Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: C 0 1 3 6 3 8 PIN #: 1 7 8 2 0 7 9 0 4 0

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

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 1 0 2 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 F

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Tax Map No. 616 Parcel No. 83 — 921504

Improvement Permit
Well Permit No. C 13638 2

Zoning Wake Township Marks Creek

Operation Permit [ ]

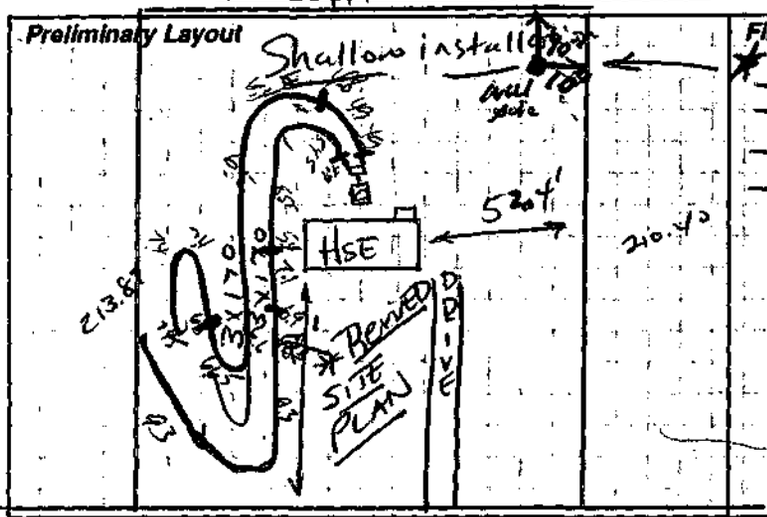
Owner/Contractor: Heritage Construction Co. Date: 1-30-92

Location/Address: 7317 Hunt Valley Tr: 64 E TR 1003 TR Hunt Valley Tr on 3rd on R. S.R.# 1003

Subdivision Name: Stewarts Ridge 147 Lot No. 67 Section or Block No.

Tax Map No. 616 Parcel No. 83

Preliminary Layout



Final Layout

Well site is to be 10' off brake and side property lines as shown on diagram.

Sewage System Specifications

Repair [ ] Original Permit No.

Garbage Disposal Unit Yes [ ] No [✓]

House [✓] Mobile Home [ ] Business [ ]

No. of Bedrooms 3 Lot Area 7-14-92

Size of Tank 1000 gal.

Nitrification Line 2 x (3' x 170') sq. ft.

Depth of Stone: 12" [✓] Max Depth of Trenches: 24 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: Andrea C. Pierce

Comments: Shallow placed conventional system.

Date: Sept. 22, 1992 Installed By: Rusty Phillips Approved By: Andrea C. Pierce, R.S.

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	[ ]	[ ]

Date Inspected *Sanitarian*

Bacteriological Results

Initial Sample: Date:
* 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	[ ]	[ ]
Chlorinated	[ ]	[ ]
Required Certificate	[ ]	[ ]
Variance (Explain)	[ ]	[ ]
WCHD I.D. Affixed	[ ]	[ ]
Sample Collected	[ ]	[ ]

Comments:

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.

COPY TO HEALTH DEPARTMENT

1502.008 — 8/17/90