

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0017200

PIN #: 0799811754

OP DATE: 0911311993

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.)

00300

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

DN

799 81 1754 - (3:30) (4:00)

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Tracking # 940460

Tax Map No. 259 Parcel No. 181

Improvement Permit

Well Permit No. C 17200

Zoning Wake Township Barton's Creek

Operation Permit []

Owner/Contractor: Glenn Kennedy

Date: 8-19-93

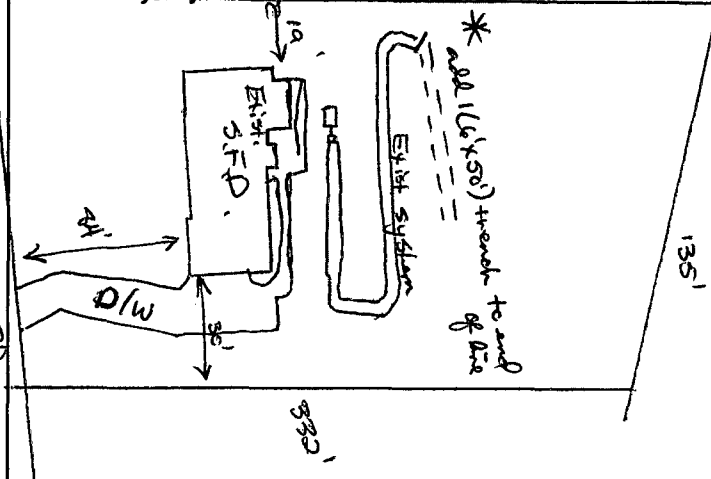
Location/Address: (10313 Whitestone Rd) Six Forks Rd N, (L) Stonebridge,
(L) Longford, (R) Emeraldwood (R) Brookfield, (R) Whitestone S.R. # 1005
Lot on Left.

Subdivision Name: Stonebridge

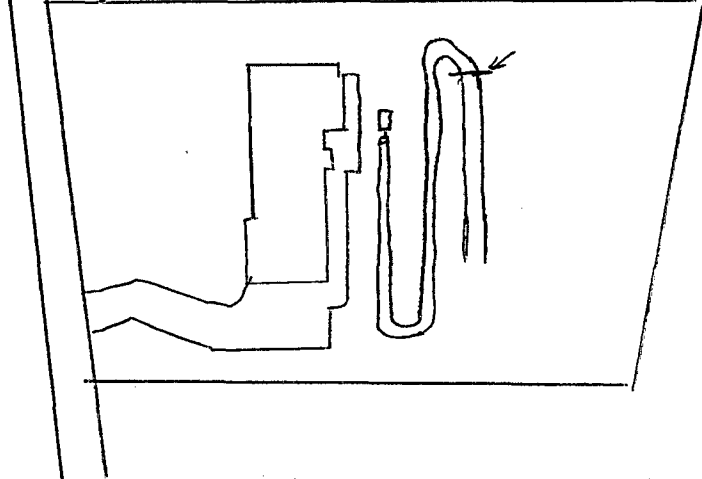
Lot No. 265

Section or Block No.

Preliminary Layout



Final Layout



Sewage System Specifications

Repair [X] Original Permit No. B 20242

Garbage Disposal Unit Yes [] No []

House [X] Mobile Home [] Business []

No. of Bedrooms 1BR add Lot Area 40,000 ft²

Size of Tank existing gal.

Comments: add 16' x 50' trench to end of existing lines

Nitrification Line 300 ft² 16' x 50' sq. ft.

Depth of Stone: 12" [X] Max Depth of Trenches: 30 in.

Riser and Baffle Required [X] 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: Terry D. Chappell R.S.

Date: 9-13-93

Installed By: Otto Lyons

Approved By: Terry D. Chappell R.S.

Well System
Individual [] Semi-Public [] Public [X]
New [] Replacement [] Repair []
Fee Paid: Yes [] No []
Construction Compliance
Site Approved [] No []
Well Head Approved []
Grouting Approved []

Bacteriological Results
Date Inspected _____ Sanitarian _____
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