

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0013907

PIN #: 1810009103

OP DATE: 0911811992

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 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 checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Other
			None/NA GT or PT

DRAINFIELD SIZE(SQ. FT.)

01370

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.):

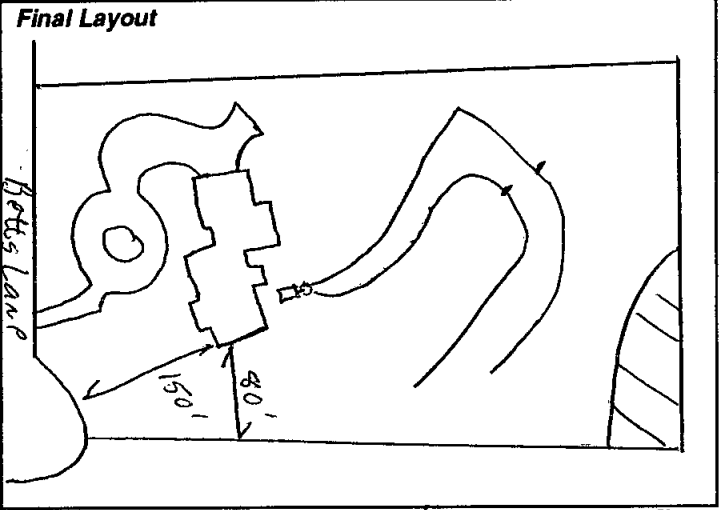
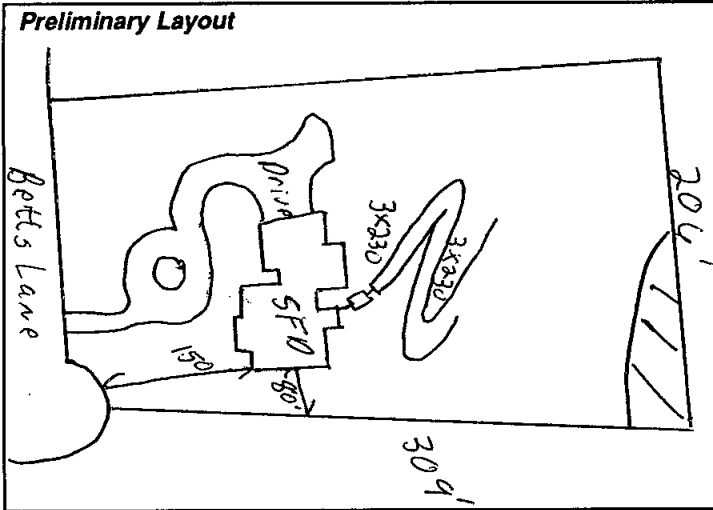
- 12 in. or less
- 18 in.
- 24 in.
- 36 in.
- 6 ft. or less
- 9 ft. or less
- Other

CP

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT
 ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Tax Map No. 227 Parcel No. 186 Improvement Permit
 Well Permit No. **C 13907**
 Zoning Wake Township Bartons Creek Operation Permit []
 Owner/Contractor: John D. Rock, Inc. Date: 2-19-92
 Location/Address: 17,108 Bettis Lane
SR 1005 Rt SR 2007 S.R. # 2002
 Subdivision Name: Swansmill Lot No. 20 Section or Block No. _____

Tax Map No. 227 Parcel No. 186



Sewage System Specifications

Repair [] Original Permit No. _____
 Garbage Disposal Unit Yes [] No [X]
 House [X] Mobile Home [] Business []
 No. of Bedrooms 4 Lot Area 1.84 ac
 Size of Tank 1700 gal.

Nitrification Line 2(3x230) 1370 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: Edward Jackson R.S.

* Comments: Stubout Plumbing - at Natural Ground Level, set Septic tank shallow, maximum trench depth 24 inches, install on contour

Date: 9-18-92 Installed By: M. Young Approved By: DR Darnell

Well System	
Individual []	Semi-Public []
New []	Replacement []
Fee Paid: Yes []	No []
Construction Compliance	
Site Approved	Yes [] No []
Well Head Approved	[] []
Grouting Approved	[] []
<u>MA</u>	
Bacteriological Results	
Initial Sample: _____	Date: _____
* Re-Sample #1 _____	Date: _____
* Re-Sample #2 _____	Date: _____
* Re-chlorination as required [] Yes [] No	
* Fees for all resamples	
All checks payable to: Wake County Health Department	

Final Inspection	Yes	No
Required Slab	[]	[]
Chlorinated	[]	[]
Required Certificate	[]	[]
Variance (Explain)	[]	[]
WCHD I.D. Affixed	[]	[]
Sample Collected	[]	[]
Comments: _____		
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.

COPY TO HEALTH DEPARTMENT