Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: C 0 0 5 5 8 5 PIN #: 0 7 9 0 8 6 9 6 9 0

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

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
[ ]	[X]	[ ]	1,000
[ ]	[ ]	[ ]	1,200
[ ]	[ ]	[ ]	1,500
[ ]	[ ]	[ ]	1,800
[ ]	[ ]	[ ]	2,100
[ ]	[ ]	[ ]	2,500
[ ]	[ ]	[ ]	3,000
[ ]	[ ]	[ ]	4,000
[ ]	[ ]	[ ]	5,000
[ ]	[ ]	[ ]	8,000
	[ ]	[ ]	10,000
[ ]	[ ]	[ ]	Other
[X]		[X]	None/NA GT or PT

DRAINFIELD SIZE(SQ. FT.)

0 1 1 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
- [X] 30 in. or less
- [ ] 32 in. or less
- [ ] 36 in. or less
- [ ] Other

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

TRENCHES:
- [X] Individual
- [ ] Bed

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

MG 3/10/15

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map No. 702 Parcel No. 430 No. C 05585

Contractor: Operation Permit [ ]

Owner: Douglas Woolard Date: MAY 26, 1988

Location/Address: 1701 Wilger Court

S.R. # 4015

Subdivision Name: Colonial Heights Lot No. 20 Section or Block No.

Zoning: WAKE Township: SWIFT Creek BLD# 0883292

Sewage System

Repair [ ] Original Permit No.

Garbage Disposal Unit Yes [ ] No [✓]

House [✓] Mobile Home [ ] Business [ ]

No. Bedrooms 3 Lot Area 0.918

Size of Tank 1000 gal.

Nitrification Line 2(3' x 185') = 1100 sq. ft.

Depth of Stone: 12" [✓] Max. Depth of Trenches: 30 In.

Riser and Baffle Required [✓] Pump Required [ ]

TANKS & LINES OK 6/9/88

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: Robert G. Fulcher R.S.

Date 8/26/88 Installed By ORMOND GRADING Approved By DAVID BROWN

Well System

Individual [✓] Semi-Public [ ] Public [ ]

New [✓] Replacement [ ] Repair [ ]

Fee Paid Yes [✓] No [ ]

Construction Compliance	Yes	No
Site Approved	[✓]	[ ]
Well Head Approved	[✓]	[ ]
Grouting Approved	[✓]	[ ]

6-17-88 — Date Inspected

Gregory B. Frazier — Sanitarian

Final Inspection	Yes	No
Required Slab	[✓]	[ ]
Chlorinated	[✓]	[ ]
Required Certificate	[✓]	[ ]
Variance (Explain)	[ ]	[✓]
WCHD I.D. Affixed	[✓]	[ ]
Sample Collected 8-29	[✓]	[ ]

**Well permit void 36 months from issuance date

Bacteriological Results

Initial Sample: Neg <2.2 mpn Date: 8-31-88

*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: GOLDSTON WELL DRILLING

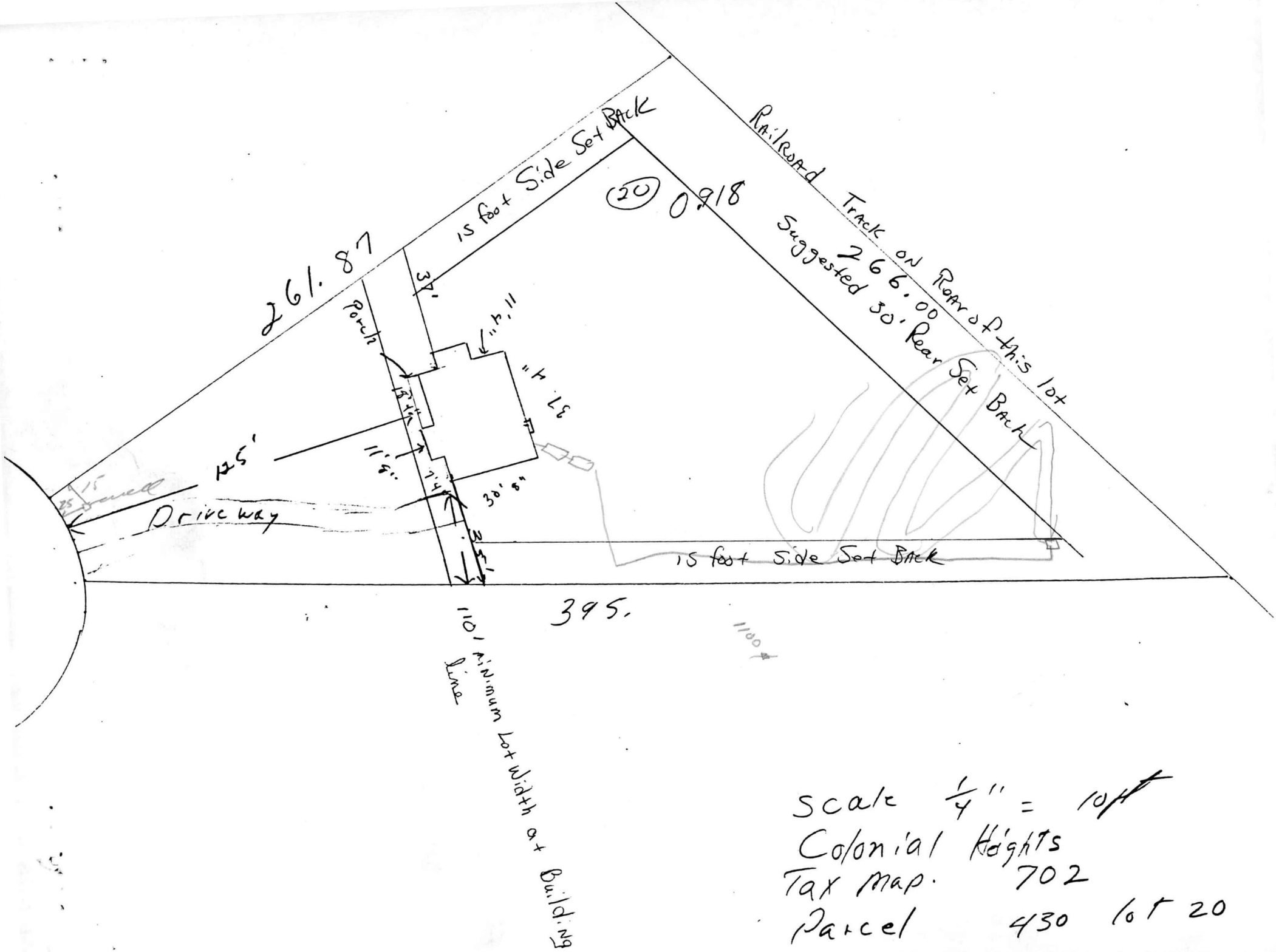
8-31-88 — Date System Finalized

Edwin Kent Penny — 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.

HEALTH DEPARTMENT

Tax Map No. 702 Parcel No. 430



Scale 1/4" = 10ft

Colonial Heights

Tax map. 702

Parcel 430 lot 20