Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: C008945 PIN #: 1785206468

OP DATE: 03/13/1990

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
[ ]	[X]	[ ]	1,000
[ ]	[ ]	[ ]	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.)

0100

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

5/7/13 MJ

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map. No. 475 Parcel No. 249 No. C 08945

Contractor: _____ Operation Permit [ ]

Owner: Charles Driver Date: 12/1/89

Location/Address: 1424 Rayben DR. 1785 20 6468

S.R. # Hwy 97

Subdivision Name: Fall Creek Lot No. 36 Section or Block No. _____

Zoning: R-20 Wake Township: Marks Creek

Tax Map No. 475 Parcel No. 249

Sewage System

Repair [ ] Original Permit No. _____

Garbage Disposal Unit Yes [ ] No [✓]

House [✓] Mobile Home [ ] Business [ ]

No. Bedrooms 3 Lot Area 1.50 Ac

Size of Tank 1000 gal.

Nitrification Line (2) 117' x 3' 1000 sq. ft.

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

Riser and Baffle Required [✓] Pump Required [ ]

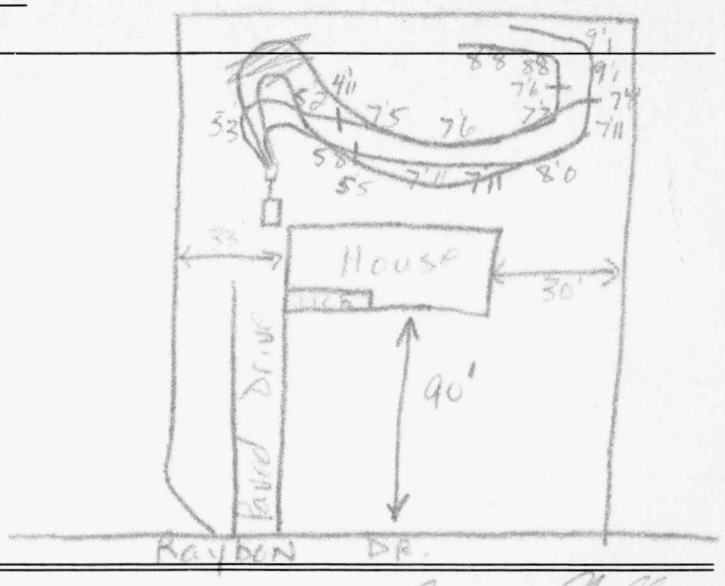
Improvement Permit

*Permit Void 36 (60) months from date of Issuance

*Permit Void if not in compliance with zoning regulations

*Permit may be voided if site alterations made

Layout By: H. B. Phillips R.S.



3/13/90 Date

Eddie Driver Installed By

H. B. Phillips R.S. 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	[ ]	[ ]

_____ 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.

OGD—50909

COPY TO HEALTH DEPARTMENT