Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: C0034078 PIN #: 0697030056

OP DATE: 10/07/1987

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.)

00900

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

DNH 1/12

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WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map No. 842 Parcel No. 23(5) No. C 03178

Contractor: _____

Owner: Professional Mobile Homes

Operation Permit [ ]

Date: 9-17-87

Location/Address: 6133 Heath Hawkins Ct.

S.R. # 2750

Subdivision Name: Little John Acres Lot No. 16 Section or Block No. _____

Zoning: Wake R-30 Township: Middle Creek

Tax Map No. 842 Parcel No. 23(5)

Sewage System

Repair [ ] Original Permit No. _____

Garbage Disposal Unit Yes [✓] No [ ]

House [ ] Mobile Home [✓] Business [ ]

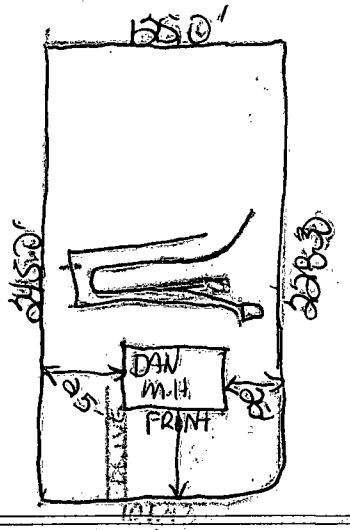
No. Bedrooms 3 Lot Area .701 AC

Size of Tank MIL STD 1000 1000 gal.

Nitrification Line 2(3'X150') 900 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: Karen Hyatt

10/7/87 Date

Eddie Bass Installed By

Robert G. Fulcher, RS 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	[ ]	[ ]

Date Inspected _____ Sanitarian _____

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

**Well permit void 36 months from issuance date

Bacteriological Results

Initial Sample: _____ Date: _____

*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: _____

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.

HEALTH DEPARTMENT