]	[ ]
Required Certificate	[X]	[ ]
Variance (Explain)	[ ]	[X]
WCHD I.D. Affixed #1073	[X]	[ ]
Sample Collected	[X]	[ ]

**Well permit void 36 months from issuance date

Bacteriological Results

Initial Sample: Negative <2.2mpn Date: 12-9-88

*Re-sample #1 _____ Date: _____

*Re-sample #2 _____ Date: _____

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: N.W. Poole

12-13-86 Edward L Edgerton

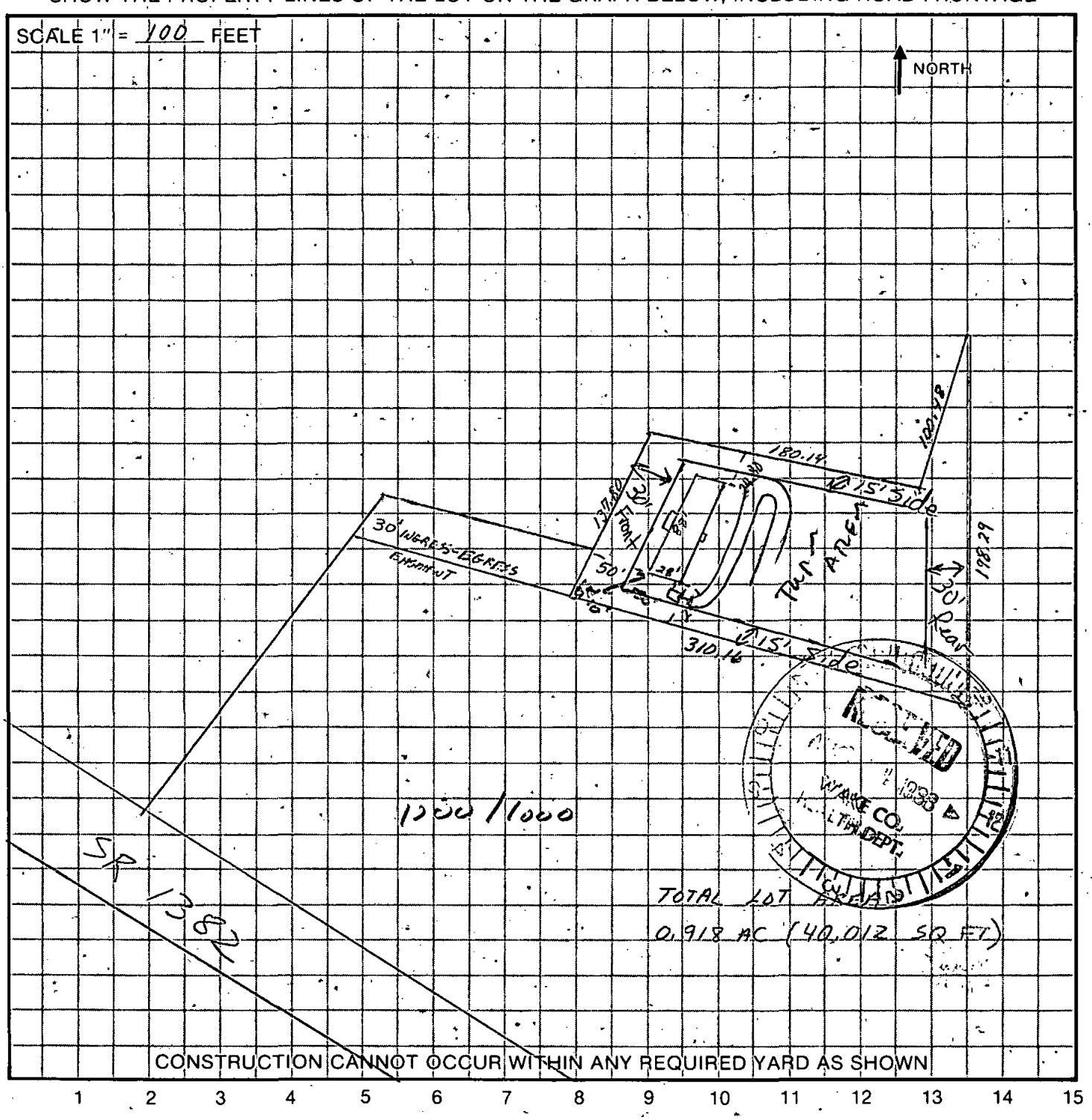
Date System Finalized Sanitarian

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.

HEALTH DEPARTMENT

SITE PLAN

SHOW THE PROPERTY LINES OF THE LOT ON THE GRAPH BELOW, INCLUDING ROAD FRONTAGE



OFFICE USE ONLY

Comments: Need recheck 1988-979 Recombination recorded map

Applicant Creed Const Tax Map 628 Parcel 54, 57 Jurisdiction WAKE

Building Permit # _____ Date _____ Zoning Approval By _____

Improvement Permit # 09965 Date 8-18-88 Health Approval By _____

AS NEEDED

Lot Area 40,000 Sq. Ft. Lot Width 110 Ft. Corner Yard Setback 30 Ft.

Side Yard Setback 15 Ft. Rear Yard Setback 30 Ft. Front Yard Setback 30 Ft.

White: *Health Department* Yellow: *Land Use & Permits* Pink: *Issuing Agent*

RM

HEALTH DEPARTMENT

WAKE COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES 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#: **D021534** STATUS: **A** APP. DATE: **04/20/2001** BLDG. PERMIT#:
PIN: **0782.03 13 7764 000** TAX MAP: **0628** RECORDED: **Y** ORIG. PERMIT#:
TOWNSHIP: **18 SWIFT CREEK** JURISDICTION: **WC** ZONING: **R40W**
APPLICANT: **PARKER, BETTY**
901 BALMORAL DR.
CARY, NC 27511
(919) 460 - 0620
USE: HD USE: **0006 NEW WELL**
EXIST USE: **101 ONE-FAMILY HOUSE**
DISPOSAL: **N** BEDROOMS: **4** BASEMENT: **N** #EMPLOYEES: **0**
SITE: ADDRESS: **5848 YATES MILLS POND RD**
SUBDIVISION: LOT: ACRES: **0.69**
DIRECTION: **TRYON RD TO YATES MILL POND RD PAST ELEM SCHOOL**
LT @ ROW OF MAILBOXES ON LT GRAVEL RD. 3RD HOUS
E ON RIGHT. BEIGE WITH GREEN SHUTTERS

Well System: WATER: **PUBLIC** - TYPE: **IRRIGATION**

WELL LOG INFORMATION: DEPTH: 200 CASING DEPTH: 90 YIELD: 4 STATIC LEVEL: 20
WELLI CONTRACTOR: Bady Well REG.# 479 PUMP CONTRACTOR: NW Pump REG# 546
Construction Compliance GROUT APPROVED T. Craig DATE 5/30/01 EHS D. Garner
WELLHEAD APPROVED ☐ DATE _____ EHS _____
SYSTEM FINALIZED ☐ DATE _____ EHS _____
COMMENTS: **FOLLOW DISTANCE REQUIREMENTS ON SITE PLAN.**

Operation Permit
DESIGN FLOW: _____ gal./min. ACTUAL FLOW: _____ INNOVATIVE LETTER:

INSTALLED BY: _____ INSTALLATION APPROVED BY: _____
PROPRIETARY SYSTEM: FILTER NO: _____
COMMENTS:

OPERATIONS PERMIT ISSUED? ___ OP DATE: 12/27/01 BY: _____

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.

WAKE COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES 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#: **D021534** STATUS: **A** APP. DATE: **04/20/2001** BLDG. PERMIT#:
PIN: **0782.03 13 7764 000** TAX MAP: **0628 0082** RECORDED: **Y** ORIG. PERMIT#:
TOWNSHIP: **18 SWIFT CREEK** JURISDICTION: **WC** ZONING: **R40W**
APPLICANT: **PARKER, BETTY**
901 BALMORAL DR.
CARY, NC 27511
(919) 460 - 0620
USE: HD USE: **0006 NEW WELL**
EXIST USE: **101 ONE-FAMILY HOUSE**
DISPOSAL: **N** BEDROOMS: **4** BASEMENT: **N** #EMPLOYEES: **0**
SITE: ADDRESS: **5848 YATES MILLS POND RD**
SUBDIVISION: LOT: ACRES: **0.69**
DIRECTION: **TRYON RD TO YATES MILL POND RD PAST ELEM SCHOOL**
LT @ ROW OF MAILBOXES ON LT GRAVEL RD. 3RD HOUS
E ON RIGHT. BEIGE WITH GREEN SHUTTERS

IMPROVEMENT PERMIT

TANK SIZE: _____ gal. PUMP Tank: _____ gal. SQ FT: _____ STONE DEPTH: **in.** MAX DEPTH LINE: ___ in.
WASTEWATER: **INDIVIDUAL** SEWAGE: **DOMESTIC** TYPE SYSTEM: **NA** PUMP: **N** P/M: **N**
DAILY FLOW: _____ gal/day WATER: **PUBLIC**

COMMENTS:

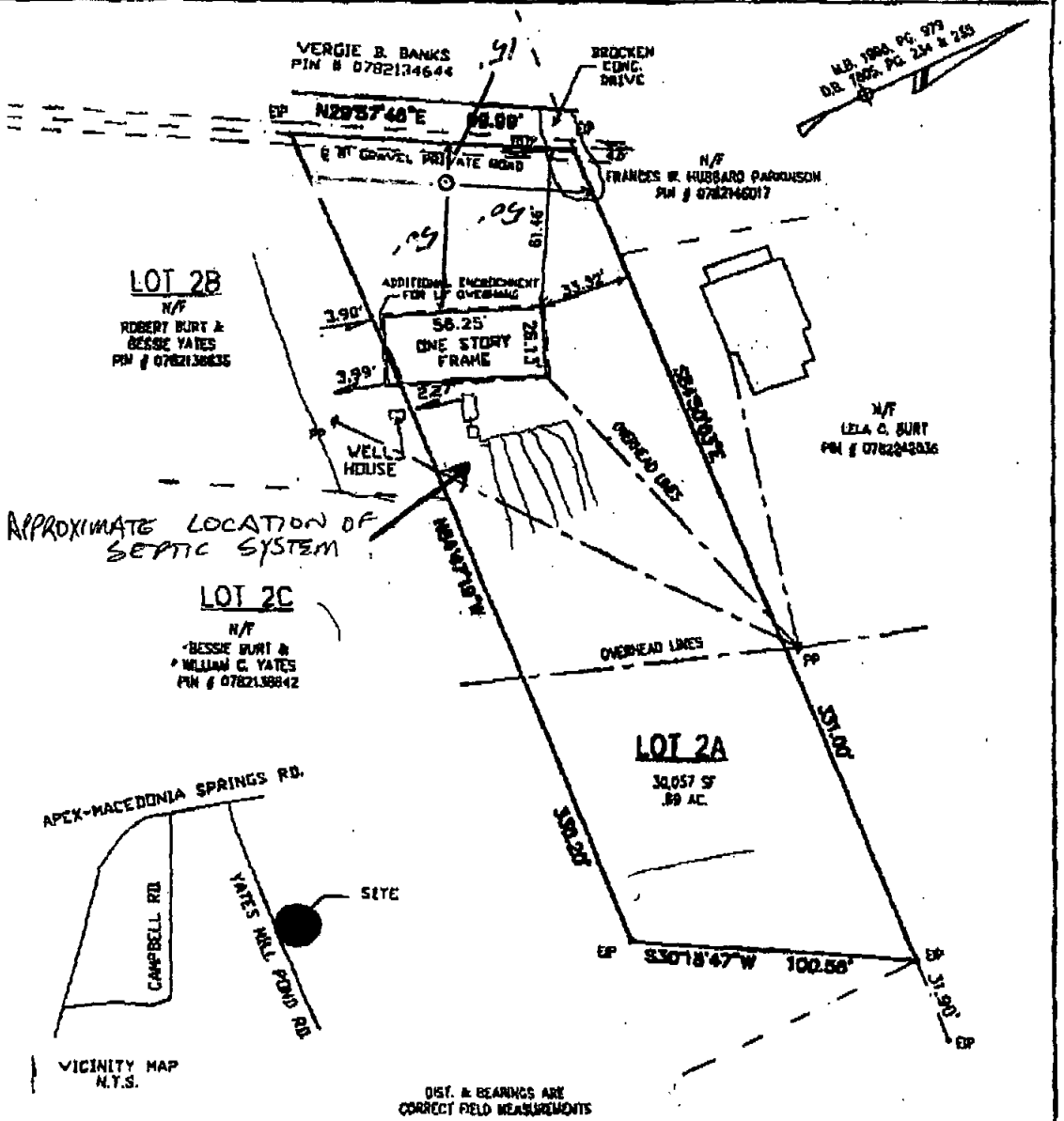
IP ISSUED? DATE: BY: ( )_____ PHONE#:

AUTHORIZATION FOR WASTEWATER/WATER SYSTEM CONSTRUCTION
VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE
AUTHORIZATION CONDITIONS:
Contractors shall install system on contours, see attached site plan for wastewater system design and well location. No underground utilities, water lines or sprinkler systems may be located in the original system or repair areas. A septic tank filter with a riser for access is required. The wastewater system shall not be covered or placed into use until inspected by the Wake County Department of Environmental Services and an Operation Permit issued. **OTHER CONDITIONS:**

TANK SIZE: _____ gal. PUMP TANK: _____ gal. SQ FT: _____ STONE DEPTH: **in.** MAX DEPTH LINE: ___ in.
MAINT: **N** OPER: **N** L/O: **N** TRENCH#: ____ LENGTH: ____ ft. WIDTH: ___ in.
SUBFIELDS: __ DESIGN HEAD PRESSURE: _ DESIGN FLOW: _____ gal/min DOSE VOLUME: ____ gal.

CA ISSUED? **Y** DATE: **05/23/2001** BY: (HJC) /s/ David Brazzell PHONE#: **856-7466**

SUBJECT PROPERTY IS___ IS NOT X___ LOCATED IN A SPECIAL FLOOD HAZARD AREA AS DESIGNATED ON FEDERAL EMERGENCY MANAGEMENT AGENCY (F.E.M.A.) FLOOD INSURANCE RATE MAP NUMBER 3710C0510 E ZONE X



DIST. & BEARINGS ARE CORRECT FIELD MEASUREMENTS

REVISED TO SHOW DRIVEWAY 06/11/98

FIELD CLOSURE 1:11,323

PIN # 0782137764

LEGEND

EIP	EXISTING IRON PIPE	MH	MANHOLE
NIP	NEW IRON PIPE	PP	POWER POLE
MON	MONUMENT	R/W	RIGHT OF WAY
PK	PARKER KALON NAIL	℄	CENTER LINE

LOT 2A BLOCK_____ NOT RECORDED, INFORMATION FOUND

RECORDED IN BOOK OF MAPS 1988 VOL_____, PAGE 979 WAKE COUNTY, N. C.
SEE ALSO D.B. 7605, PG. 234 & 235

I, JOHN Y. PHELPS, JR., HEREBY CERTIFY THAT THIS MAP IS CORRECT AND THAT THE [illegible] BE WHOLLY ON THE LOT AND THAT THERE ARE NO [illegible] OF OTHER BUILDINGS ON [illegible] OTHERWISE. THIS MAP IS [illegible] RECORDING

SEAL L-1319

JOHN Y. PHELPS, JR. - SEAL - L-1319

PROPERTY OF

CONTIMORTGAGE CORPORATION

5546 YATES MILL POND RD.
SWIFT CREEK TWP., WAKE COUNTY, N.C.

SCALE 1" = 50'
DATE 6/8/98
1802S/FB790

JOHN Y. PHELPS, JR.
REGISTERED LAND SURVEYOR
RALEIGH, NORTH CAROLINA
ZIP 27612
8110 BUR OAK CIRCLE PHONE: 847-3809

Attn: H. Caudill 5/30/01

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section
1636 Mail Service Center - Raleigh, N.C. 27699-1636-Phone (919) 733-3221

WELL CONSTRUCTION RECORD

D021534

WELL CONTRACTOR: Grady Poole Well Co.
WELL CONTRACTOR CERTIFICATION #: 3265
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: Raleigh County: Wake
5848 Yates Mill Pond Rd.
(Road Name and Number, Community, or Subdivision and Lot No.)

3. OWNER Retired Homes Inc.
Address 4009 Graham Newton Rd.
(Street or Route No.)
Raleigh NC 27606
City or Town State Zip Code

4. DATE DRILLED 5-30-01
5. TOTAL DEPTH 200
6. CUTTINGS COLLECTED YES ☐ NO ☑
7. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
8. STATIC WATER LEVEL Below Top of Casing: 20 FT.
(Use "+" If Above Top of Casing)
9. TOP OF CASING IS 1½ FT. Above Land Surface*
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118
10. YIELD (gpm): 4 METHOD OF TEST Blow
11. WATER ZONES (depth): 160 190
12. CHLORINATION: Type HTH Amount 1/2 lb
13. CASING:

	Depth		Diameter	Wall Thickness or Weight/Ft.	Material
From 0	To 90	Ft.	6"	188	Galv
From	To	Ft.			
From	To	Ft.			

14. GROUT:

	Depth		Material	Method
From 0	To 20	Ft.	Portland Sand	Gravity
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:

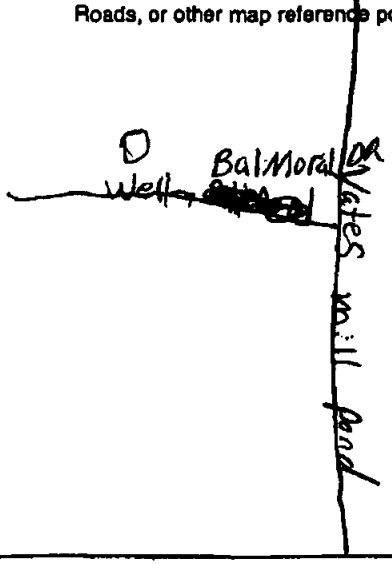
DRILLING LOG

From	To	Formation Description
0	3	Topsoil
3	20	Clay
20	90	Sand
90	200	Granite Rock

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.

Felton Jacobs 5-30-01
SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

Submit original to Division of Water Quality, Groundwater Section within 30 days

FOR OFFICE USE ONLY
Quad No:
Serial No.

GW-1 REV. 12/99