Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0021890 PIN #: 0789893805

OP DATE: 01/01/2000

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.)

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
- [ ] 26 in. or less
- [ ] 28 in. or less
- [X] 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

DT

~~WAKE~~ COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Pin # 0789.02893805 Project # 0951322

Improvement Permit

Tax Map No. 239 Parcel No. 85 Well Permit No. C 21890

Zoning Wake Township Leesville Operation Permit [ ]

Owner/Contractor: ~~William Kerr~~ Ted Garnaas Date: 11-18-94

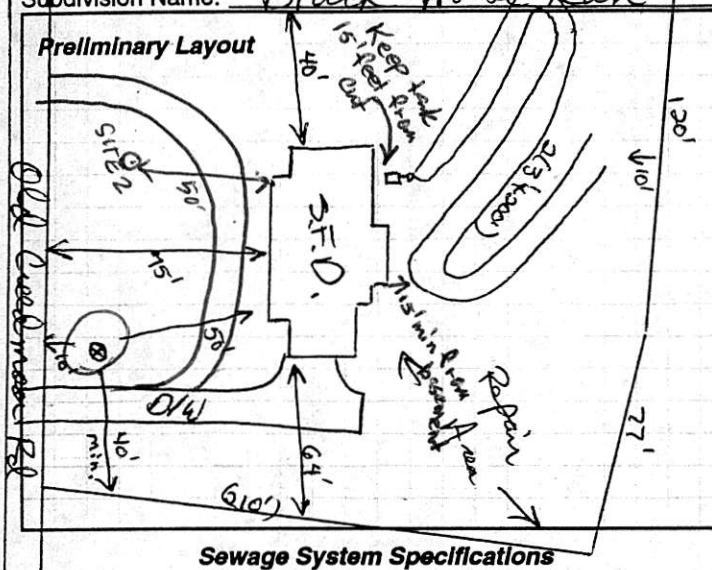
Location/Address: (11505 Old Creedmoor Rd) 50 N, (L) Norwood, (R) Old Creedmoor, Lot on left before S/D entrance

S.R. # 1831

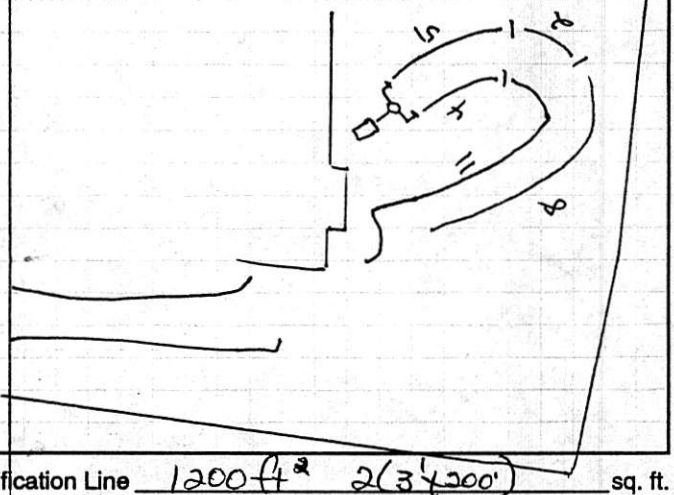
Subdivision Name: Black Horse Run (243) Lot No. 10 Section or Block No. 3

Tax Map No. 239 Parcel No. 85

Preliminary Layout



Final Layout



Sewage System Specifications

Repair [ ] Original Permit No. _____

Garbage Disposal Unit Yes [ ] No [✓] per owner 11-21-94

House [✓] Mobile Home [ ] Business [ ]

No. of Bedrooms 4 Lot Area .96

Size of Tank 1200 / SRTC 12/19/98 gal.

Nitrification Line 1200 ft² 2(3'x200') sq. ft.

Depth of Stone: 12" [✓] Max Depth of Trenches: 30 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.

Comments: Keep system shallow! Place well 40' min from RH side property line, 50' min from House

Date: 4/21/99 Installed By: James Culley Approved By: Owen J. Mauzi RS

Well System

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

New [✓] Replacement [ ] Repair [ ]

Fee Paid: Yes [✓] No [ ]

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

07-27-98 *Date Inspected* Martha Gregory *Sanitarian*

Bacteriological Results

Initial Sample: absent Date: 01-05-00

* 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 (N/A)	[✓]	[ ]
Chlorinated	[✓]	[ ]
Required Certificate	[ ]	[ ]
Variance (Explain)	[ ]	[ ]
WCHD I.D. Affixed 8692	[✓]	[ ]
Sample Collected	[✓]	[ ]

Comments: _____

Well Installed By: Powell / Jenks

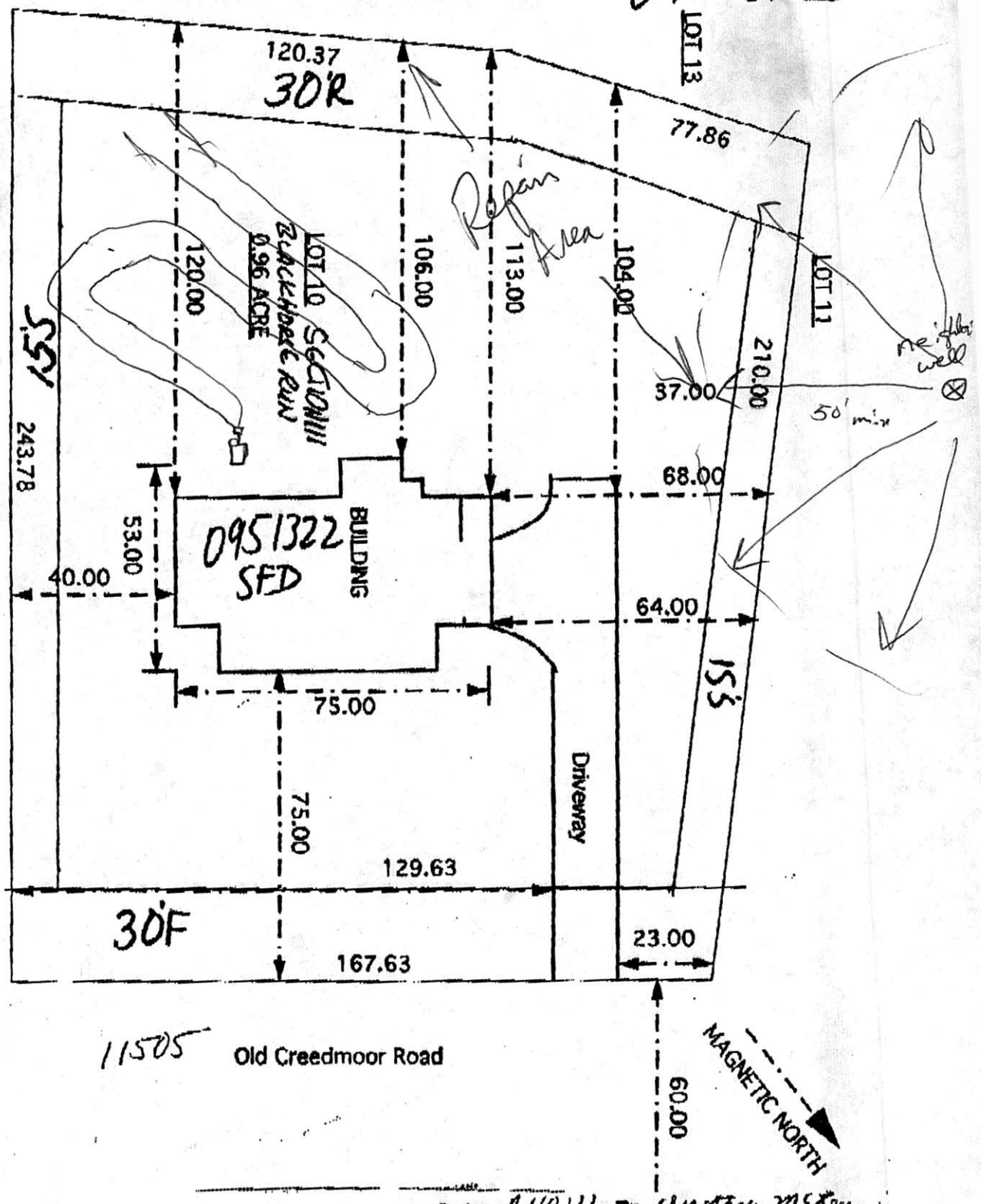
01-10-2000 *Date System Finalized* Martha Gregory R.S. *Sanitarian*

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.

COPY TO HEALTH DEPARTMENT

239-85 LOT 10 BLACKHORSE RUN 0951322

1"=40'



William A. Kerr
4113-102 Lake Lynn
Raleigh, NC 27613
Tel. 919 782 7729

I certify that the location of this structure is accurately shown. Failure to locate this structure in accordance with this plot plan could require relocation of the structure regardless of its degree of completion.

William A. Kerr 10-28-94
Signature Date
Check one ( ) Owner ( ) Builder/Contractor ( ) Other

Zoning R-40 W By Timothy McKeon
Approved ✓ Date 10-28-94
Revised Use 101-SFD
Rejected MBL 110
Front 30 Rear 30
Side 15 Corner 30
Comments: