Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0008428 PIN #: 1800805066

OP DATE: 04/23/1990

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

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

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

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

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

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

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

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

CERT. OPERATOR
- [ ] Yes
- [x] No

GT	ST	PT	SIZE
[ ]	[ ]		750
[ ]	[ ]	[ ]	900
[ ]	[ ]	[x]	1,000
[ ]	[x]	[ ]	1,200
[ ]	[ ]	[ ]	1,500
[ ]	[ ]	[ ]	1,800
[ ]	[ ]	[ ]	2,100
[ ]	[ ]	[ ]	2,500
[ ]	[ ]	[ ]	3,000
[ ]	[ ]	[ ]	4,000
[ ]	[ ]	[ ]	5,000
[ ]	[ ]	[ ]	8,000
	[ ]	[ ]	10,000
[ ]	[ ]	[ ]	Other
[x]		[ ]	None/NA GT or PT

DRAINFIELD SIZE(SQ. FT.)

01200

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
- [x] 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

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

1800
80
5066

Tax Map. No. 227 Parcel No. 11 No. C 08428

Contractor: ______ Operation Permit [ ]

Owner: [illegible] Date: 10-16-87

Location/Address: [illegible] (SIX FORKS NORTH, TR [illegible] [illegible], [illegible] R) S.R. # 2005

Subdivision Name: [illegible] Lot No. 17 Section or Block No. ______

Zoning: [illegible] Township: ______

Sewage System

Repair [ ] Original Permit No. ST-STB892-1000 PT-STB-891-1000

Garbage Disposal Unit Yes [ ] No [X]

House [X] Mobile Home [ ] Business [ ]

No. Bedrooms 4 Lot Area [illegible]

Size of Tank [illegible] ST + [illegible] PT gal.

Nitrification Line [illegible] sq. ft.

Depth of Stone: 12" [X] Max. Depth of Trenches: 26 In.

Riser and Baffle Required [X] Pump Required [X]

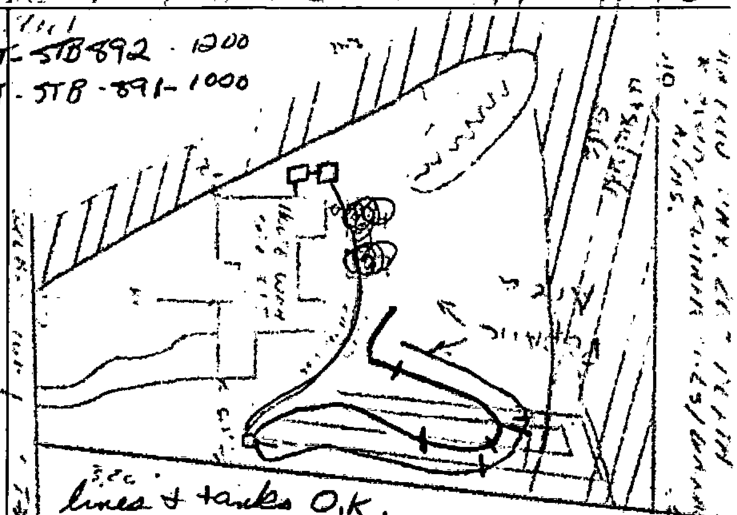
Improvement Permit [illegible]

*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]



lines + tanks O.K.

pump + Alarm O.K. TC 11-2-89
T.C. 4-23-90

4-23-90	Woody Wilson	Terry D. Chappell R.S.
Date	Installed By	Approved By

Well System

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

New [ ] Replacement [ ] Repair [ ]

Fee Paid Yes [ ] No [ ]

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

N/A

Date Inspected		Sanitarian
Final Inspection	Yes	No
Required Slab	[ ]	[ ]
Chlorinated	[ ]	[ ]
Required Certificate	[ ]	[ ]
Variance (Explain)	[ ]	[ ]
WCHD I.D. Affixed	[ ]	[ ]
Sample Collected	[ ]	[ ]

**Well permit void 36 months from issuance date

Bacteriological Results

Initial Sample: ______ Date: ______

*Re-sample #1 ______ Date: ______

*Re-sample #2 ______ Date: ______

Re-chlorination as required Yes [ ] No [ ]

Comments: NA

*$10.00 fee for all re-samples

All checks payable to: **Wake County Health Department**

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.

OGD—50909

COPY TO HEALTH DEPARTMENT

Tax Map No. 227

Parcel No. 11

Thomas Gipson & Co
Lot 17 CARMEL FOREST
10/12/89

SCALE
1" = 40'