

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0004878

PIN #: 1767237221

OP DATE: 0212411997

Prepar

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
<input type="checkbox"/>	<input type="checkbox"/>		750
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	900
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,000
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,200
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,500
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,800
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,100
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,500
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3,000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4,000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5,000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8,000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10,000
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other
			None/NA GT or PT

DRAINFIELD SIZE(SQ. FT.)

01200

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

B.W 2/28/14

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 ISSUED.

Pin # 1767.03237221 Project # Repair Improvement Permit
 Tax Map No. _____ Parcel No. _____ Well Permit No. **D 4878**
 Zoning Wake Township Wake Forest Operation Permit []
 Owner/Contractor: Arthur Dielo Date: 1-2-97
 Location/Address: (2304 Rolesville Rd) 401N, (R) Rolesville Rd, pass Phillips Landing S/D, on it. S.R. # 1003
 Subdivision Name: Bridges Lot No. 2A Section or Block No. _____

Tax Map No.

Parcel No.

Parcel No.

Parcel No.

Parcel No.

Parcel No.

Parcel No.

Parcel No.

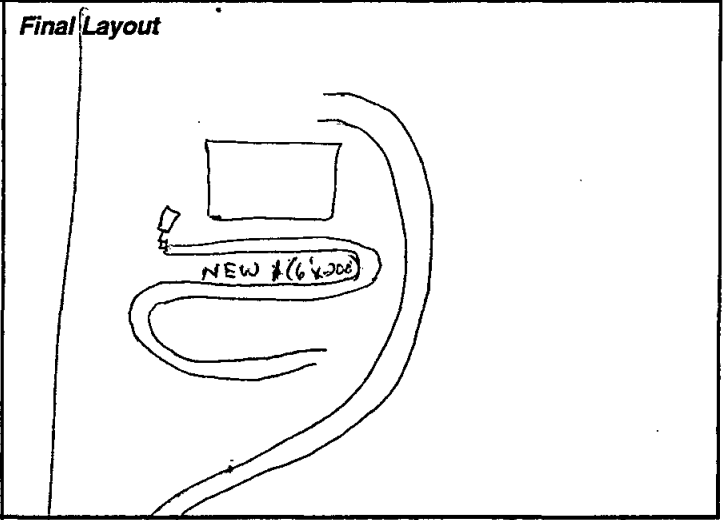
Parcel No.

Parcel No.

Preliminary Layout

SEE ATTACHED PLOT PLAN FOR WASTEWATER DISPOSAL SITE.

SEE CONSTRUCTION AUTHORIZATION FOR WASTEWATER SYSTEM DESIGN.



Sewage System Specifications

Repair Original Permit No. C-09677
 Garbage Disposal Unit Yes [] No
 House Mobile Home [] Business []
 No. of Bedrooms 4 Lot Area 1.01
 Size of Tank NEW 1200 gal tank gal.
 Wastewater: Sewage Industrial [] Comments: _____

Nitrification Line New 1200ft² (6x200) sq. ft.
 Depth of Stone: 12" Max Depth of Trenches: 24" 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: Terry D. Chappell R.S.

Date: 2-24-97 Installed By: Donald Bunn Approved By: Terry D. Chappell R.S.

Existing Well System

Individual Semi-Public [] Public []
 New [] Replacement [] Repair []
 Fee Paid: Yes [] No []

Construction Compliance

	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.

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
VOID SIXTY(60) MONTHS FROM DATE OF ISSUANCE

DATE: <u>1-2-97</u>	IMPROVEMENT PERMIT NO.: <u>D# 4878</u>	
TAX MAP NO.: _____	PARCEL NO.: _____	PIN NO.: <u>1767.03237221</u>
OWNER/CONTRACTOR: <u>Arthur Cielo</u>		
LOCATION/ADDRESS: <u>2304 Robsville Rd</u>		
SUBDIVISION NAME: <u>Bridges</u>		
LOT NO.: <u>2A</u>	SECTION OR BLOCK NO.: _____	
AUTHORIZATION ISSUED BY: <u>Terry D. Chappell R.S.</u>		

PIN #:

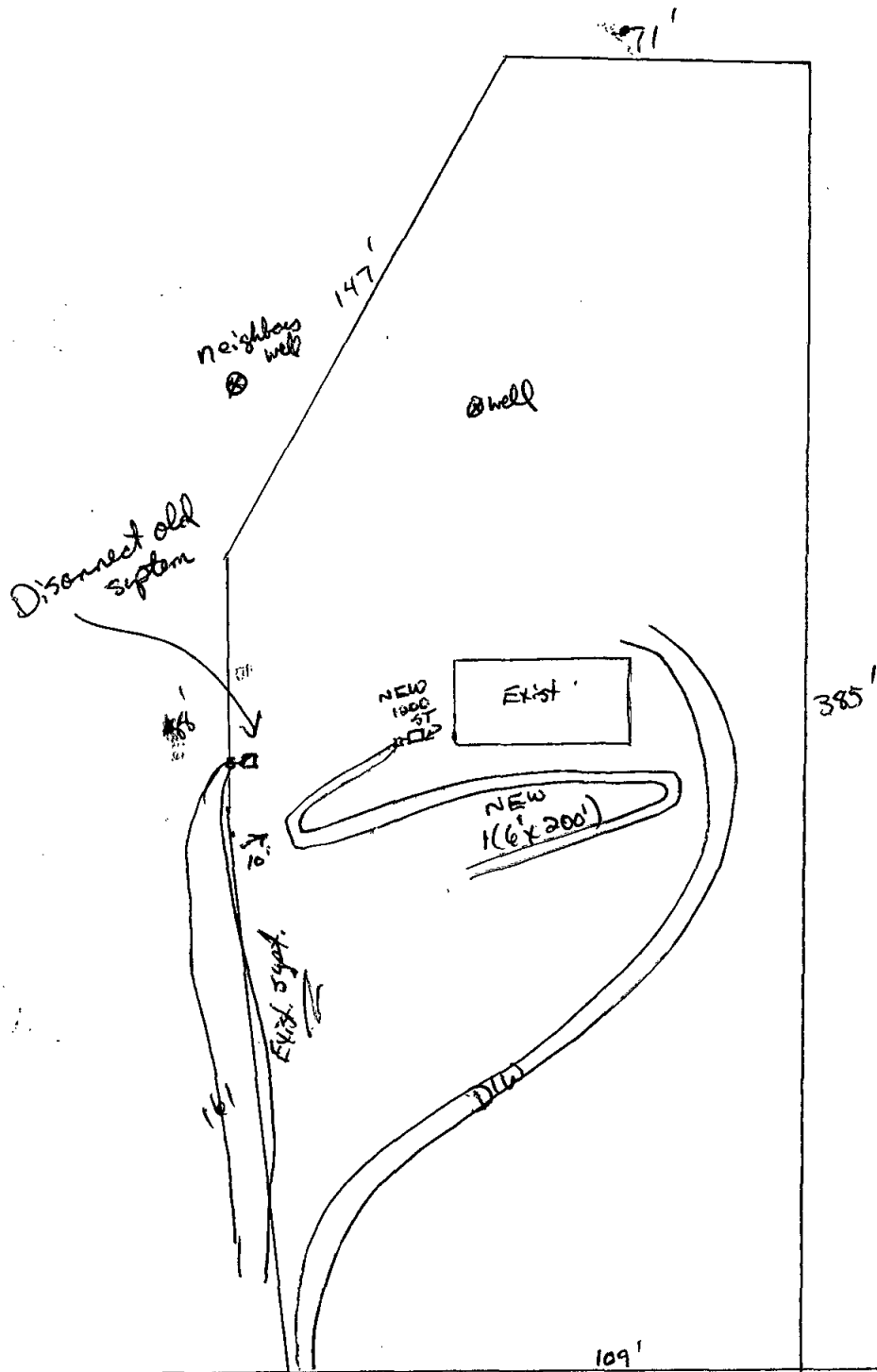
AUTHORIZATION CONDITIONS

- 1 WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. D# 4878 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: Disconnect old tank and system. Add new 1200 gal septic tank, use 6" trench 200' long, min depth 24" stay 10 min from prop. line. Keep new system up toward House. Do not get into lower area of lot.



Rolesville Rd

D4878