

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0015237

PIN #: 1616187884

OP DATE: 0612712000

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 4/30/14

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#: D015237 STATUS: A APP DATE: 07/20/1999 BLDG PERMIT#: 0000245
 APPLICANT: CLIFTON, LANNY KERRY DAY PHONE: (919) 422 - 3323
 ADDRESS: 5160 HWY 42 W FAX#: (919) 773 - 0835
 CITY: GARNER STATE: NC ZIP: 27529
 OWNER: SON LAN FAIRWAY DEVELOPME DAY PHONE: (000) 000 - 0000
 ADDRESS: SAME FAX#: (000) 000 - 0000
 CITY: SAME STATE: NC ZIP: 27529
 HD USE CD: 101 ONE-FAMILY HOUSE ORIG PERMIT#: REC?: Y
 EXIST USE: TAX MAP#: 0860 0000
 BEDROOMS: 3 BSMT: N #EMPLOYEES: 0 WATER: C WASTEWATER: I GARB DISPOS: N
 TOWNSHIP: 15 PANTHER BRANCH JURIS: WC ZON: R30 PIN: 1616.01 18 7884 000
 SUBD#: S 000 000 00 SUBD NAME: SUN RIDGE FARM LOT-SEC: 57 ACRE: 0.70
 IMPRV PRMT: ISSUED?: Y DATE: 08/23/1999 BY: RJD TYPE SYSTEM: II PUMP:
 CNSTR AUTH: ISSUED?: Y DATE: 08/23/1999 BY: RJD MAINT: N OPER: N
 RECEIPT#: 0044569 FEE: 145.00 OP DATE: BY:
 WATR SAMPL: REQ?: N APPROVED?: DATE: PROPRIETARY SYS:
 ST#: 6817 MI: DIR: NAME: OVIEDO DIR: TYP: DR
 DIRECTIONS: 401S L 1006 L 2736 L NC42 HWY SUBD ON L PASS 27
 33 TO OVIEDO DR LOT 57 MARKED SFD

MCP-1000
 STB-814
 5-22-00

RS

IMPROVEMENT PERMIT

SIZE OF TANK 1000 ST PT GALS. TOTAL SQ. FT. 1260 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:

SIZE OF TANK 1000 ST PT GALS. TOTAL SQ. FT. 1260 DEPTH OF STONE 12 IN. MAX. DEPTH LINE 24 IN.
 ST FILTER REQUIRED ☒ NUMBER OF TRENCHES 3 LENGTH OF TRENCHES 140 FT. WIDTH OF TRENCHES 3 FT.

C.A. ISSUED BY Ron Dudley R.S. INSTALLED BY Canoll Construction CTR. I.D. # _____

SEPTIC TANK FILTER USED _____

INNOV. APPRL. #: IWWS-_____ DATE 6/21/00 INSTALLATION APPROVED BY Daniel Rowe

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:

 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.

0000245 Revised after Ron Buckley

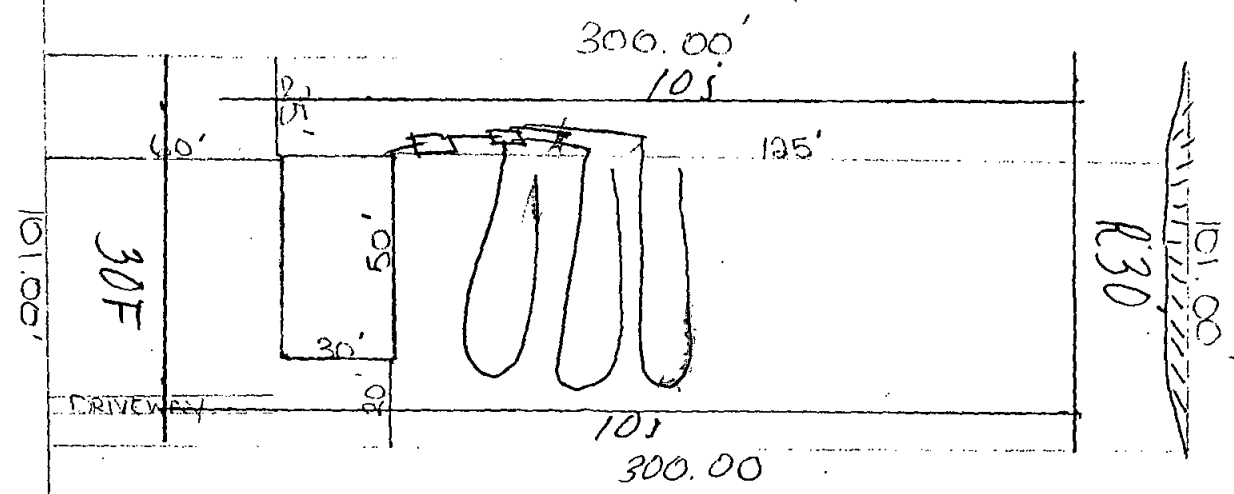
D15237 Ats Boritt

1616.01 187884

LOT 57
0.70

As built

Permit # 000245
D15237



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.

[Signature]

Signature of Owner or Authorized Agent

Zoning R30 By DMC
Approve ✓ Date 7-20-99
Revise ✓ 8-5-99 Use 101
Reject _____ MBL _____
Front 30 Rear 30
Side 10 Corner 30
Comments: Revised

6817
DIEGO DRIVE

T 57
NO RIDGE Farm
NO-HAND DEVELOPMENT

1" = 50'

Revised attn Ron Buckley

0000245

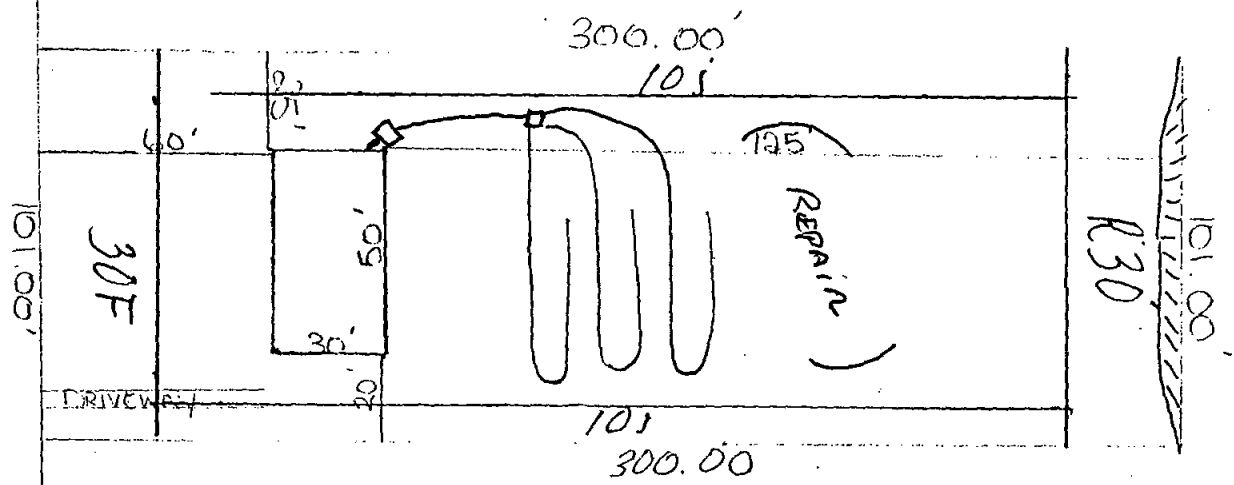
D15237

1616.01 187884

LOT 57
0.70

1600 GAL. TANK
3 (140' x 3')
24" DEPTH

Permit # 000045
D15237



I certify that the location of planned or existing structure(s) are accurately shown. I understand before to locate structures in accordance with this lot 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.

[Signature]
Signature of Owner or Authorized Agent

Zoning R30 By DMC
Approve _____ Date 7-20-99
Revise 8-5-99 Use 101
Reject _____ MBL _____
Front 30 Rear 30
Side 10 Corner 30
Comments: Revised

6817
DUELO DRIVE

T 57
NO RIDGE Farm
NO-HAND DEVELOPMENT

1" = 50'