

Environmental Services - Water Quality  
Onsite Wastewater Scan Data Entry Form

PERMIT #: C 0 1 0 7 7 0

PIN #: 1 8 0 0 3 2 6 2 8 8

OP DATE: 1 2 1 2 7 1 1 9 9 0

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             |
|-------------------------------------|-------------------------------------|-------------------------------------|------------------|
| <input type="checkbox"/>            | <input type="checkbox"/>            |                                     | 750              |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 900              |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 1,000            |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 1,200            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 1,500            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 1,800            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 2,100            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 2,500            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 3,000            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 4,000            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 5,000            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 8,000            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 10,000           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Other            |
| <input checked="" type="checkbox"/> |                                     | <input type="checkbox"/>            | 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

SCR

10130

# WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map No. 226 Parcel No. 87

Improvement Permit 10770  
Well Permit No. C

Contractor: \_\_\_\_\_  
Owner: Raleigh Federal Savings Bank Date: Dec 18, 1990  
Operation Permit

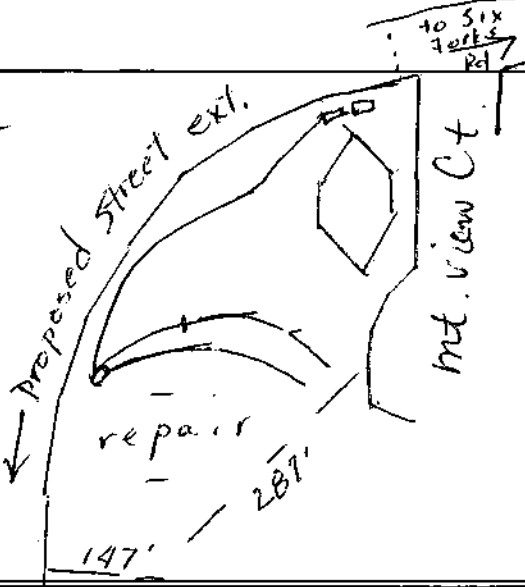
Location/Address: \_\_\_\_\_

Subdivision Name: Adam's Mountain Lot No. 5 Section or Block No. \_\_\_\_\_  
Zoning: Wake Township: Barton's Cr.

Tax Map No. 226  
Parcel No. 87

**Sewage System**  
 Repair  Original Permit No. \_\_\_\_\_  
 Garbage Disposal Unit Yes  No   
 House  Mobile Home  Business   
 No. Bedrooms 4 Lot Area 80,000  
 Size of Tank 1200 pump 1200 gal.  
 Nitrification Line 2 (3 x 200) 1200 sq. ft.  
 Depth of Stone: 12"  Max. Depth of Trenches: 28 in.  
 Riser and Baffle Required  Pump Required

Existing House  
lines d-box tanks approved 12-20-90 DRP 12-27



**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: D. Parnell Jr.

Date: 12-27-90 Installed By: Woody Wilson Approved By: Edward [Signature]

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

**Bacteriological Results**  
 Initial Sample: \_\_\_\_\_ Date: \_\_\_\_\_  
 \*Re-sample #1 \_\_\_\_\_ Date: \_\_\_\_\_  
 \*Re-sample #2 \_\_\_\_\_ Date: \_\_\_\_\_  
 Re-chlorination as required Yes  No   
 Comments: \_\_\_\_\_

Date Inspected \_\_\_\_\_ Sanitarian \_\_\_\_\_  
 Final Inspection Yes \_\_\_\_\_ No \_\_\_\_\_  
 Required Slab  [ ]  
 Chlorinated  [ ]  
 Required Certificate  [ ]  
 Variance (Explain)  [ ]  
 WCHD I.D. Affixed  [ ]  
 Sample Collected  [ ]

\*\$10.00 fee for all re-samples  
 All checks payable to: **Wake County Health Department**  
 Well Installed By: \_\_\_\_\_  
 Date System Finalized \_\_\_\_\_ Sanitarian \_\_\_\_\_

\*\*Well permit void 36 months from issuance date

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.