Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

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

OP DATE: 0 4 / 1 8 / 1 9 9 4 WELL ONLY PERMIT

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
- [ ] II
- [ ] III
- [ ] IV
- [ ] V
- [ ] VI
- [x] Other

SUB TYPE:
- [x] A
- [ ] B
- [ ] C
- [ ] D
- [ ] E
- [ ] F
- [ ] G

NBR BEDROOMS:
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [x] 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 N/A
☐		☐	None/NA GT or PT

DRAINFIELD SIZE(SQ. FT.)

0 0 0 0 0

WELL ONLY PERMIT

Septic information Not Applicable

DRAIN TYPE:
- [ ] Stone
- [ ] EZ Flow
- [ ] Infiltrator
- [ ] Biodiffuser
- [ ] Cultec
- [ ] Drip
- [ ] Hancor
- [ ] Large Dia. Pipe
- [ ] Multi-Pipe
- [x] 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 N/A

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

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 N/A

SP

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Pin # 0668729417 Project # _____

Tax Map No. 802 Parcel No. 170

Zoning Wake Township Middle Creek

Owner/Contractor: Charles Holliday

Location/Address: 6621 Bentwinds Lane, Fuquay Varina, 27526

Improvement Permit

Well Permit No. C 19414

Operation Permit [ ]

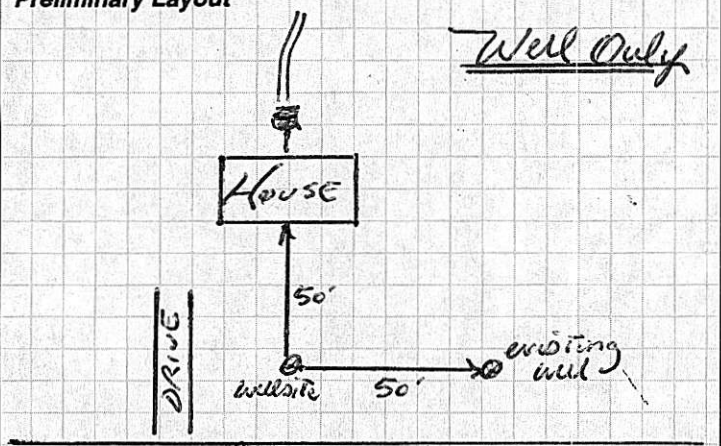
Date: February 10, 1994

S.R. # _____

Subdivision Name: Bentwinds Lot No. _____ Section or Block No. _____

Tax Map No. 802 Parcel No. 170

Preliminary Layout



Final Layout

Sewage System Specifications

Repair [ ] Original Permit No. _____

Garbage Disposal Unit Yes [ ] No [ ]

House [ ] Mobile Home [ ] Business [ ]

No. of Bedrooms _____ Lot Area _____

Size of Tank _____ gal.

Nitrification Line _____ 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: Susan Casciotti

Comments: _____

Date: _____ Installed By: _____ 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	[✓]	[ ]

4/18/94 Susan D Casciotti

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: Grady Poole

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