Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0003256 PIN #: 1617002035

OP DATE: 04/03/1997

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.)

01000

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
- [x] 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
- [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

BW 10/31/13

NOT FOR WASTEWATER SYSTEM CONSTRUCTION

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 # 1617.03 00 2035 Project # 0970178 KB

Improvement Permit # 3256

Tax Map No. _____ Parcel No. _____

Well Permit No.

Zoning Wake Township Panther Branch

Operation Permit [ ]

Owner/Contractor: R.A. Dodson

Date: August 26, 1996

Location/Address: 1205 Urania Dr.: 401 S TL 1006 TL SR# 2736 TL 42 TR PINNACLE RIDGE 2D. TL S.R. # _____

Subdivision Name: PINNACLE RIDGE Lot No. 7 Section or Block No. _____

Tax Map No. _____ Parcel No. 1617.03 00 2035

Preliminary Layout

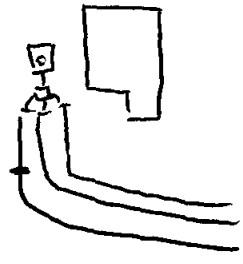
SEE ATTACHED PLOT PLAN FOR WASTEWATER DISPOSAL SITE.

SEE CONSTRUCTION AUTHORIZATION FOR WASTEWATER SYSTEM DESIGN.

* Water line must not cross S.T. system.

Final Layout

Tank 1 in OK ✓ LP.



Sewage System Specifications

Repair [ ] Original Permit No. _____

Garbage Disposal Unit Yes [ ] No [✓]

House [✓] Mobile Home [ ] Business [ ]

No. of Bedrooms 3 Lot Area _____

Size of Tank 1000 gal.

Wastewater: Sewage [✓] Industrial [ ] Comments: _____

Nitrification Line 3 x (3' x 115') = 1000 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: Andrea C. Pierce R.S.

Date: Jan 20, 1997 Installed By: Gilly Approved By: Andrea C Pierce R.S.

Well System

Individual [✓] Semi-Public [ ] Public [ ]

New [✓] Replacement [ ] Repair [ ]

Fee Paid: Yes [✓] No [ ]

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

3/4/97 / Susan Casiano
Date Inspected / Sanitarian

Bacteriological Results

Initial Sample: NO Date: 3/26/97

* 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 6820	[✓]	[ ]
Sample Collected	[✓]	[ ]

Comments: See construction authorization for well site location.

Well Installed By: Relcade Well

4/3/97 / Susan Casiano
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.

COPY TO HEALTH DEPARTMENT

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

VOID SIXTY(60) MONTHS FROM DATE OF ISSUANCE

DATE: August 26, 1996 IMPROVEMENT PERMIT NO.: D 3256

TAX MAP NO.: _____ PARCEL NO.: _____ PIN NO.: 1617.03 00 2035

PIN #:

OWNER/CONTRACTOR: R.A. Dodson

LOCATION/ADDRESS: 1205 Urania Dr. ⇨ 401 S. TL 1006 TL SR# 2736 TL 42 TR PINNACLE RIDGE TL Urania

SUBDIVISION NAME: PINNACLE RIDGE

LOT NO.: 7 SECTION OR BLOCK NO.: _____

AUTHORIZATION ISSUED BY: Andrea C Pierce, RS.

AUTHORIZATION CONDITIONS

1 WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. D 3256 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: Conventional trench, 3' wide, 3 trenches 115' long, Contractor to establish and follow contour, max depth of trenches 24 inches use 1000 gal septic tank See attached plot plan for location of syste MAX TRENCH DEPTH 24

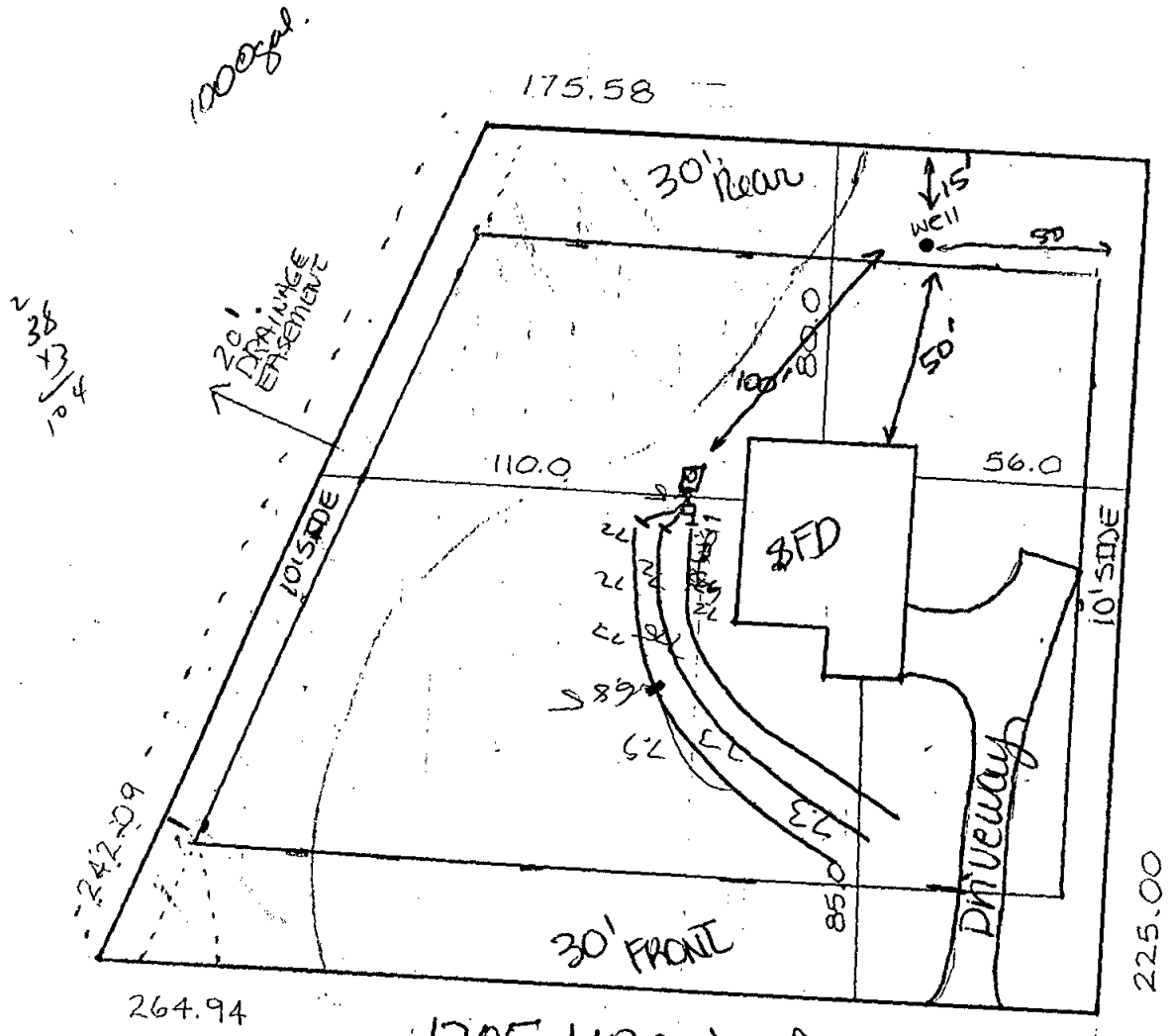
CONTRACTOR TO ESTABLISH AND FOLLOW CONTOUR

SEE ATTACHED PLOT PLAN FOR DESIGN AND LOCATION OF SYSTEM

(D-3256)

Kim

0970178



1205 URANIA Dr.

(PIN# 1617.03 00 2035)

LOT 7 PINNACLE RIDGE SUB DIV

SCALE: 1" = 50'

7-15-96

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.

7-16-96

Signature of or Authorized Agent

Zoning R-30 By CG

Approve ✓ Date 7-16-96

Revise ____ Use 101

Reject ____ MBL 95

Front 30 Rear 30

Side 10 Corner 30

Comments: REQUIRES flood check. LEFT SIDE SETBACK CONTAINS DRAINAGE EASEMENT