

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0008716

PIN #: 0676022567

OP DATE: 1011711989

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

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|------------------|
| ☐ | ☐ | ☐ | 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.)

01100

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

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WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map No. 867 Parcel No. 09

No. C 08716

Contractor: _____
 Owner: Spring Developers, Inc.
 Location/Address: 3437 Apple Meadow Dr.

Operation Permit []

Date: 8-28-89

Subdivision Name: Hilland Crossing Lot No. 47 Section or Block No. _____
 Zoning: Link R30 Township: 12 S.R. # 0767

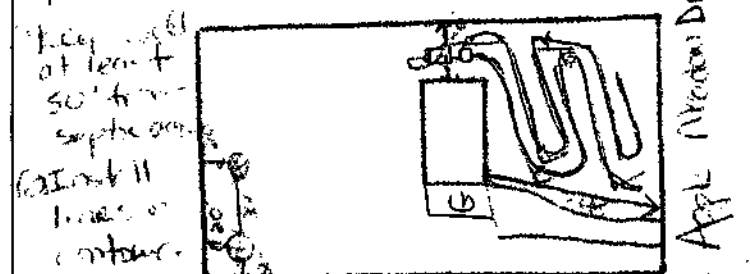
Sewage System

Repair [] Original Permit No. _____
 Garbage Disposal Unit Yes [] No []
 House [] Mobile Home [] Business []
 No. Bedrooms 3 Lot Area 30,000
 Size of Tank 1000 gal.
 Nitrification Line 2(3'x180') 1100 sq. ft.
 Depth of Stone: 12" [] Max. Depth of Trenches: 24 in.
 Riser and Baffle Required [] Pump Required []

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: Kane P. Hight, R.S.

Note: house foundation was dug and prior to lot evaluation. If area in front of house too small for system, a pump system must be used. Call sanitation if have problem with permit as directed.



10 17 89
 Date

Jerry Pleasant
 Installed By

Kane P. Hight
 Approved By

Well System

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

10 17 89 Jerry Pleasant
 Date Inspected Sanitarian

Final Inspection Yes No
 Required Slab [] []
 Chlorinated [] []
 Required Certificate [] []
 Variance (Explain) [] []
 WCHD I.D. Affixed 2156 [] []
 Sample Collected [] []

**Well permit void 36 months from issuance date

Bacteriological Results

Initial Sample: Aug - 2-2 Date: 11/19/90
 *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: S. J. Hight

11/21/90 Kane P. Hight
 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.