

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: C 0 0 8 9 4 7

PIN #: 1 7 8 5 9 5 3 7 6 2

OP DATE: 0 3 / 1 3 / 1 9 9 0

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 0 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

TW

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map No. 447 Parcel No. 86

No. C/ 08947

Contractor: _____

Operation Permit []

Owner: Charles Driver

Date: 12/1/89

Location/Address: 1628 Colston Crossing

S.R. # 2368

Subdivision Name: Bassett Ridge

Lot No. 7

Section or Block No. _____

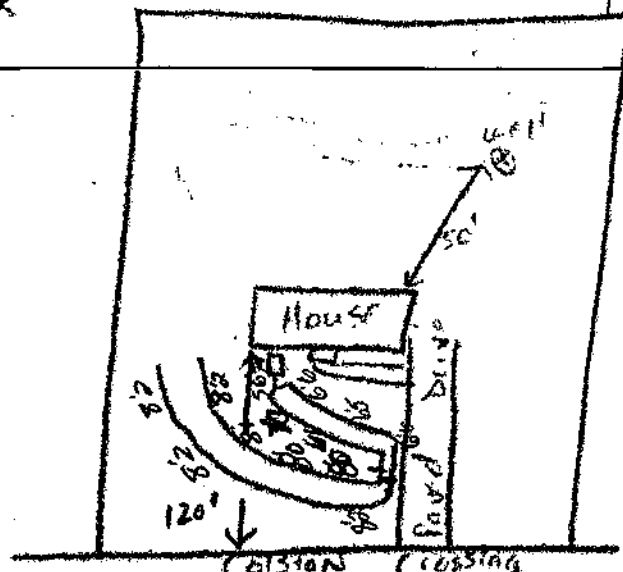
Zoning: R-80 WAKE Township: Marks Creek

Sewage System

Repair [] Original Permit No. _____
 Garbage Disposal Unit Yes [] No [X]
 House [X] Mobile Home [] Business []
 No. Bedrooms 3 Lot Area 1.26 AC
 Size of Tank 1000 gal.
 Nitrification Line (2) 167' X 3' sq. ft.
 Depth of Stone: 12" [] Max. Depth of Trenches: 24 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: H. B. Phillips R.S.



Date: 3/13/90

Installed By: Eddie Driver

Approved By: H. B. Phillips R.S.

Septic Only 3/13/90

Well System

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

Date Inspected: 2/22/90

Sanitarian: Wanda Lusby Jr.

Final Inspection Yes [] No []
 Required Slab [X] []
 Chlorinated [X] []
 Required Certificate [] []
 Variance (Explain) [] []
 WCHD I.D. Affixed # 1814 [X] []
 Sample Collected [X] []

**Well permit void 36 months from issuance date

Bacteriological Results

Initial Sample: NES. Date: 4-30-90
 *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: WATKINS WELL

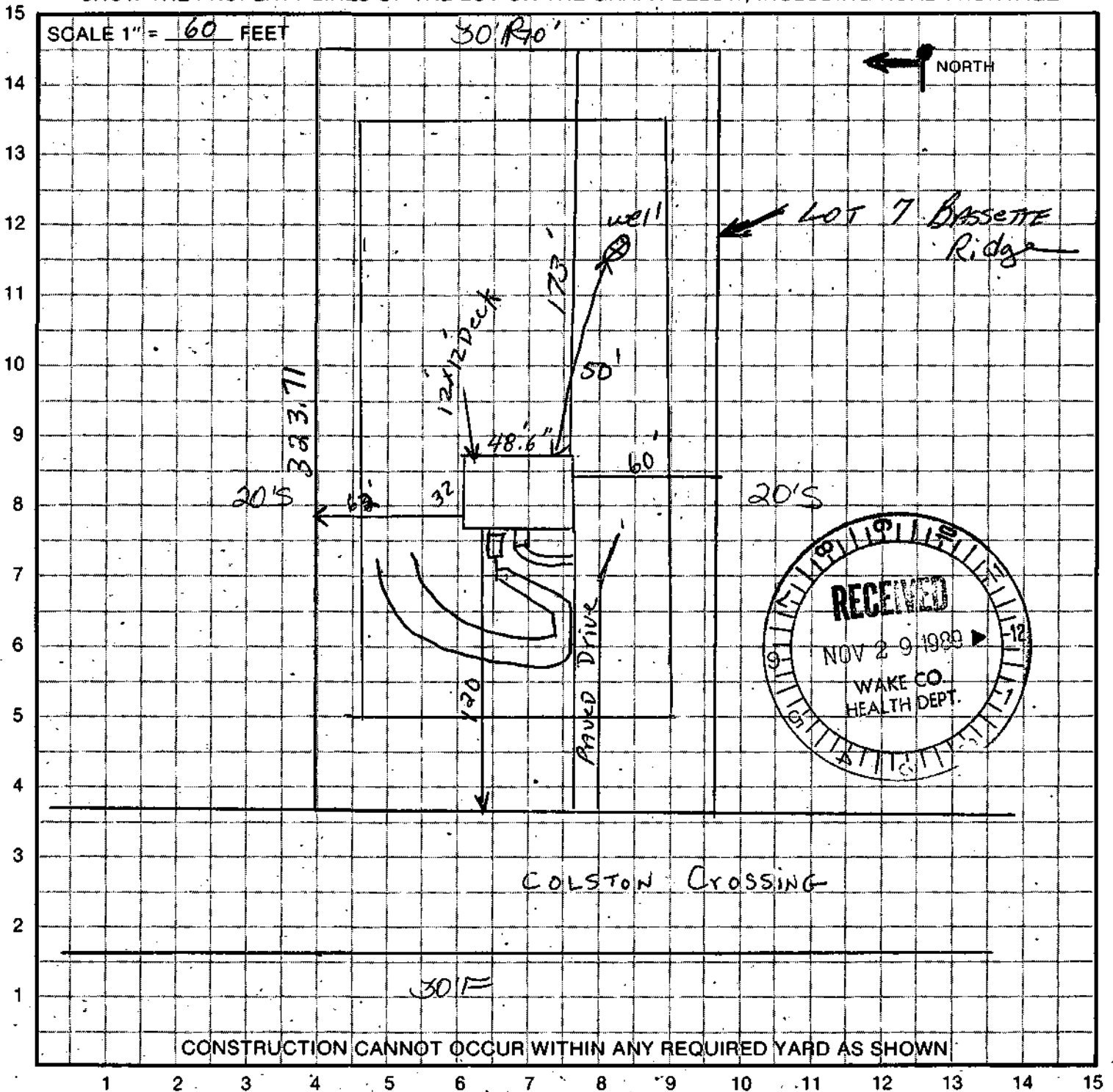
Date System Finalized: 5-2-90

Sanitarian: Wanda Lusby Jr.

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: _____

Applicant _____ Tax Map 447 Parcel 20 Jurisdiction Wake

Building Permit # _____ Date _____ Zoning Approval By _____

Improvement Permit # C-08947 Date 12/1/89 Health Approval By H. B. Phillips R.S.

AS NEEDED

Lot Area 80,000 Sq. Ft. Lot Width 150 Ft. Corner Yard Setback 30 Ft.

Side Yard Setback 20 Ft. Rear Yard Setback 30 Ft. Front Yard Setback 40 Ft.

White: Health Department

*Yellow: Land Use & Permits

Pink: Issuing Agent

HEALTH DEPARTMENT HL



WAKARUSA
COUNTY
INDIANA