

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: **C 0 0 5 1 1 7**

PIN #: **1 7 6 6 3 0 5 1 5 3**

OP DATE: **0 1 / 0 6 / 1 9 8 9**

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

11:00 4pm

Tax Map No. 444 Parcel No. 17(5) No. C 05117

Contractor: _____ Operation Permit []

Owner: Ricky D. Moringo Date: 6-27-88

Location/Address: 64E, L on 1003, L into Foxpaw

Subdivision Name: Foxpaw Lot No. 12 Section or Block No. _____

Zoning: Link R-30 Township: Marks Creek

S.R. # 1003

Sewage System

Repair [] Original Permit No. _____

Garbage Disposal Unit Yes [] No [☒]

House [] Mobile Home [] Business []

No. Bedrooms 3 Lot Area 30,000 ft²

Size of Tank 116 1000 gal.

Nitrification Line 2600 x 3' sq. ft.

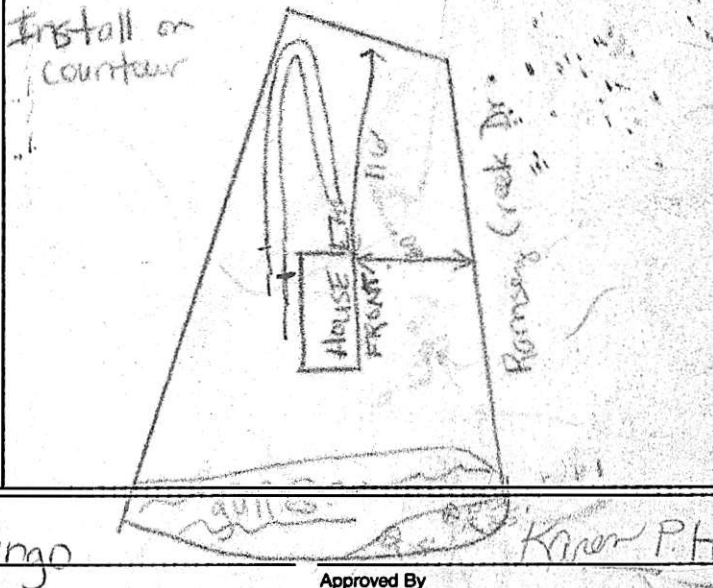
Depth of Stone: 12" [☒] Max. Depth of Trenches: 24 in.

Riser and Baffle Required [☒] 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: Kirren P. Hight R.S.



Date 1-6-89 Installed By Billy Moringo Approved By Kirren P. Hight

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 9-28-88 Sanitarian W. P. D. R.S.

	Yes	No
Final Inspection	☒	☐
Required Slab	☒	☐
Chlorinated	☒	☐
Required Certificate	☐	☐
Variance (Explain)	☐	☐
WCHD I.D. Affixed <u>#1451</u>	☒	☐
Sample Collected	☒	☐

**Well permit void 36 months from issuance date

Bacteriological Results

Initial Sample: NEG. Date: 9-25-88

*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**

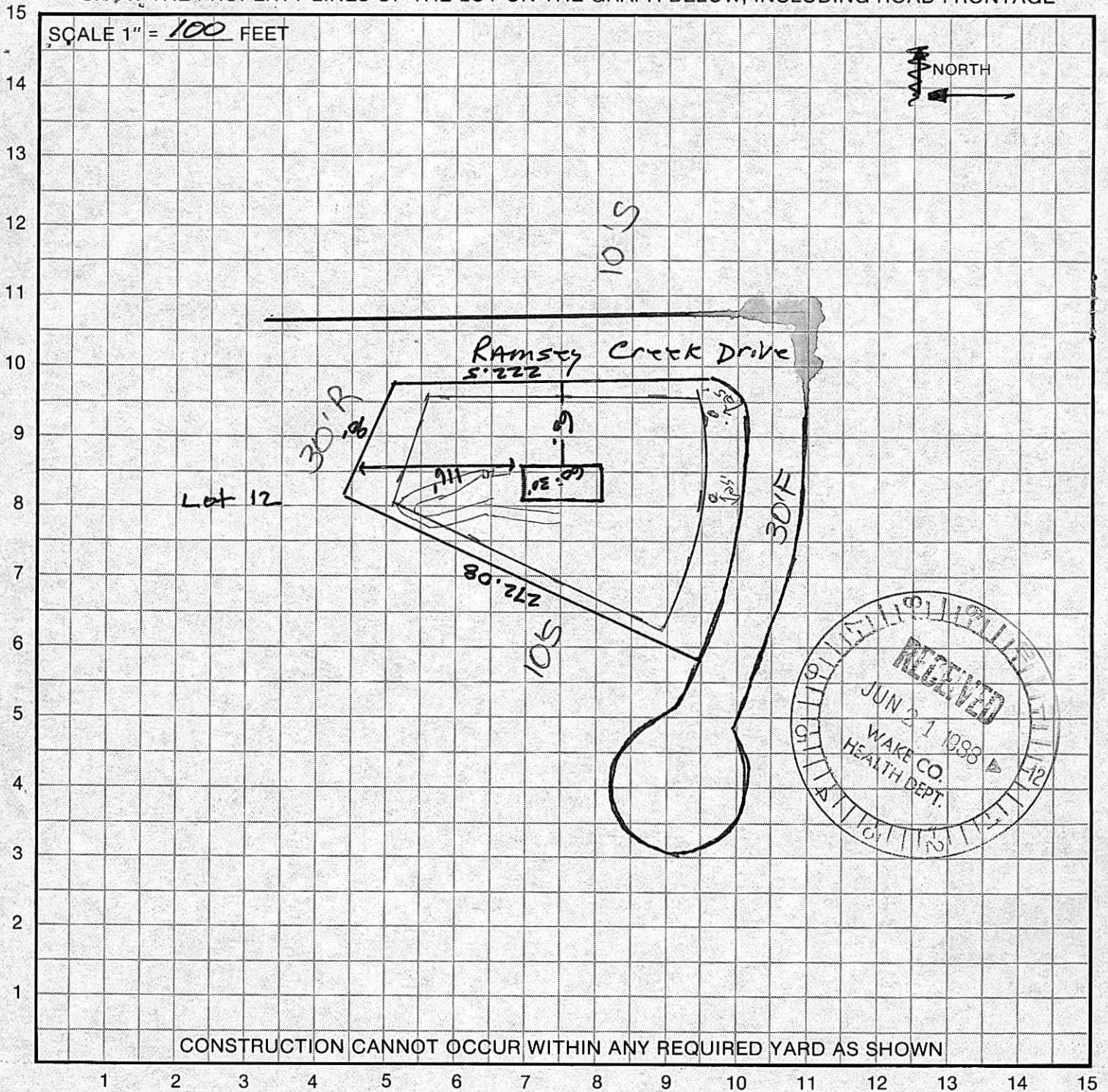
Well Installed By: J.R.'S WELL DRILLING

Date System Finalized 9-27-89 Sanitarian W. P. D. R.S.

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 444 Parcel 175 Jurisdiction Wake
 Building Permit # _____ Date _____ Zoning Approval By _____
 Improvement Permit # 605117 Date 4-27-88 Health Approval By Kenneth P. Hight, R.S.

AS NEEDED

Lot Area 30,000 Sq. Ft. Lot Width 100 Ft. Corner Yard Setback 30 Ft.
 Side Yard Setback 10 Ft. Rear Yard Setback 30 Ft. Front Yard Setback 30 Ft.

White: Health Department

*Yellow: Land Use & Permits

Pink: Issuing Agent

HEALTH DEPARTMENT