

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0036803

PIN #: 1810802412

OP DATE: 0412211986

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.)

01200
See Also COZ 892

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

MJ
4/22/15

WAKE COUNTY HEALTH DEPARTMENT SEPTIC TANK LAYOUT AND PERMIT

TAX MAP NO. 243 PARCEL NO. 1(CS)

PERMIT NO. B
OPERATION PERMIT ☐

36803

CONTRACTOR Doug Arroy Bldrs

B.C.

OWNER _____

DATE 4-10-86

LOCATION 14025 Bingham

1810 80 2412

S. R. NO. 2002

SUBDIVISION NAME Hunters Landing

LOT NO. 35

SECTION OR BLOCK NO. _____

REPAIR ☐ ORIGINAL PERMIT NO. _____

GARBAGE DISPOSAL UNIT YES ☐ NO ☒

HOUSE ☒ MOBILE HOME ☐ BUSINESS ☐

NO. BEDROOMS 4 LOT AREA 40,000+

SIZE OF TANK _____ 1200 gal.

NITRIFICATION LINE 2(700x3) 1200 sq. ft.

DEPTH OF STONE IN LINES: 12" ☒

RISER AND BAFFLE REQUIRED ☒ PUMP REQUIRED ☐

WATER SUPPLY: INDIVIDUAL ☐ PUBLIC ☒ OTHER ☐

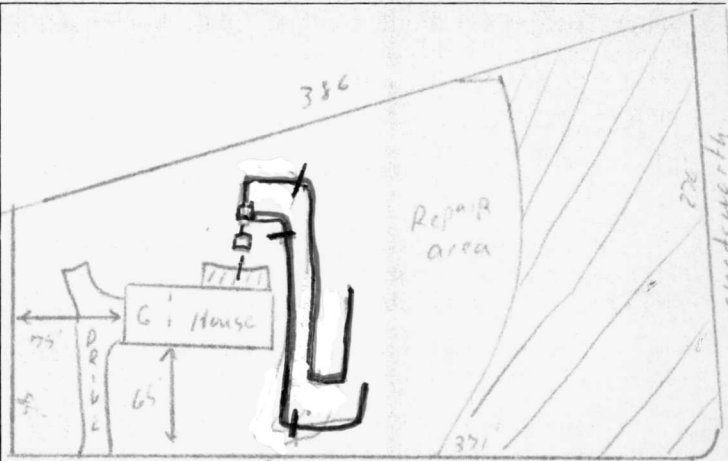
* PERMIT VOID 36 MONTHS FROM DATE OF ISSUANCE.

* PERMIT VOID IF NOT IN COMPLIANCE WITH ZONING REGULATIONS

* PERMIT MAY BE VOIDED IF SITE ALTERATIONS MADE

LAYOUT BY

Michael G. Bennett



Bingham

4-22-86

DATE

Woody Wilson

INSTALLED BY

Michael G. Bennett

APPROVED BY

Bartons Creek

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

02892

Tax Map No. 243 Parcel No. 164

No. C

Contractor: MC Jones

Operation Permit []

Owner: 14025 Bingham

Date: 9/11/87

Location: Hunters Landing

Subdivision Name: Hunters Landing Lot No. 35 Section or Block No.

Sewage System

Repair [] Original Permit No.

Garbage Disposal Unit Yes [] No []

House [X] Mobile Home [] Business []

No. Bedrooms 4 Lot Area 40,000

Size of Tank 1200 gal.

Nitrification Line 1200 sq. ft.

Depth of Stone in Lines: 12" [X]

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:

permission to add
bedroom to house - one
of existing bedrooms will
be converted to actively
room
septic tank appears to be
functioning properly

9/11/87

Date

Installed By

Reinspection

Approved By

Dee W. Worden

Well System

Individual [] Semi-Public [] Public [X]

New [] Replacement [] Repair []

Fee Paid Yes [] No []

Construction Compliance Yes No

Site Approved [] []

Well Head Approved [] []

Grouting Approved [] []

Date Inspected

Sanitarian

Final Inspection Yes No

Required Slab [] []

Chlorinated [] []

Required Certificate [] []

Variance (Explain) [] []

WCHD I.D. Affixed [] []

Sample Collected [] []

**Well permit void 12 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.