

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0023564

PIN #: 0789595968

OP DATE: 1112511996

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.)

01371

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

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Pin # 0880.04506524 Project # 0952861

Tax Map No. _____ Parcel No. _____

Zoning Wake Township Leesville

Owner/Contractor: Kathryn Beam

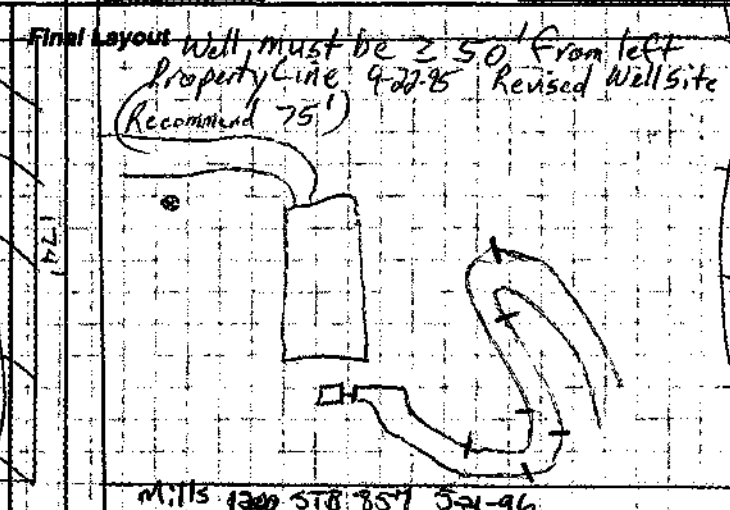
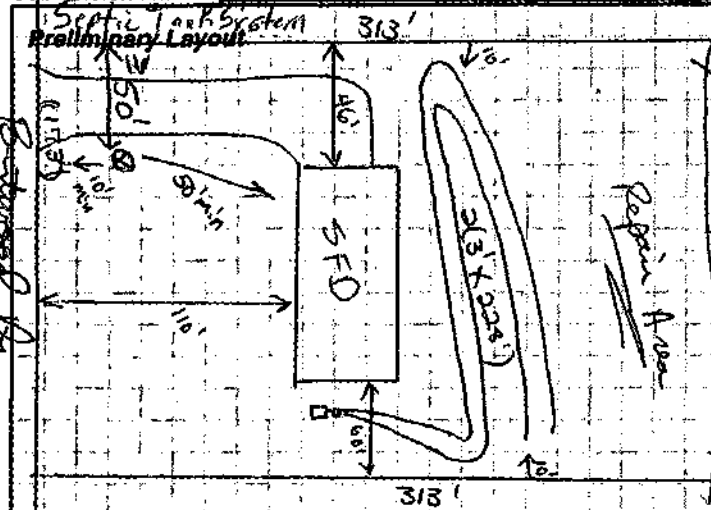
Location/Address: (4605 Bartwood Dr.) 98 W (L) Old Creedman, Straighton

Carpenter Pond Rd (L) Swisswood, (R) Bartwood, near end on it S.R. # 1901

Subdivision Name: Hunter Hills

Lot No. 105

Section or Block No. _____



Sewage System Specifications

Repair [] Original Permit No. _____

Garbage Disposal Unit Yes [] No []

House [x] Mobile Home [] Business []

No. of Bedrooms 4 Lot Area 1.25

Size of Tank 1200 gal.

Comments: Keep system at 24" MAX TRENCH DEPTH!! Keep well 50' min. from House & 10' from prop. line.

Date: 11-25-96 Installed By: J. Powell

Nitrification Line 1371/4" 2(3x228') sq. ft.

Depth of Stone: 12" [x] Max Depth of Trenches: 24 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. Chapell

Well System		
Individual [x]	Semi-Public []	Public []
New [x]	Replacement []	Repair []
Fee Paid: Yes [x]	No []	
Construction Compliance		
Site Approved [x]	Yes [x]	No []
Well Head Approved [x]		
Grouting Approved [x]		
Date Inspected: <u>11-20-96</u> Sanitarian: <u>Ralph M. Donald, R.S.</u>		

Bacteriological Results		
Initial Sample: <u>Pos</u>	Date: <u>12-22-96</u>	
* Re-Sample #1 <u>Neg</u>	Date: <u>1-4-97</u>	
* Re-Sample #2 <u>Neg</u>	Date: _____	
* Re-chlorination as required [] Yes [] No		
* Fees for all resamples		
All checks payable to: <u>Wake County Health Department</u>		

Final Inspection		Yes	No
Required Slab	[x]	[]	
Chlorinated	[x]	[]	
Required Certificate	[]	[]	
Variance (Explain) <u>2036</u>	[]	[]	
WCHD I.D. Affixed <u>2330</u>	[x]	[]	
Sample Collected	[x]	[]	
Comments: _____			

Well Installed By: <u>Joel Powell</u>	
Date System Finalized: <u>1-7-97</u>	Sanitarian: <u>[Signature]</u>

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

3002.017 - 5/14/93