Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: B 0 0 9 6 8 4

PIN #: 0 7 9 8 3 9 0 6 5 8

OP DATE: 0 5 / 3 1 / 1 9 7 7

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.)

0 0 9 9 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
- [ ] 12 in. or less
- [x] 18 in. or less
- [ ] 24 in. or less
- [ ] Other

TRENCHES:
- [ ] Individual
- [x] Bed

TRENCH WIDTH (IN.):
- [ ] 12 in. or less
- [ ] 18 in.
- [ ] 24 in.
- [ ] 36 in.
- [x] 6 ft. or less
- [ ] 9 ft. or less
- [ ] Other

NA

* PERMIT VOID IF NOT IN COMPLIANCE WITH ZONING REGULATIONS

WAKE COUNTY HEALTH DEPARTMENT
SEPTIC TANK LAYOUT AND PERMIT

TAX MAP NO. 238

PARCEL NO. 46

PERMIT NO. B 03684

OWNER OR CONTRACTOR Mary Gentry / 733-1580 DATE 2-3-77

LOCATION * Stay 100 ft. from all wells now + when old line later.

S. R. NO. 1831

SUBDIVISION NAME Rufus Bailey LOT NO. 3 SECTION OR BLOCK NO.

GARBAGE DISPOSAL UNIT YES ☐ NO ☒

HOUSE ☒ MOBILE HOME ☐ BUSINESS ☐

NO. BEDROOMS 3 LOT AREA 2 1/4 ac.

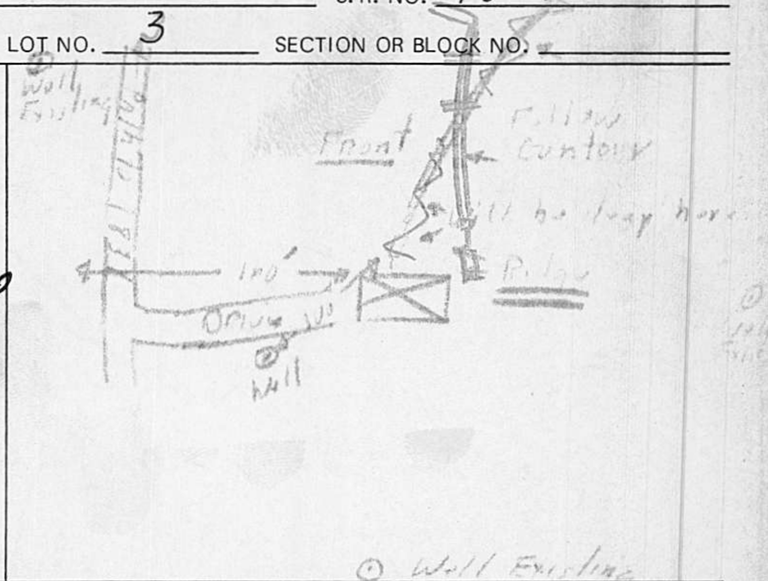
SIZE OF TANK 900 gal.

NITRIFICATION LINE 990 (165 x 6') ~~sq. ft.~~ plus

DEPTH OF STONE IN LINES: 12" ☐ 18" ☒

WATER SUPPLY: INDIVIDUAL ☒ PUBLIC ☐

* PERMIT VOID 12 MONTHS FROM DATE OF ISSUANCE.



LAYOUT BY Al Ward

5-31-77
DATE

R. Blanchard
INSTALLED BY

Al Ward
APPROVED BY

Environmental Services - Water Quality
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NA

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map No. 280 Parcel No. 61 No. C 04540

Contractor: Dennis Clark Operation Permit [ ]

Owner: Date: 4/6/88

Location/Address: 9001 Old Creedmoor Rd

S.R. # 1831

Subdivision Name: Lot No. Section or Block No.

Zoning: Wake Township: Bartons Creek

Tax Map No. 280

Parcel No. 61

Sewage System

Repair [ ] Original Permit No.

Garbage Disposal Unit Yes [ ] No [ ]

House [ ] Mobile Home [ ] Business [ ]

No. Bedrooms 3 Lot Area 2.55 ac

Size of Tank Existing 1000 gal.

Nitrification Line Existing 1000 sq. ft.

Depth of Stone: 12" [ ] 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]

Addition porch, sunroom, bedroom — Approved — septic tank appears to be functioning properly

4/6/88

Date Installed By Approved By [illegible signature]

Well System

Existing

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

lan approved as shown for bathroom addition
hanges to site plan voids approval. All setbacks apply
ptic systems and wells, regarding any pools, decks,
ions and/or accessory structures. Applicant is responsible
rotecting all portions of the septic system, repair area and
from damage during construction. Adhere to all Local and
Rules.
-oved by [signature] Date 6/2/03
e County Department of Environmental Services.
r and Waste Water Section