

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: **C 0 1 1 1 8 8**

PIN #: **0 7 7 1 5 7 0 7 6 2**

OP DATE: **0 1 / 2 2 / 1 9 9 1**

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

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

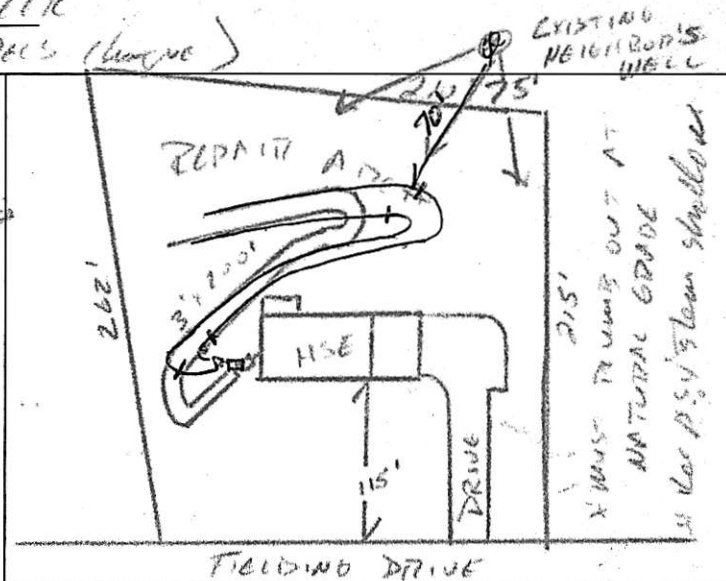
Tax Map No. 652 Parcel No. 134 No. C 11188
 Contractor: _____ Operation Permit []
 Owner: RUDNEY CAMPBELL Date: 7-5-90
 Location/Address: 5005 FIELDING DR % HULL/1 SPRINGS RL SOUTH
from MAULDEN A, TL into SID on PI side S.R. # 1152
 Subdivision Name: MEADOW RIDGE Lot No. 41 Section or Block No. _____
 Zoning: WAKE Township: SWIFT CREEK
 (Permit - VOID if SITE PLAN SPEC (change))

Sewage System

Repair [] Original Permit No. _____
 Garbage Disposal Unit Yes [] No [X]
 House [] Mobile Home [] Business []
 No. Bedrooms 4 Lot Area 40,000
 Size of Tank 1200 gal.
 Nitrification Line 1200 213 x 700 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: Don Wilson



Date 1-22-91

Installed By Don Wilson

Approved By W. Don Brown RS

Well System

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

Date Inspected	Sanitarian	
	Yes	No
Final Inspection	[]	[]
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: _____

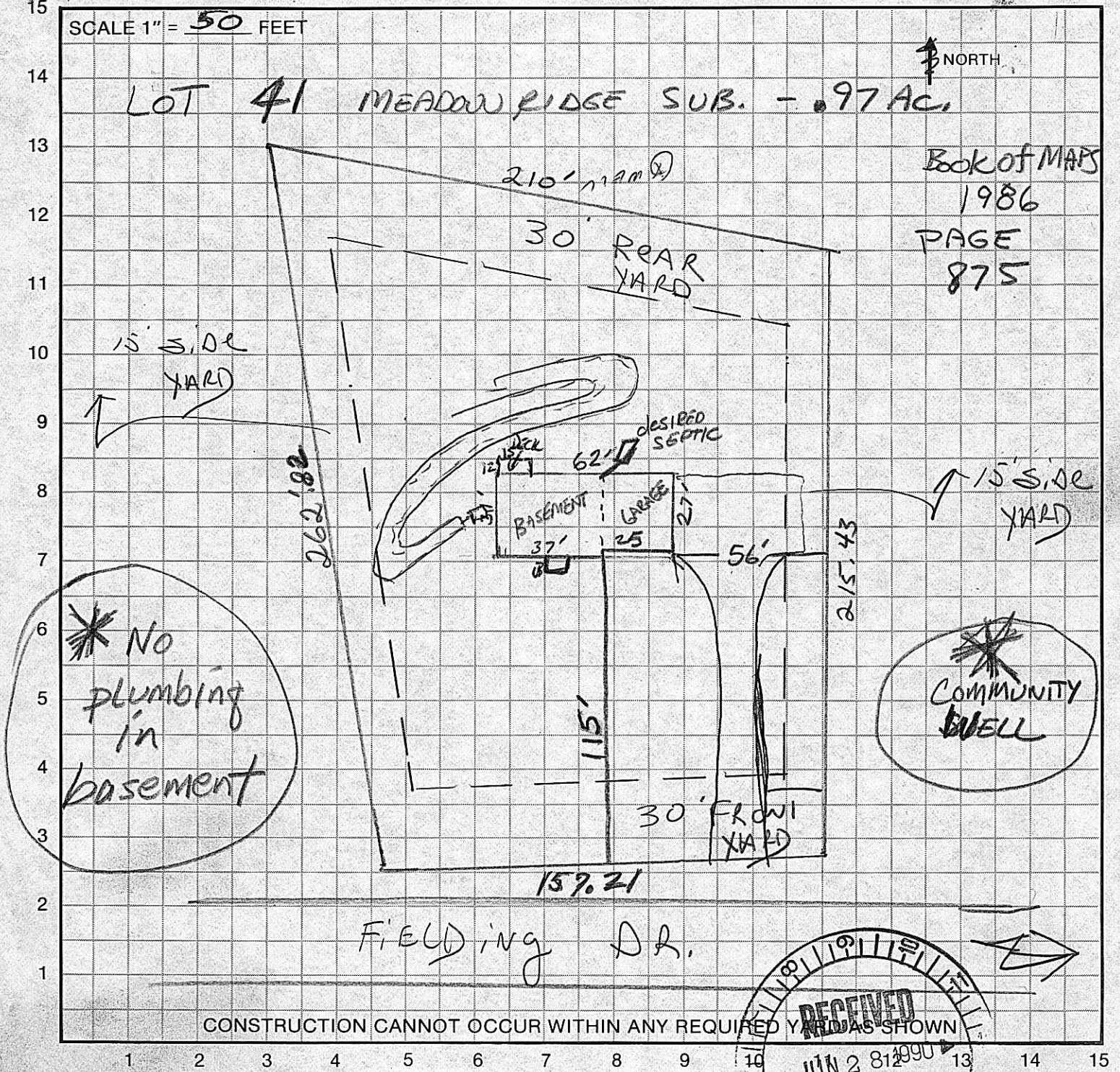
Date System Finalized _____

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:

Applicant _____ Tax Map 652 Parcel 134 Jurisdiction Wake
 Building Permit # _____ Date _____ Zoning Approval By _____
 Improvement Permit # C-11188 Date 7-5-90 Health Approval By _____

AS NEEDED

Lot Area 10,000 Sq. Ft. Lot Width 110 Ft. Corner Yard Setback _____ Ft.
 Side Yard Setback 15 Ft. Rear Yard Setback 30 Ft. Front Yard Setback 30 Ft.

White: Health Department

Yellow: Land Use & Permits

Pink: Issuing Agent

HEALTH DEPARTMENT