

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0008691

PIN #: 0685610323

OP DATE: 0812311989

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.)

01000

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

04

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

685 61 0323

Tax Map No. 887 Parcel No. 67 No. C 08691

Contractor: Stan Blalock

Operation Permit []

Owner: W.C. Lipscomb

Date: Aug 15, 1989

Location/Address: 13816 LABARON DR

Subdivision Name: Black Creek

S.R. # 2759
Lot No. 84 Section or Block No. 4

Zoning: _____ Township: _____

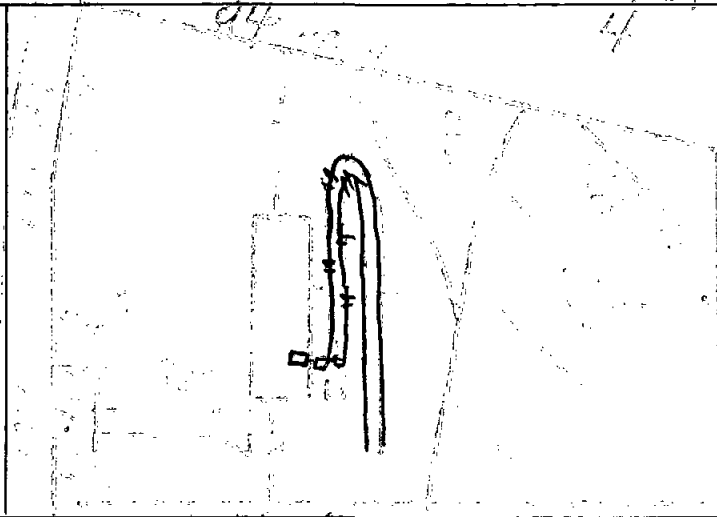
Sewage System

Repair [] Original Permit No. _____
Garbage Disposal Unit Yes [] No [X]
House [] Mobile Home [X] Business []
No. Bedrooms 3 Lot Area 1.289
Size of Tank 1000 gal.
Nitrification Line 2 (3' x 167') 1000 sq. ft.
Depth of Stone: 12" [X] Max. Depth of Trenches: 26 in.
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: CHERYL A BOND



August 23, 1989
Date

Larry + Randy Jones
Installed By

Approved By CHERYL A BOND

Well System

Individual [X] Semi-Public [] Public []
New [X] Replacement [] Repair []
Fee Paid Yes [X] No []
Construction Compliance Yes [X] No []
Site Approved [X] []
Well Head Approved [X] []
Grouting Approved [X] []
6-28-89
Date Inspected

Sanitarian

Final Inspection Yes [] No []
Required Slab [] []
Chlorinated [] []
Required Certificate [] []
Variance (Explain) [] []
WCHD I.D. Affixed [] []
Sample Collected [] []

**Well permit void 36 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: Scott P. [Signature]

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.