

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0013840

PIN #: 1607578938

OP DATE: 0812811992

SYSTEM USE:

- ☒ House
☐ Mobile Home
☐ Business
☐ Other

SEWAGE TYPE:

- ☒ Domestic
☐ Industrial

PUMP/SIPHON?:

- ☐ Yes
☒ No

PRESSURE MANIFOLD:

- ☐ Yes
☒ No

SYSTEM TYPE:

- ☐ I
☒ II
☐ III
☐ IV
☐ V
☐ VI
☐ Other

SUB TYPE:

- ☒ A
☐ B
☐ C
☐ D
☐ E
☐ F
☐ G

NBR BEDROOMS:

- ☐ 1
☐ 2
☒ 3
☐ 4
☐ 5
☐ 6
☐ Other

MAINT. SCHEDULE:

- ☐ Yes
☒ No

CERT. OPERATOR

- ☐ Yes
☒ 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.)

01060

DRAIN TYPE:

- ☒ 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
☐ Other

STONE DEPTH (IN.):

- ☐ 8 in. or less
☒ 12 in. or less
☐ 18 in. or less
☐ 24 in. or less
☐ Other

TRENCHES:

- ☒ Individual
☐ Bed

TRENCH WIDTH (IN.):

- ☐ 12 in. or less
☐ 18 in.
☐ 24 in.
☒ 36 in.
☐ 6 ft. or less
☐ 9 ft. or less
☐ Other

B.W 11/25/14

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Tax Map No. 826 Parcel No. 176

Zoning R-30W Township Panther Branch

Owner/Contractor: Ashley Turner

Location/Address: 1200 Kerrigan LN.

Improvement Permit

Well Permit No. **C 13840**

Operation Permit []

Date: 2/24/92

92/181

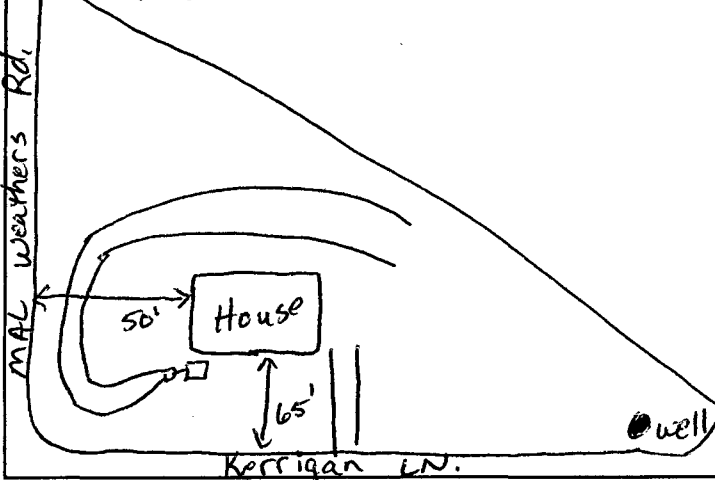
S.R. # 2739

Subdivision Name: Bristol

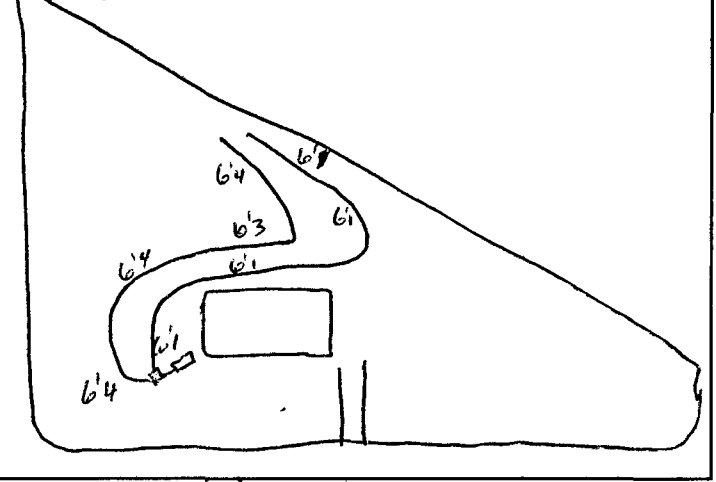
Lot No. 22

Section or Block No. _____

Preliminary Layout



Final Layout



Sewage System Specifications

Repair [] Original Permit No. _____

Garbage Disposal Unit Yes [] No [x]

House [x] Mobile Home [] Business []

No. of Bedrooms 3 Lot Area 0.79 Acres

Size of Tank 1000 gal.

Comments: _____

Nitrification Line (2) 167' X 3' 1000 sq. ft.

Depth of Stone: 12" [x] Max Depth of Trenches: 28 in.

Riser and Baffle Required [x] 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: H. B. Phillips

Date: 3/24/92 Installed By: H. Strickland Approved By: H. B. Phillips

Well System
Individual [x] Semi-Public [] Public []
New [x] Replacement [] Repair []
Fee Paid: Yes [x] No []

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

3-12-92
Date Inspected

W. P. O.
Sanitarian

Bacteriological Results

Initial Sample: neg Date: 8/12/92

* 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	[x]	[]
Chlorinated	[x]	[]
Required Certificate	[]	[]
Variance (Explain)	[]	[x]
WCHD I.D. Affixed <u>3091</u>	[x]	[]
Sample Collected	[x]	[]

Comments: _____

Well Installed By: Grady Poole

8/28/92
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

Tax Map No. 826 Parcel No. 176