

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: C 0 1 7 1 8 8

PIN #: 1 8 3 2 1 0 4 3 3 6

OP DATE: 0 4 / 2 8 / 1 9 9 4

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.)

0 1 2 0 0

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

mc

1:00

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tracking # 940147 ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Tax Map No. 182 Parcel No. 77

0940147

Improvement Permit

Well Permit No. C 17188

Zoning Wake Township New Light

Operation Permit []

Owner/Contractor: Dennis Lyons

Date: 7-29-93

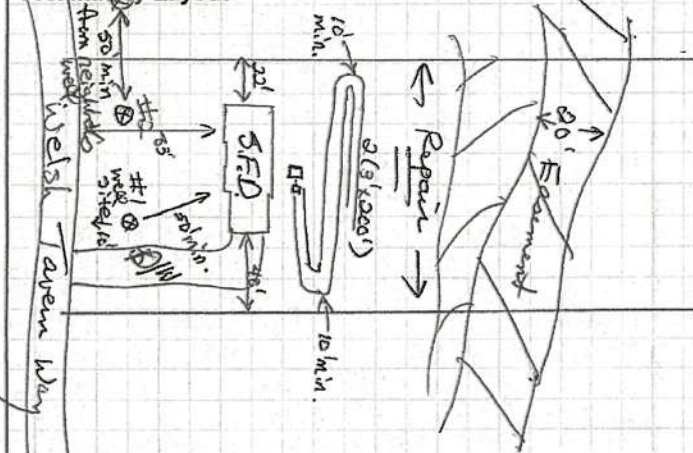
Location/Address: (2405 Welsh Tavern Way) 98W, (R) Thompson Mill, (L) S/D, lot on it. S.R. # 1923

Subdivision Name: Chauncey at Twin Cedars

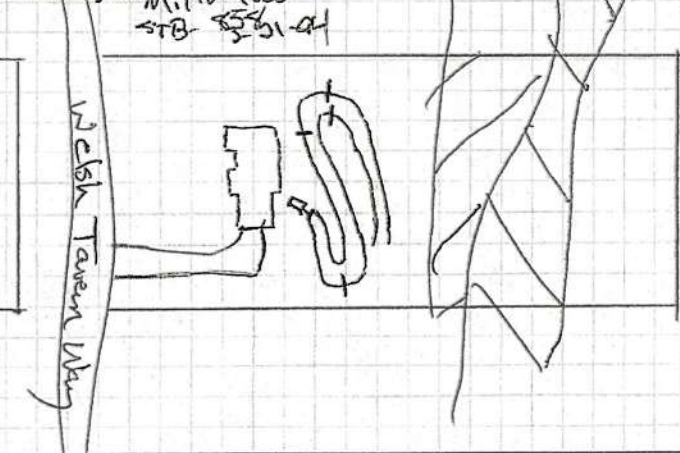
Lot No. 6

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 1.14

Size of Tank 1000 gal.

*Comments: Keep system shallow, hold system up high on hill, away from bottom near back of lot.

Date: 4-28-94

Installed By: JOEL POWELL

Approved By: Terry D. Chappell R.S.

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

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

4-28-94
Date Inspected

U. P. O. R.S.
Sanitarian

Bacteriological Results

Initial Sample: Neg Date: 6-10-94

* 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) [] []

WCHD I.D. Affixed #2461 [x] []

Sample Collected [x] []

Comments:

Well Installed By: ESTES

6-13-94
Date System Finalized

U. P. O. R.S.
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

