

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0002808

PIN #: 0698643822

OP DATE: 1010111987

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.)

01100

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

12/15

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map No. 806 Parcel No. 1(5) No. C 02808

Contractor: _____

Operation Permit []

Owner: Allen Cudding

Date: August 18, 1987

Location: Old Stage Rd → 1/4 mi past Red Springs Station Rd on R

Subdivision Name: Stagecoach Lot No. 65 Section or Block No. 2705 Stage Line Dr.

Sewage System

Repair [] Original Permit No. _____

Garbage Disposal Unit Yes [] No [X]

House [X] Mobile Home [] Business []

No. Bedrooms 3 Lot Area 30,005

Size of Tank 1000 gal.

Nitrification Line 2(3'x183') 1100 sq. ft.

Depth of Stone in Lines: 12" [X]

Riser and Baffle Required [X] Pump Required []

Improvement Permit

*Permit Void 36 months from date of issuance

*Permit Void if not in compliance with zoning regulations

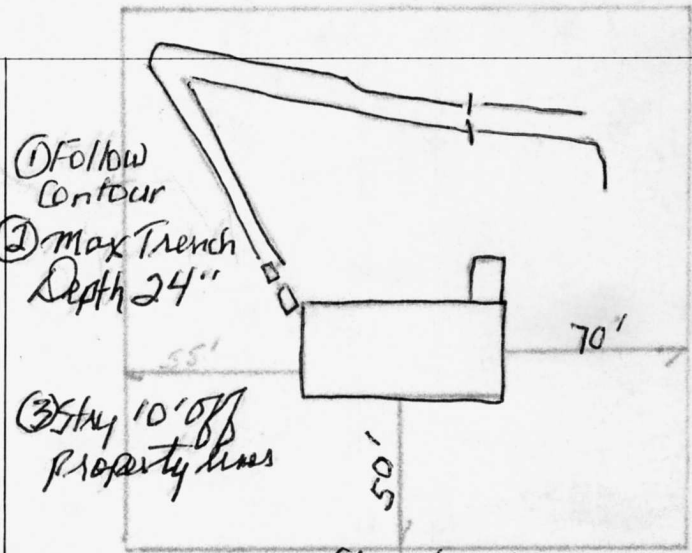
*Permit may be voided if site alterations made

Layout By: R.G. Fulcher, R.S.

Date 10/1/87

Installed By Kernegay

Approved By Robert G. Fulcher, R.S.



Well System

Individual [] Semi-Public [] Public [X]

New [] Replacement [] Repair []

Fee Paid Yes [] No []

Construction Compliance Yes No

Site Approved [] []

Well Head Approved [] []

Grouting Approved [] []

Date Inspected _____ Sanitarian _____

Final Inspection Yes No

Required Slab [] []

Chlorinated [] []

Required Certificate [] []

Variance (Explain) [] []

WCHD I.D. Affixed [] []

Sample Collected [] []

**Well permit void 12 months from issuance date

Bacteriological Results

Initial Sample: _____ Date: _____

*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**

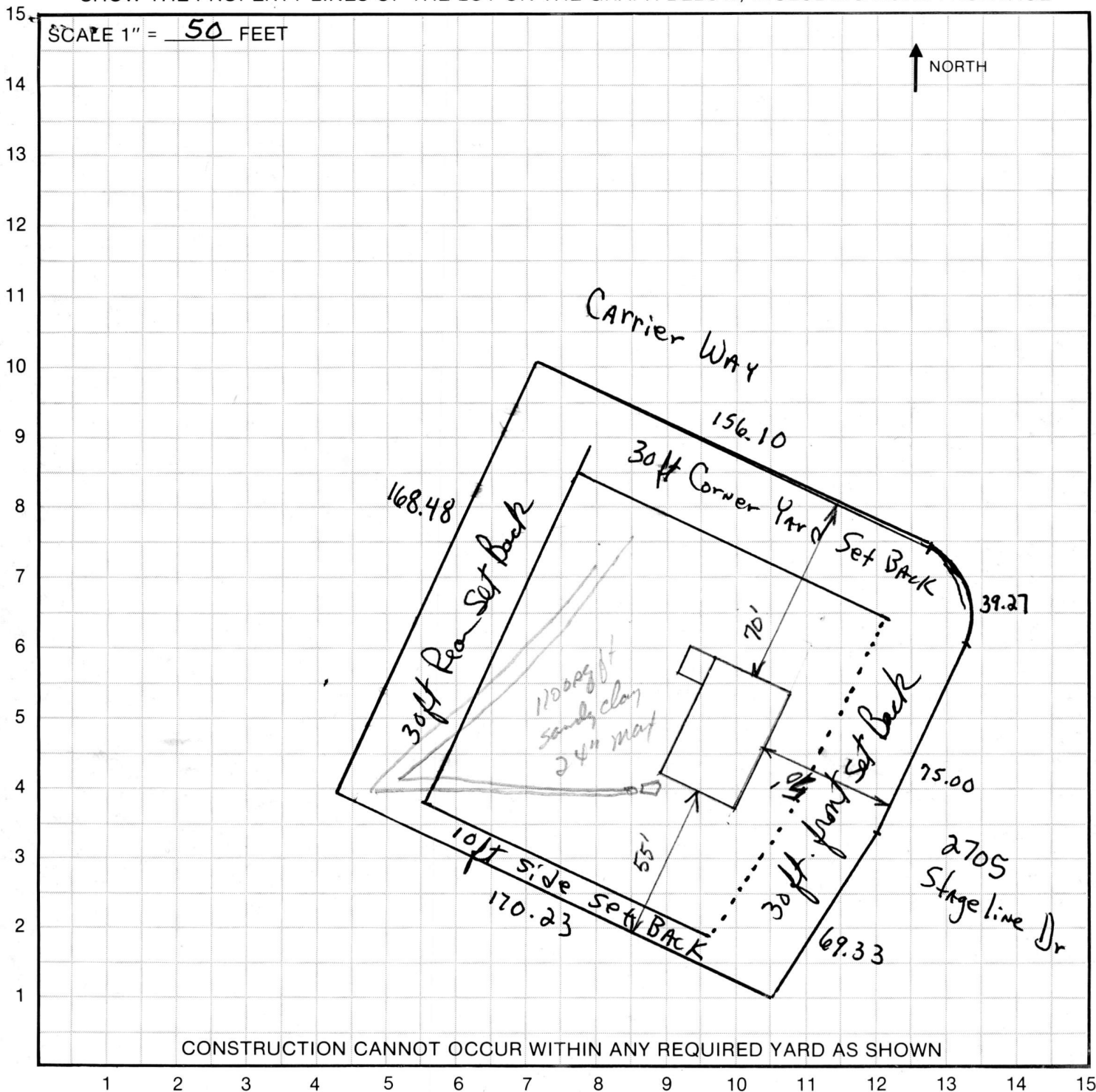
Well Installed By: _____

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.

SITE PLAN

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



OFFICE USE ONLY

Comments: 1987 Page 1018

Applicant Alton Wayne Cuddington Tax Map 806 Parcel 1 Jurisdiction Wake
 Building Permit # _____ Date _____ Zoning Approval By _____
 Improvement Permit # C02808 Date 8/18/87 Health Approval By P.G. Jukela R.S.

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.

White: Health Department

Yellow: Land Use & Permits

Pink: Issuing Agent

HEALTH DEPARTMENT