Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: C 0 0 4 5 0 9

PIN #: 0 7 9 9 2 5 8 3 3 9

OP DATE: 0 4 / 1 2 / 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
- [ ] 3
- [x] 4
- [ ] 5
- [ ] 6
- [ ] Other

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

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

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

DRAINFIELD SIZE(SQ. FT.)

0 0 8 0 0

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

TW

2400

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map No. 2240 Parcel No. 7(5) No. C 04509

Contractor: Operation Permit [ ]

Owner: Date: 3/24/88

Location/Address: 2708 Vestry Way

S.R. #

Subdivision Name: Byrum Woods Lot No. 26 Section or Block No.

Zoning: Wake Township: Leesville

Tax Map No. 240

Parcel No. 7(5)

Sewage System

Repair [ ] Original Permit No.

Garbage Disposal Unit Yes [ ] No [ ]

House [X] Mobile Home [ ] Business [ ]

No. Bedrooms 4 Lot Area .928

Size of Tank Existing 1200 gal.

Nitrification Line (200') (3 x 200) sq. ft.

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

Riser and Baffle Required [ ] Pump Required [ ]

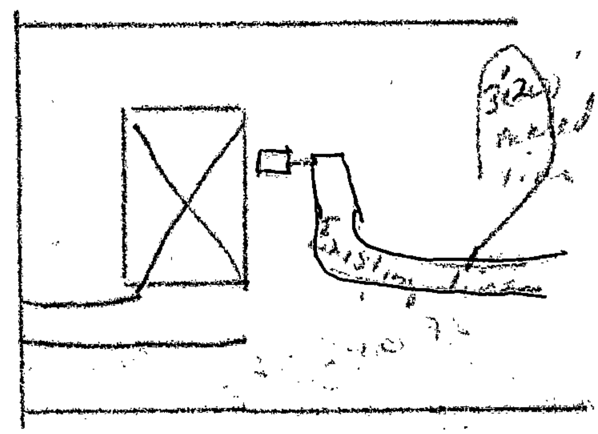
Improvement Permit

*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 signature]



Date 4/12/88	Installed By Kornegay	Approved By [signature]

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

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:

*$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.

HEALTH DEPARTMENT

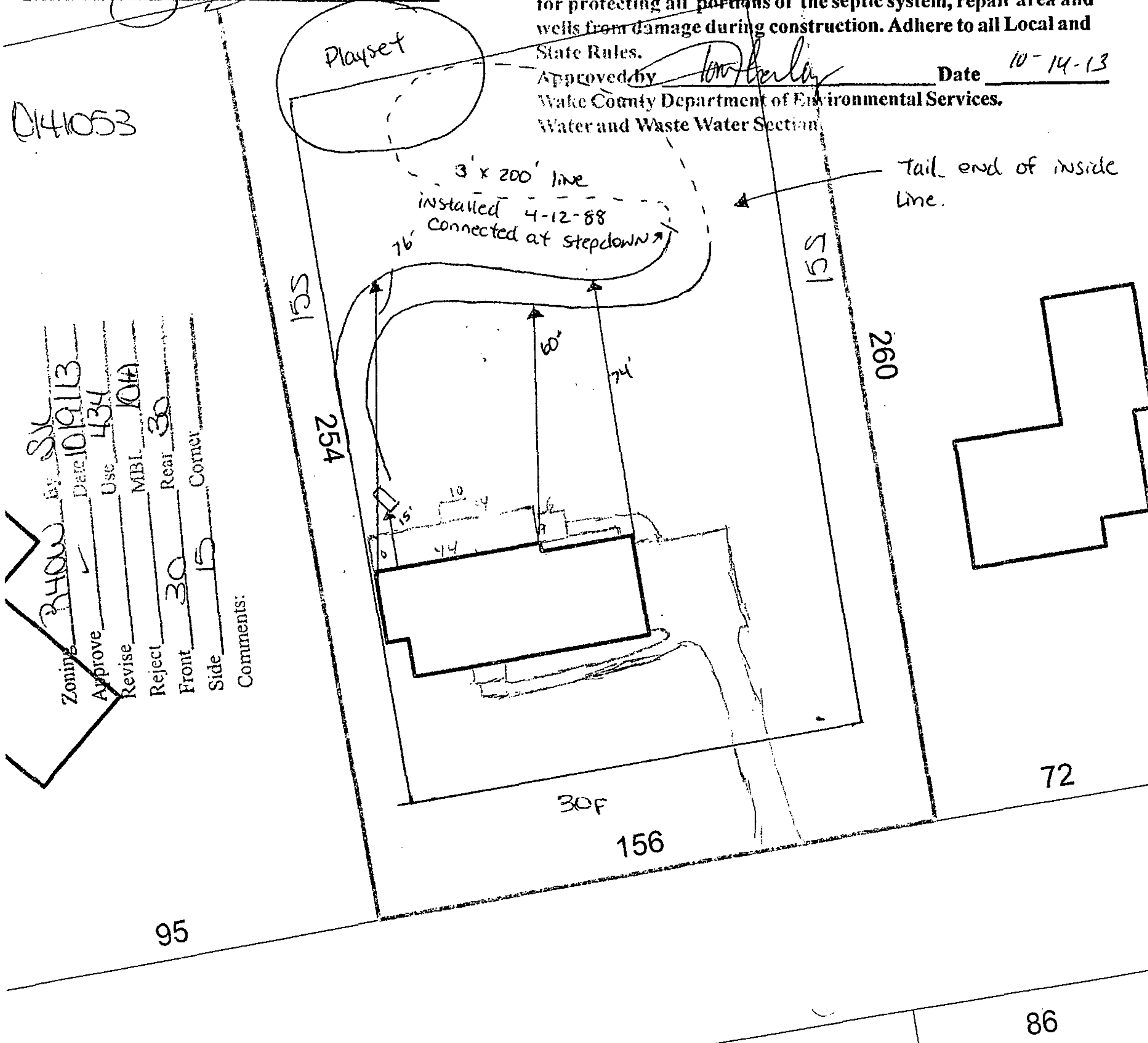
Pin: 0719901258339 W10445 919-889-7372

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 of Owner or Authorized Agent

Site plan approved as shown for Deck/Porch.
Any changes to site plan voids approval. All setbacks apply for septic systems and wells, regarding any pools, decks, additions and/or accessory structures. Applicant is responsible for protecting all portions of the septic system, repair area and wells from damage during construction. Adhere to all Local and State Rules.
Approved by ______ **Date** 10-14-13
Wake County Department of Environmental Services.
Water and Waste Water Section

0141053



Wake County IDPP
(919) 856-6060
http://www.wakegov.com

1 inch = 40 feet

2708 VESTRY WAY

10/9/2013 12:53 PM

WAKE COUNTY