Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

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

OP DATE: 0 8 1 2 1 1 1 9 9 5

SYSTEM USE:
- [x] House
- [ ] Mobile Home
- [ ] Business
- [ ] Other

SEWAGE TYPE:
- [x] Domestic
- [ ] Industrial

PUMP/SIPHON?:
- [x] Yes
- [ ] No

PRESSURE MANIFOLD:
- [ ] Yes
- [x] No

SYSTEM TYPE:
- [ ] I
- [ ] II
- [x] III
- [ ] IV
- [ ] V
- [ ] VI
- [ ] Other

SUB TYPE:
- [ ] A
- [x] 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 2 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
- [ ] 26 in. or less
- [ ] 28 in. or less
- [x] 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 PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Pin # 0781.04 46 0180 01 Project # 0952253

Tax Map No. _____ Parcel No. _____

Zoning Wake Township Swift Creek

Owner/Contractor: Braswell Constr. Co. Inc.

Improvement Permit

Well Permit No. C 22826

Operation Permit [ ]

Date: 2-23-95

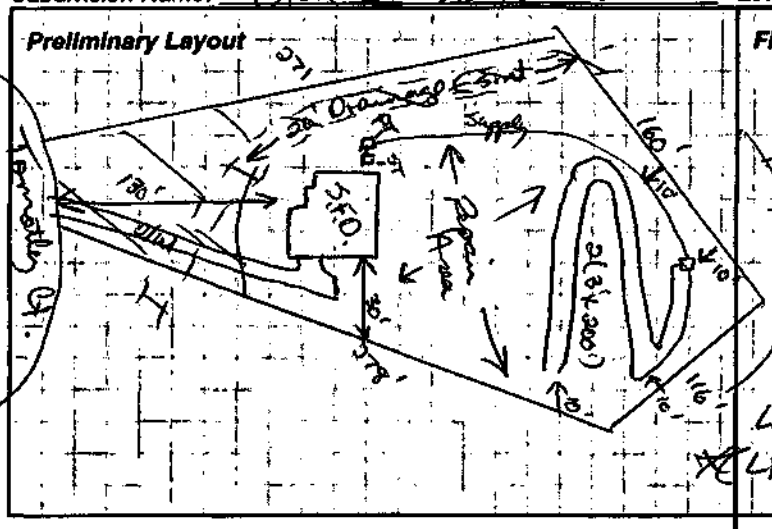
Location/Address: (2217 Tomotley Ct.) Lake Wheeler Rd South, (R) Penney Rd, (R) Old South, 5th on left.

S.R. # 1382

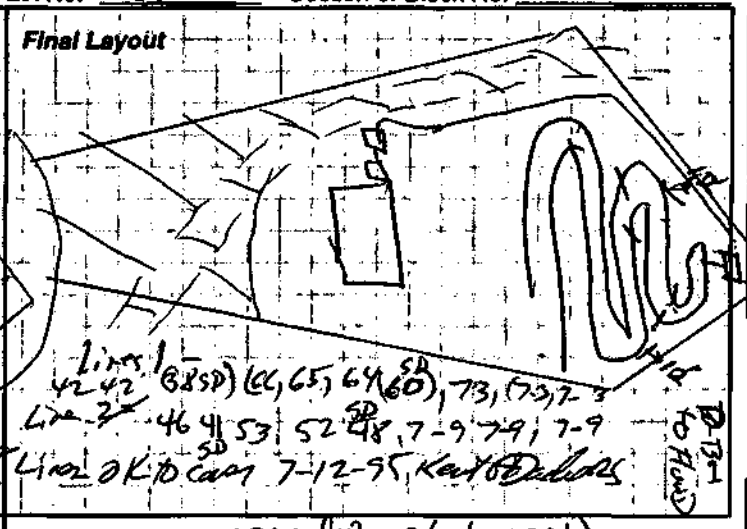
Subdivision Name: Olde South Trace Lot No. 25 Section or Block No. _____

Tax Map No. _____ Parcel No. PIN # 0781.04 46 0180

Preliminary Layout



Final Layout



Sewage System Specifications

Repair [ ] Original Permit No. _____

Garbage Disposal Unit Yes [ ] No [✓]

House [✓] Mobile Home [ ] Business [ ]

No. of Bedrooms 3 Lot Area _____

Size of Tank ~~3000~~ 3T + ~~1200~~ PT _____ gal.

Nitrification Line 1200 ft² 2(3'x200') sq. ft.

Depth of Stone: 12" [✓] Max Depth of Trenches: 30 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: Tony D. Chappell R.S.

* Comments: Keep system shallow! Use NEMA 4X Elec. box, 4x4 post, mount alarm in house or in garage!

Date: 8-21-1995 Installed By: L Eberhart Approved By: Kay H Dickens R.S.

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

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

3002.017 — 5/14/93