Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

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

OP DATE: 1 0 1 3 1 1 1 9 8 8

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 1 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
- [ ] 24 in. or less
- [x] 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

RB
10/28/13

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map No. 709 Parcel No. 11 No. C 04962

Contractor: [illegible] Operation Permit [ ]

Owner: Date: May 10 1988

Location/Address: [illegible] S.R. # 2542

Subdivision Name: Lot No. Section or Block No.

Zoning: Lake Township: [illegible]

Tax Map No. 709 Parcel No. 11 SR 2542

Sewage System

Repair [ ] Original Permit No.

Garbage Disposal Unit Yes [ ] No [✓]

House [✓] Mobile Home [ ] Business [ ]

No. Bedrooms Lot Area 1.61 Ac

Size of Tank 1000 gal.

Nitrification Line 2 1/3 x 153 1100 sq. ft.

Depth of Stone: 12" [✓] Max. Depth of Trenches: 26 In.

Riser and Baffle Required [✓] Pump Required [ ]

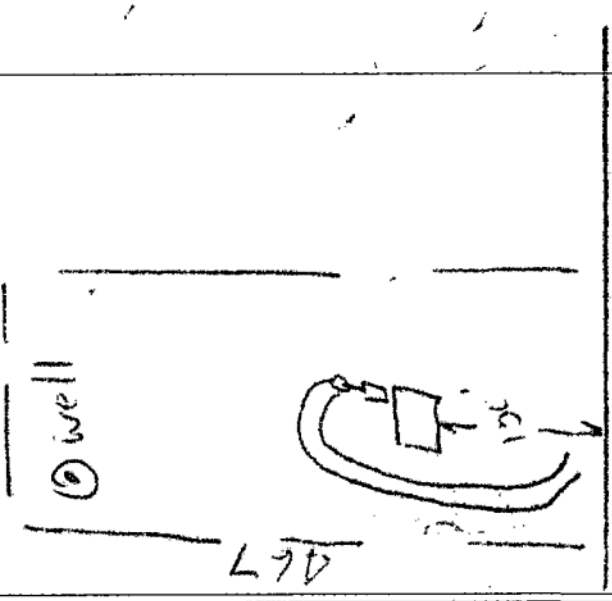
Improvement Permit

*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: Landowner



9/7/88 Date

[illegible] Installed By

[illegible] 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 [illegible] R.S. Sanitarian

Final Inspection	Yes	No
Required Slab	[✓]	[ ]
Chlorinated	[✓]	[ ]
Required Certificate	[ ] tag	[ ]
Variance (Explain)	[ ]	[✓]
WCHD I.D. Affixed 876	[✓]	[ ]
Sample Collected 10-26	[✓]	[ ]

**Well permit void 36 months from issuance date

Bacteriological Results

Initial Sample: Negative <2.2 mpn Date: 10-31-88

*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: Estes

10-31-88 Date System Finalized

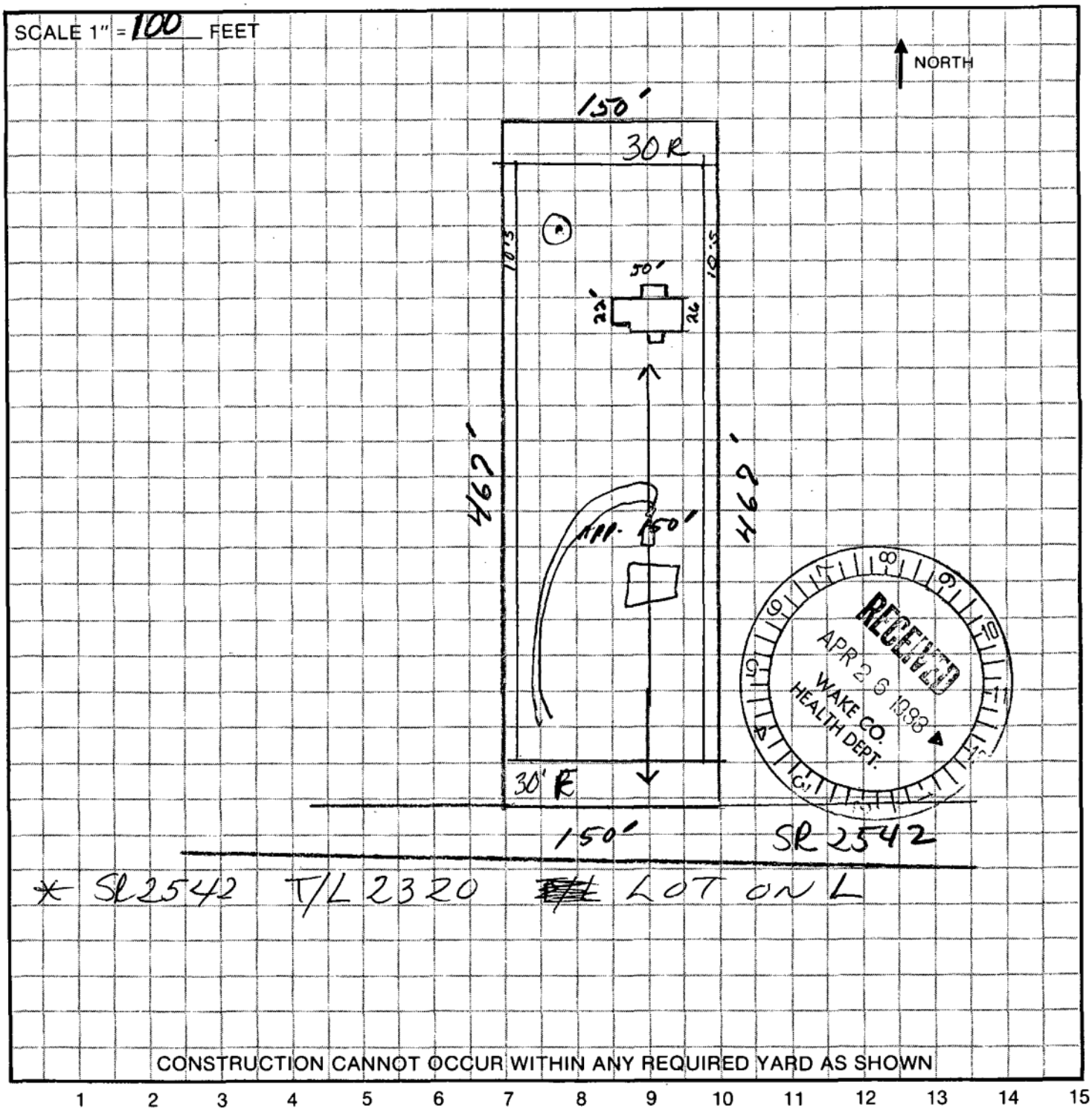
Edwin Kent Penny Sanitarian

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

SITE PLAN

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



OFFICE USE ONLY

Comments: _____

Applicant _____ Tax Map 709 Parcel 11 Jurisdiction WAKE

Building Permit # _____ Date _____ Zoning Approval By _____

Improvement Permit # CO4962 Date 5-10-88 Health Approval By Parnell

AS NEEDED

Lot Area 30,000 Sq. Ft. Lot Width 100 Ft. Corner Yard Setback 30 Ft.

Side Yard Setback 10 Ft. Rear Yard Setback 30 Ft. Front Yard Setback 30 Ft.

DMC

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

HEALTH DEPARTMENT