Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: C 0 1 1 3 9 3

PIN #: 1 7 6 8 9 2 8 7 0 8

OP DATE: 1 1 / 0 2 / 1 9 9 0

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
[ ]	[ ]	[ ]	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 1 2 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
- [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

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

1768 92 8708

Tax Map. No. 311 Parcel No. 61 Improvement Permit

Well Permit No. C 11393

Contractor: Lesher and Associates Operation Permit [ ]

Owner: _____ Date: August 30, 1990

Location/Address: 4209 Lassiter Road

S.R. # _____

Subdivision Name: Shadow Woods Lot No. 2 Section or Block No. _____

Zoning: Wake Township: Wake Forest

*Permit revised 10-22-90 DRP 24" trench bottoms or less

Sewage System

Repair [ ] Original Permit No. _____

Garbage Disposal Unit Yes [ ] No [✓]

House [✓] Mobile Home [ ] Business [ ]

No. Bedrooms 4 Lot Area 2.63 Ac

Size of Tank GOP 1200 gal.

Nitrification Line 2(3'x200') 1200 sq. ft.

Depth of Stone: 12" [✓] Max. Depth of Trenches: 24 In.

Riser and Baffle Required [✓] Pump Required [ ]

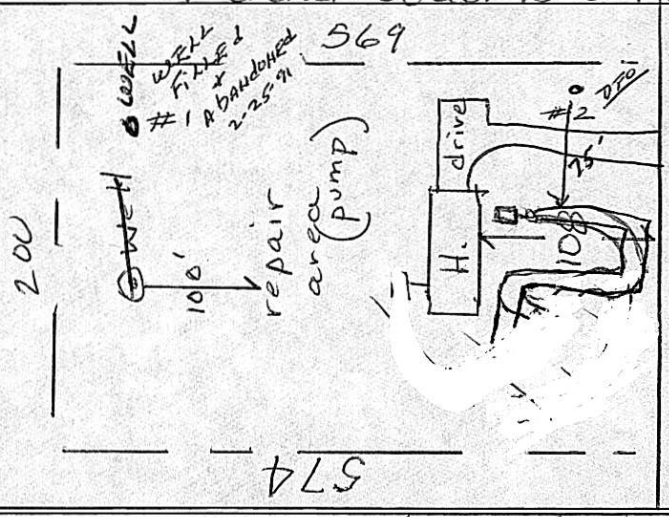
Improvement Permit

*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: D.R. Parrish Jr.



11-2-90 Date

Dickerson Backhoe Installed By

Edward Jackson Approved By

Well System

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

New [✓] Replacement [ ] Repair [ ]

Fee Paid Yes [✓] No [ ]

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

#2 - 2-25-91

#1 — 10-1-90 Date Inspected

W. T. Q., R.S. Sanitarian

Final Inspection	Yes	WELL #2 No
Required Slab	[✓]	[ ]
Chlorinated	[✓]	[ ]
Required Certificate	[ ]	[ ]
Variance (Explain) #2294	[ ]	[✓]
WCHD I.D. Affixed ~~#2253~~	[✓]	[ ]
Sample Collected	[✓]	[ ]

WELL #1 FILLED

**Well permit void 36 months from issuance date

WELL #2

Bacteriological Results

Initial Sample: NEG. Date: 2-27-91

*Re-sample #1 _____ Date: _____

*Re-sample #2 _____ Date: _____

Re-chlorination as required Yes [ ] No [ ]

Comments: WELL #1 pumping mud - RELOCATED SECOND WELL TO FRONT CORNER TO TRY TO GET AWAY FROM MUD ZONE. DFO

*$10.00 fee for all re-samples

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

Well Installed By: Golds Tox

3-4-91 Date System Finalized

W. T. Q., R.S. 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.

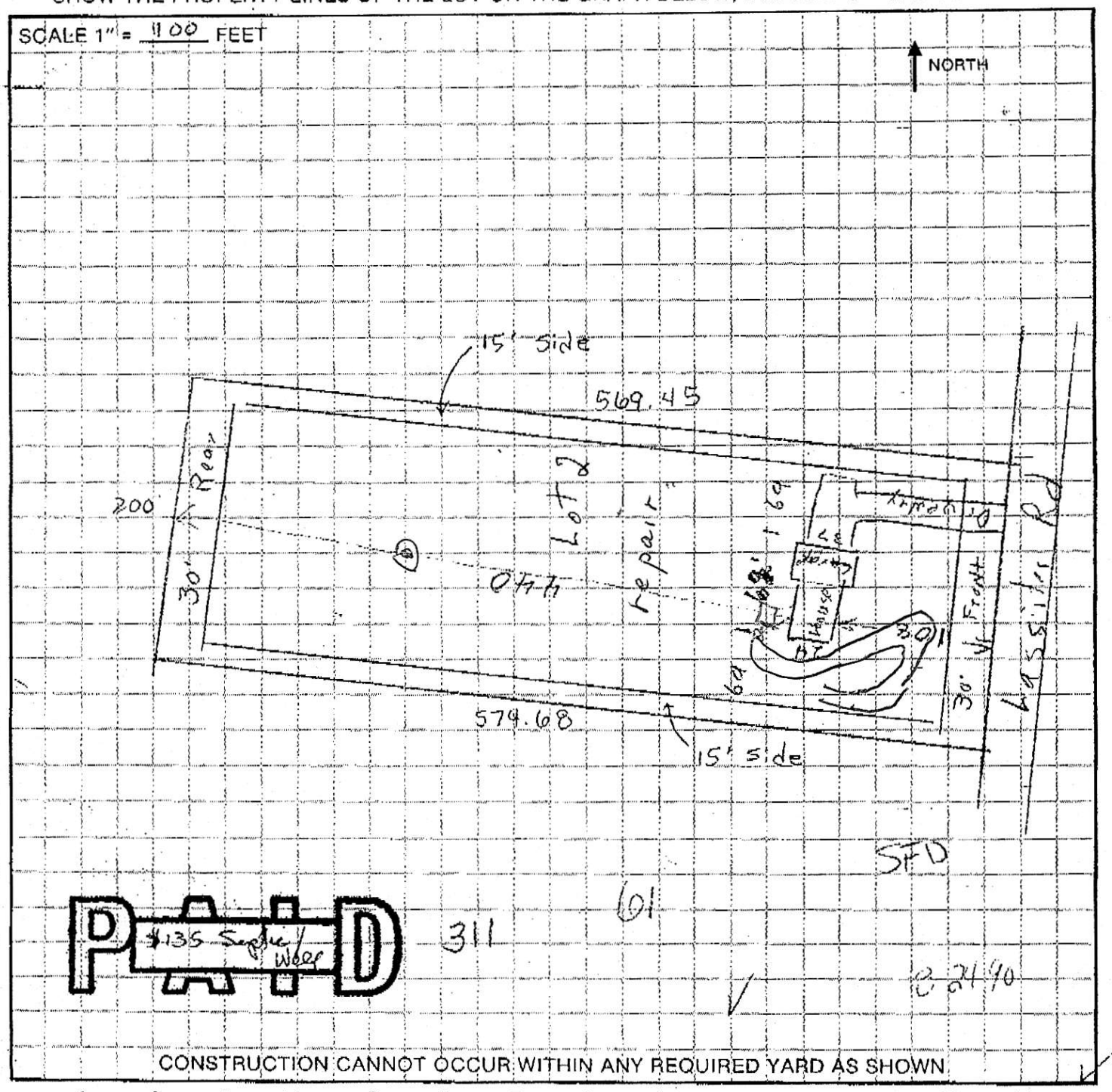
OGD—50909

COPY TO APPLICANT

Tax Map No. 311 Parcel No. 61

SITE PLAN

SHOW THE PROPERTY LINES OF THE LOT ON THE GRAPH BELOW, INCLUDING ROAD FRONTAGE



OFFICE USE ONLY 135

Comments: CT #542.02

Applicant Lasher Associates, Inc Tax Map 311 Parcel 61 Jurisdiction Wake 24 90

Building Permit # _____ Date _____ Zoning Approval By _____

Improvement Permit # C 11393 Date 8-30-90 Health Approval By Parnell

AS NEEDED

Lot Area 44000 Sq. Ft. Lot Width 110 Ft. Corner Yard Setback 30 Ft.

Side Yard Setback 15 Ft. Rear Yard Setback 30 Ft. Front Yard Setback 30 Ft.

White: *Health Department* Yellow: *Land Use & Permits* Pink: *Issuing Agent*