

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0004090

PIN #: 1831038811

OP DATE: 1011411988

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.)

01000

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

rvb
10/16/13

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map No. 203 Parcel No. 19(5)

No. C 04090

Contractor: Mike Thorpe

Operation Permit []

Date: 2/5/88

Owner: _____

Location/Address: 7600 Copper Creek Court

S.R. # _____

Subdivision Name: Thompson Mill

Lot No: 20

Section or Block No. _____

Zoning: WAKE Township: WAKE Forest

Sewage System

Repair [] Original Permit No. _____

Garbage Disposal Unit Yes [] No [X]

House [X] Mobile Home [] Business []

No. Bedrooms 3 Lot Area 982 Ac

Size of Tank 1000 gal.

Nitrification Line 10 ft 2 (16) sq. ft.

Depth of Stone: 12" [X] Max. Depth of Trenches: 30 in.

Riser and Baffle Required [X] Pump Required []

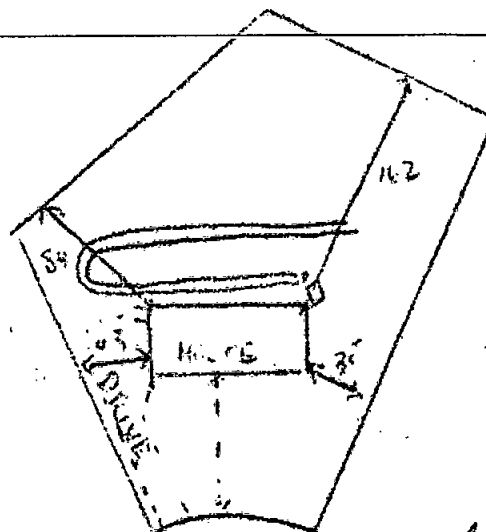
Improvement Permit

*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: De W. [Signature]



Date

10/14/88

Installed By

Young Cent.

Approved By

[Signature]

Well System

Individual [] Semi-Public [] Public [X]

New [X] Replacement [] Repair []

Fee Paid Yes [X] No []

Construction Compliance Yes No

Site Approved [] []

Well Head Approved [] []

Grouting Approved [] []

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

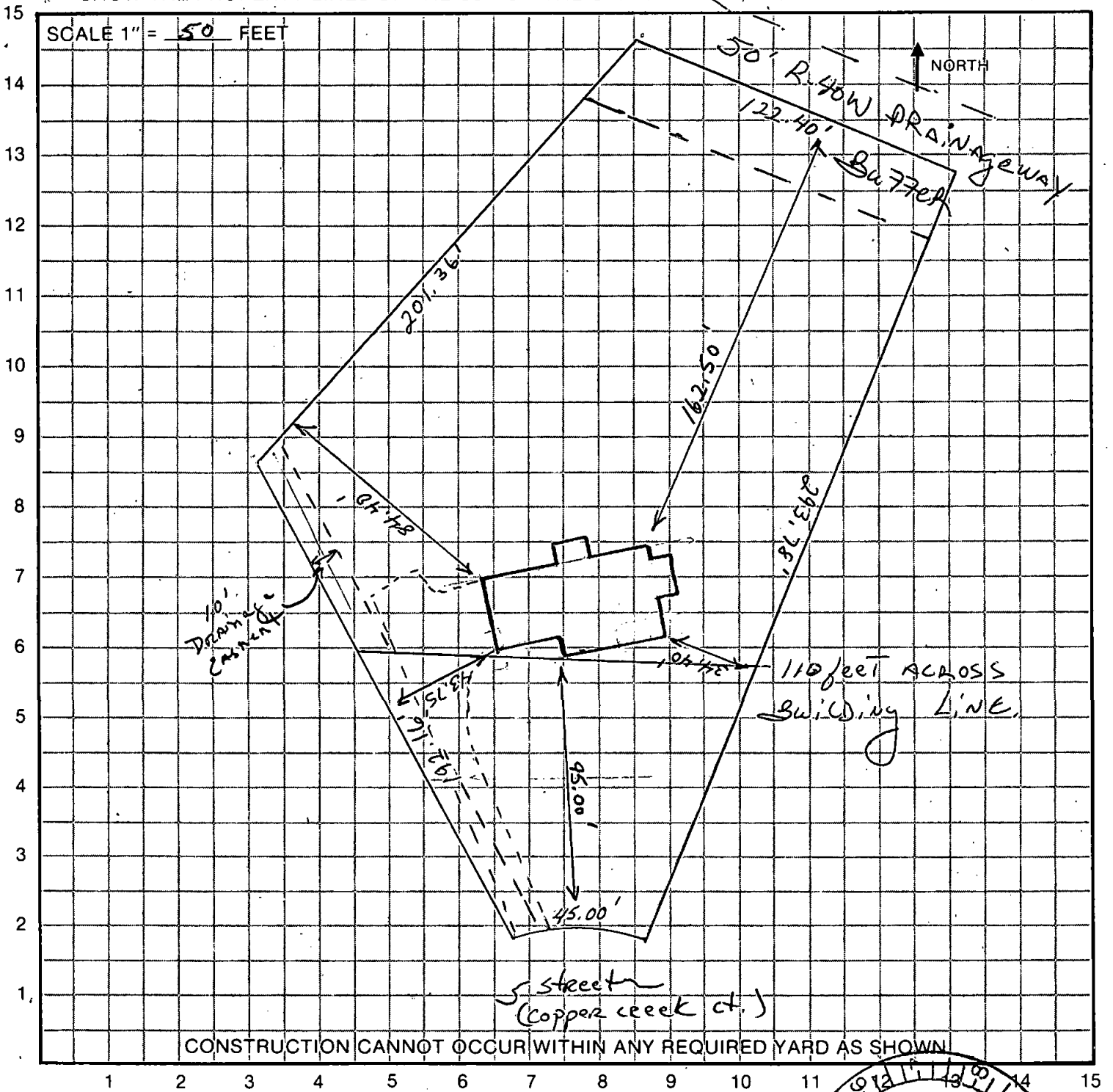
Date Inspected	Sanitarian	
Final Inspection	Yes	No
Required Slab	[]	[]
Chlorinated	[]	[]
Required Certificate	[]	[]
Variance (Explain)	[]	[]
WCHD I.D. Affixed	[]	[]
Sample Collected	[]	[]

**Well permit void 36 months from issuance date

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.

SITE PLAN

SHOW THE PROPERTY LINES OF THE LOT ON THE GRAPH BELOW, INCLUDING ROAD FRONTAGE



OFFICE USE ONLY

Comments:

(B.M. 1987-1880)

Applicant _____ Tax Map 203 Parcel 1965 Jurisdiction CWAKE CO. HEALTH DEPT.
Building Permit # _____ Date _____ Zoning Approval By _____
Improvement Permit # C04050 Date 2/5/88 Health Approval By _____

Lot Area 40,000 Sq. Ft. Lot Width 110 Ft. Corner Yard Setback 30 Ft.
Side Yard Setback 15 Ft. Rear Yard Setback 15 Ft. Front Yard Setback 30 Ft.

AS NEEDED

White: Health Department

Yellow: Land Use & Permits

Pink: Issuing Agent

HEALTH DEPARTMENT

