Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: C 0 0 7 5 5 2 PIN #: 1 7 8 3 0 1 1 9 2 5

OP DATE: 0 3 1 1 5 1 1 9 8 9

SYSTEM USE:
- [x] House
- [ ] Mobile Home
- [ ] Business
- [ ] Other

SEWAGE TYPE:
- [x] Domestic
- [ ] Industrial

PUMP/SIPHON?:
- [ ] Yes
- [x] No

PRESSURE MANIFOLD:
- [ ] Yes
- [x] No

SYSTEM TYPE:
- [ ] I
- [x] II
- [ ] III
- [ ] IV
- [ ] V
- [ ] VI
- [ ] Other

SUB TYPE:
- [x] A
- [ ] B
- [ ] C
- [ ] D
- [ ] E
- [ ] F
- [ ] G

NBR BEDROOMS:
- [ ] 1
- [ ] 2
- [x] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] Other

MAINT. SCHEDULE:
- [ ] Yes
- [x] No

CERT. OPERATOR
- [ ] Yes
- [x] 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 0 9 0 0 *

DRAIN TYPE:
- [x] 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
- [x] Other

STONE DEPTH (IN.):
- [ ] 8 in. or less
- [ ] 12 in. or less
- [ ] 18 in. or less
- [ ] 24 in. or less
- [x] Other

TRENCHES:
- [x] Individual
- [ ] Bed

TRENCH WIDTH (IN.):
- [ ] 12 in. or less
- [ ] 18 in.
- [ ] 24 in.
- [ ] 36 in.
- [ ] 6 ft. or less
- [ ] 9 ft. or less
- [x] Other

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map. No. 589 Parcel No. 30 No. C 07552

Contractor: LONNY HARDING Operation Permit [ ]

Owner: DAVID SPAIN Date: 2-15-89

Location/Address: 2009 EAGLE ROCK RD.

S.R. #

Subdivision Name: Lot No. Section or Block No.

Zoning: WAKE Township: MARKS CR. SEPTIC TANK VERIFICATION FOR ADDITION APPROVED.

Tax Map No. 589

Parcel No. 30

Sewage System

Repair [ ] Original Permit No.

Garbage Disposal Unit Yes [ ] No [ ]

House [ ] Mobile Home [ ] Business [ ]

No. Bedrooms 3 Lot Area 1 Ac.

Size of Tank 900 EST gal.

Nitrification Line 130' x 6' 900 EST sq. ft.

Depth of Stone: 12" [ ] Max. Depth of Trenches: In.

Riser and Baffle Required [ ] Pump Required [ ]

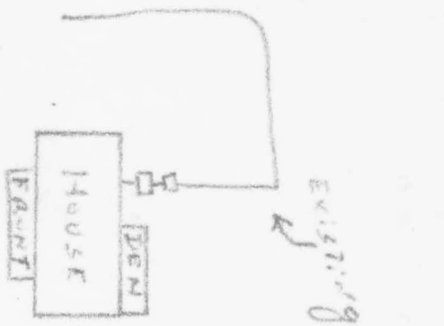
Improvement Permit EXISTING SYSTEM

*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: EXISTING



3-15-89 EXISTING Rori Dudley

Date Installed By Approved By

Well System

Individual [ ] Semi-Public [ ] Public [ ]

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 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:

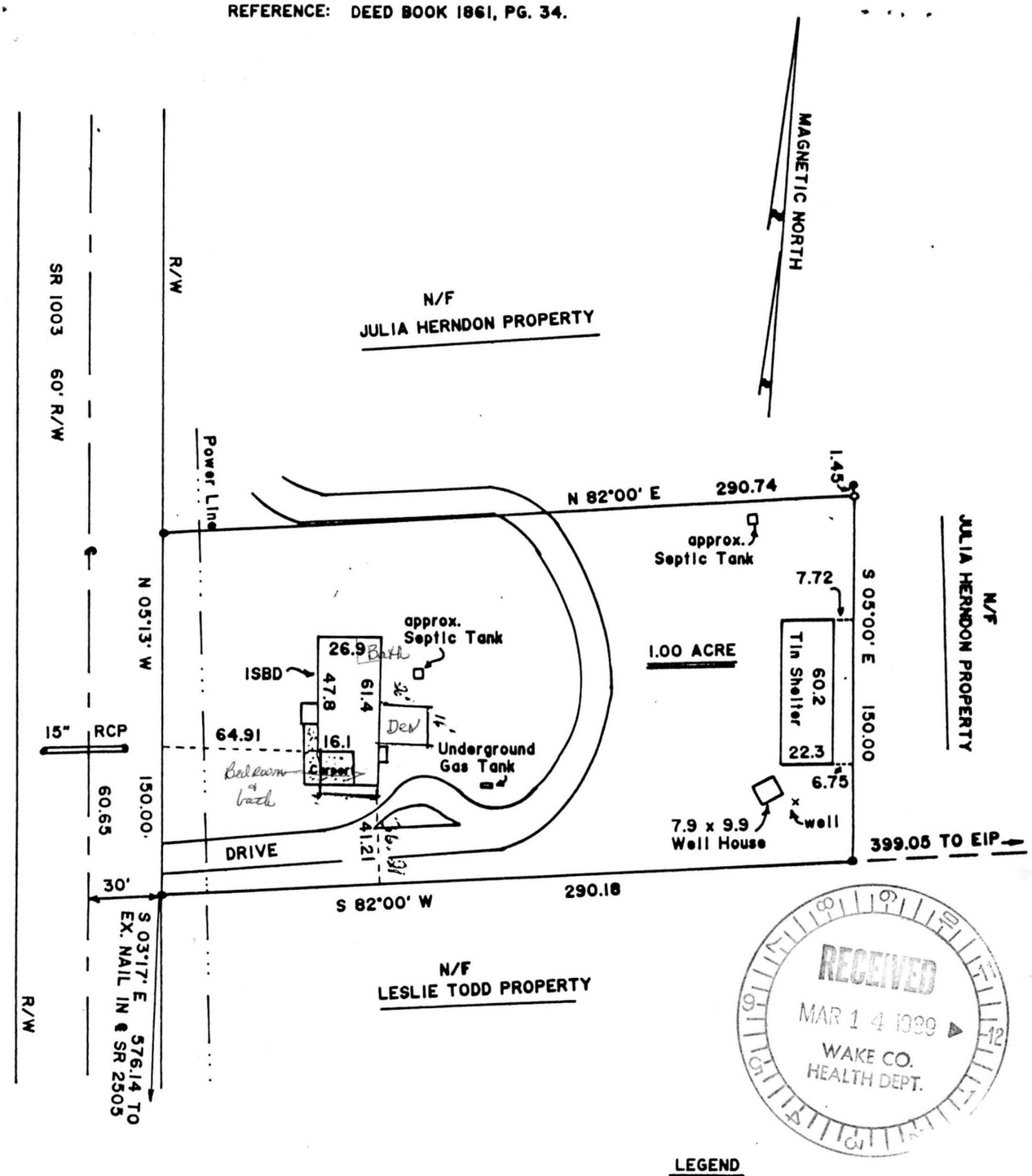
Date System Finalized Sanitarian

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.

OGD—50909

COPY TO HEALTH DEPARTMENT

REFERENCE: DEED BOOK 1861, PG. 34.



RECEIVED
MAR 14 1989
WAKE CO.
HEALTH DEPT.

LEGEND

- ● EXISTING IRON PIPE
- o NEW IRON PIPE

60 30 0 60 120

SCALE IN FEET

[redacted]

SEAL

HOUSE LOCATION FOR
DAVID N. SPAIN & WIFE
SHELBY V. SPAIN
MARKS CREEK TOWNSHIP
WAKE COUNTY
NORTH CAROLINA

I, ROBERT G. WILLIAMS, certify that under my direction and supervision this map was drawn from an actual field survey; that the error of closure of the survey as calculated by latitudes and departures is 1: 10,000 ; that this map was prepared in accordance with G.S. 47-30 as amended.

Witness my hand and seal this 10 day of MARCH, 1989.

R.L.S. L-1417 Robert G Williams

Sworn to and subscribed before me this 10 day of MARCH, 1989.

My Commission expires: 3-17-92 Eugenia K Williams
NOTARY PUBLIC

ROBERT G. WILLIAMS
REGISTERED LAND SURVEYOR
ZEBULON, NORTH CAROLINA
Telephone: 269-5700

DRAWN BY: GLA & ELW
CHECKED BY: RGW
DATE: 3-10-89
SCALE: 1"=60'
Field Book:

N18062

SOUTHERN PHOTO - GREENSBORO

Redaction Log

Reason	Page (# of occurrences)	Description
no reason	**3** (1)	---