Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: C 0 1 6 4 8 4 PIN #: 0 6 9 6 7 9 2 6 7 9

OP DATE: 0 5 / 1 8 / 1 9 9 3

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
☐	☒	☐	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 0 3 5

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
- [ ] 30 in. or less
- [ ] 32 in. or less
- [ ] 36 in. or less
- [x] 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

11/18/14

1:00

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

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Tax Map No. 858 Parcel No. 21(5) 9 32136 Improvement Permit

Well Permit No. C 16484

Zoning Wake Township Panther Branch Operation Permit [ ]

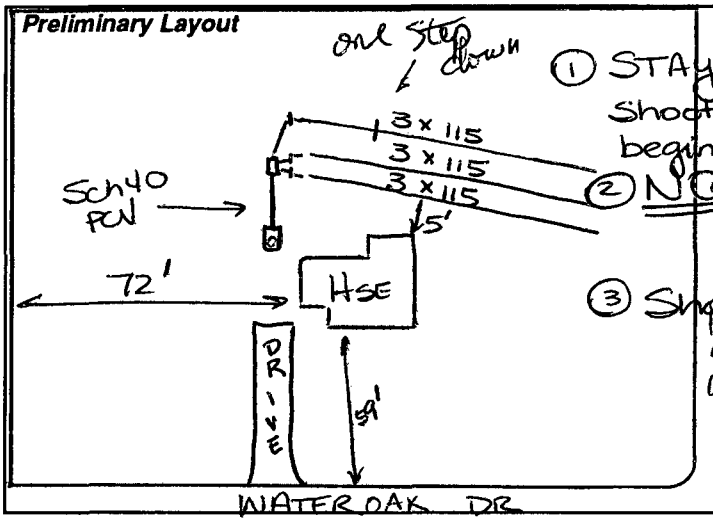
Owner/Contractor: Harrison Jones Construction Co. Date: March 1, 1993

Location/Address: 6617 Wateroak Drive

S.R. # 42

Subdivision Name: Oak Hollow Lot No. 49 Section or Block No.

Preliminary Layout



Final Layout

SRTC-891
1000 gal

① STAY ON CONTOUR! Shoot contour before beginning ditches.

② NO STEPS DOWN should be necesary.

③ Shallow drain-lines.

* Installed as per design

Tax Map No. 858 Parcel No. 21(5)

Sewage System Specifications

Repair [ ] Original Permit No.

Garbage Disposal Unit Yes [ ] No [ ]

House [✓] Mobile Home [ ] Business [ ]

No. of Bedrooms 3 Lot Area .69 A.

Size of Tank 1000 gal.

Comments: Read notes!

Nitrification Line 3X(3'X115')=1035 sq. ft.

Depth of Stone: 12" [ ] Max Depth of Trenches: 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: Andre C. Pierce, R.S.

Date: 5-18-93 Installed By: Don Wilson Approved By: Vivian H. Mauzi RS

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 *Sanitarian*

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