Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: C 0 1 5 4 9 8

PIN #: 0 7 8 2 3 0 0 9 8 1

OP DATE: 0 9 / 2 5 / 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 0 9 0 0

Estimated for scanning project.

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
- [ ] 30 in. or less
- [ ] 32 in. or less
- [ ] 36 in. or less
- [x] Other

STONE DEPTH (IN.):
- [ ] 8 in. or less
- [ ] 12 in. or less
- [ ] 18 in. or less
- [ ] 24 in. or less
- [x] Other

TRENCHES:
- [x] Individual
- [ ] Bed

TRENCH WIDTH (IN.):
- [ ] 12 in. or less
- [ ] 18 in.
- [ ] 24 in.
- [ ] 36 in.
- [ ] 6 ft. or less
- [ ] 9 ft. or less
- [x] Other

KB

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Tax Map No. 628 Parcel No. 49

Improvement Permit
Well Permit No. C 15498
Operation Permit [ ]

Zoning WAKE Township Swift Creek

Owner/Contractor: ~~Site~~ Robert Stevenson Date: 9-25-92

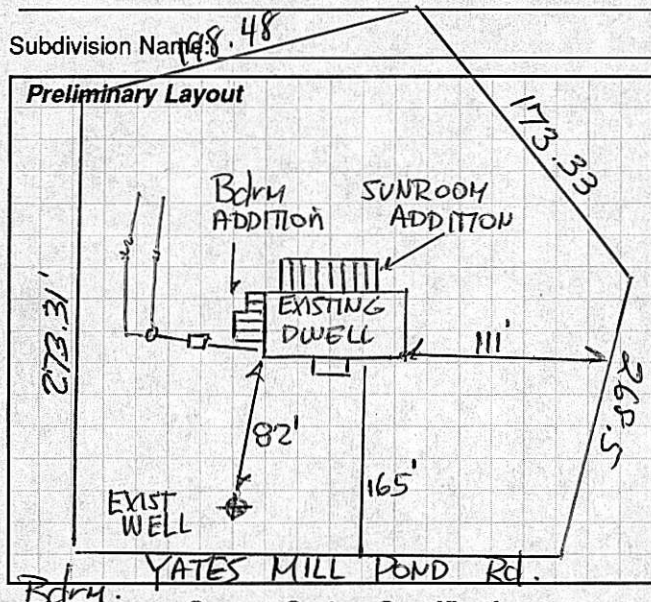
Location/Address: 5516 YATES MILL Pond Rd

S.R. # 1852

Subdivision Name: 148.48 Lot No. 6A Section or Block No.

Tax Map No. 628 Parcel No. 49

Preliminary Layout



Final Layout

This PERMIT IS FOR THE ADDITION OF ONE Bdrm TO THE EXISTING 3Bdrm DWELLING. ONE bedroom to be removed when SUNROOM addition constructed. therefore NO NET GAIN OF Bedrooms to EXISTING dwelling. House to remain 3 bedrooms.

NO ADDITIONAL Nitrification LINE IS required to be added TO EXISTING Septic system.

Bdrm. ADDITION

Sewage System Specifications

~~Repair~~ [X] Original Permit No.

Garbage Disposal Unit Yes [ ] No [ ]

House [ ] Mobile Home [ ] Business [ ]

No. of Bedrooms Existing Lot Area

Size of Tank Existing gal.

Comments:

Nitrification Line Existing. sq. ft.

Depth of Stone: 12" [ ] Max Depth of Trenches: 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: Vincent J. Mauzi RS

Date: 9-25-92 Installed By: Approved By: Vincent J. Mauzi RS

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	[ ]	[ ]

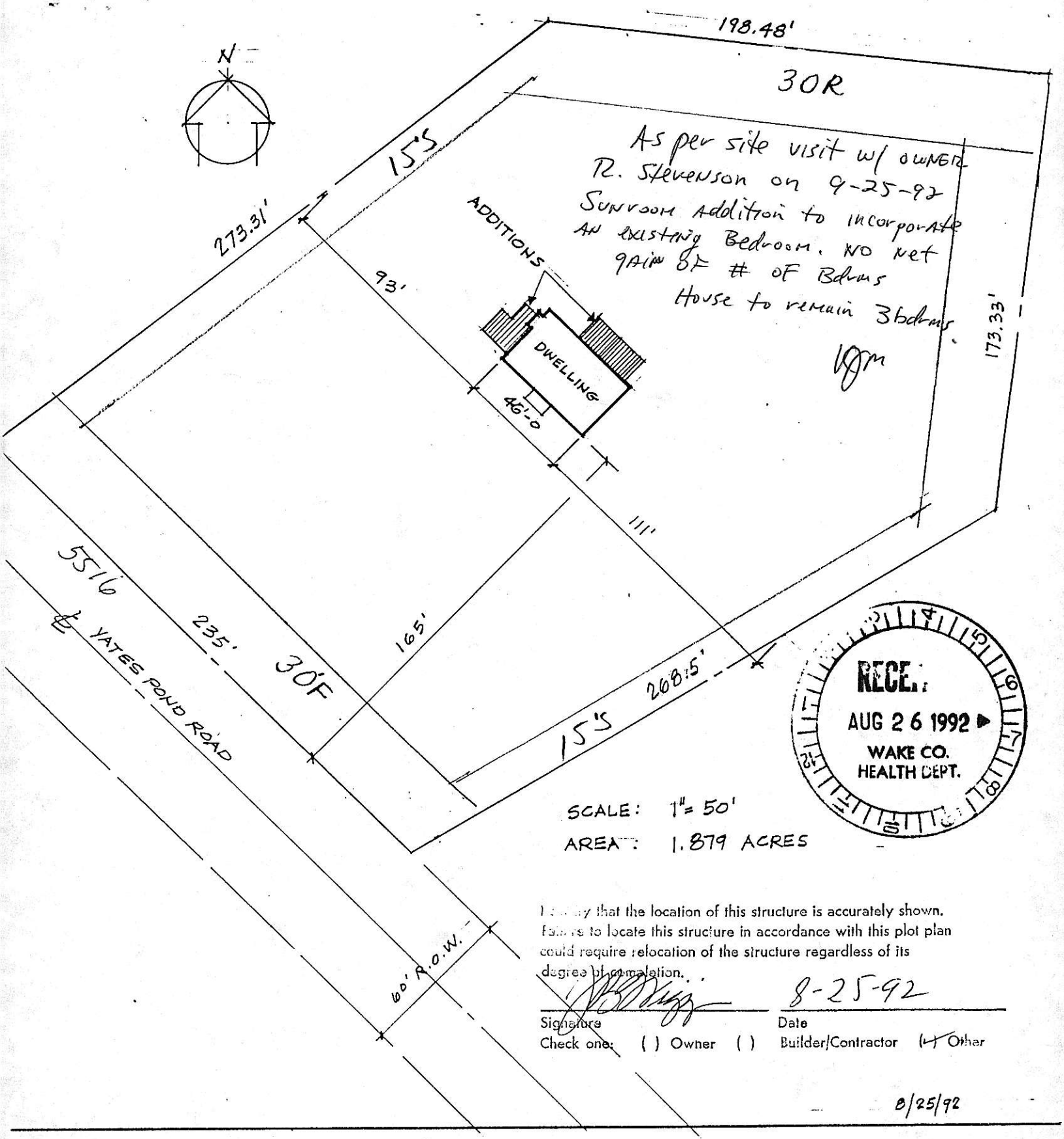
Comments:

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



SCALE: 1" = 50'

AREA: 1.879 ACRES

I certify that the location of this structure is accurately shown. Failure to locate this structure in accordance with this plot plan could require relocation of the structure regardless of its degree of completion.

8-25-92

Signature Date

Check one: ( ) Owner ( ) Builder/Contractor (✓) Other

8/25/92

PROPERTY OF ROBERT E. & KATIE W. STEPHENSON

5516 YATES POND ROAD

RALEIGH, N. C. 851-4888

628-49

LOT 6A