

Environmental Services - Water Quality  
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0012846

PIN #: 1719005935

OP DATE: 0712111992

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

DRAINFIELD SIZE(SQ. FT.)

00450 ADD

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

CH

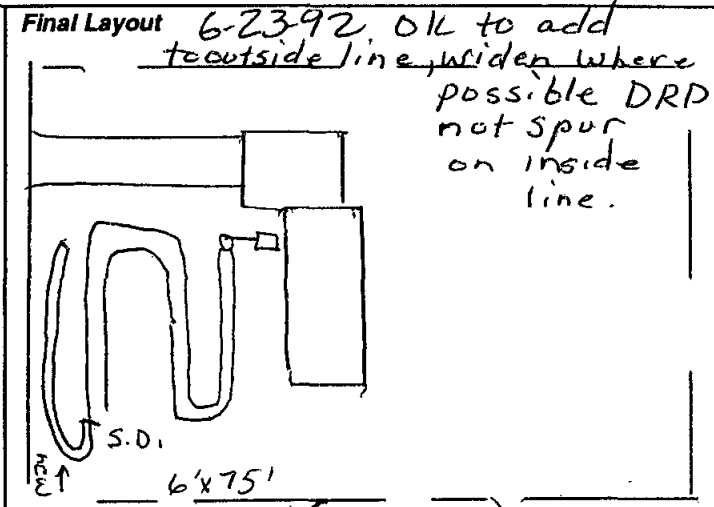
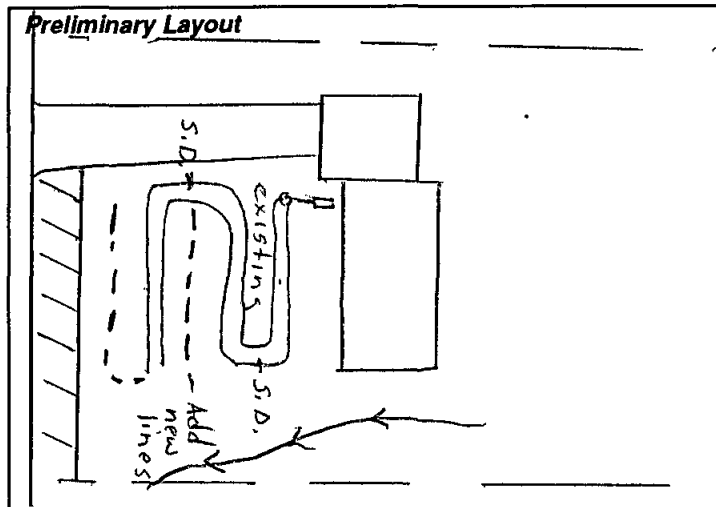
# WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Tax Map No. 261 Parcel No. 12 & 15  
 Zoning Wake Township Bartons Creek  
 Owner/Contractor: art lutz  
 Location/Address: 1005 Enderbury Dr.

Improvement Permit  
 Well Permit No. **C** 12846  
 Operation Permit [ ]  
 Date: 11-22-91

Subdivision Name: manchester Lot No. 42 Section or Block No. 2005



**Sewage System Specifications**  
 Repair ☒ Original Permit No. \_\_\_\_\_  
 Garbage Disposal Unit Yes [ ] No ☒  
 House ☒ Mobile Home [ ] Business [ ]  
 No. of Bedrooms 4 Lot Area 40,534  
 Size of Tank 1200 gal.  
 Comments: add spur to inside line, extend outside line stay 15' from front cut  
 Date: 7-21-92 Installed By: Joel Powell

Nitrification Line 2 (6'x75') 450 sq. ft.  
 Depth of Stone: 12" ☒ Max Depth of Trenches: 26 in.  
 Riser and Baffle Required ☒ 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: DR Parnell

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

**Final Inspection**

	Yes	No
Required Slab	[ ]	[ ]
Chlorinated	[ ]	[ ]
Required Certificate	[ ]	[ ]
Variance (Explain)	[ ]	[ ]
WCHD I.D. Affixed	[ ]	[ ]
Sample Collected	[ ]	[ ]

**Bacteriological Results**  
 Date Inspected \_\_\_\_\_ Sanitarian \_\_\_\_\_  
 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**

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

Tax Map No. 261  
 Parcel No. 12 & 15 (5)

ENDERBURY DR.  
SCALE 1" = 30'

