

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0024248

PIN #: 1730174649

OP DATE: 0811111995

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 Existing |
| ☒ | ☒ | ☒ | None/NA GT or PT |

DRAINFIELD SIZE(SQ. FT.)

00900
Existing
(Reinspection)

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 Existing

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

[Signature]

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

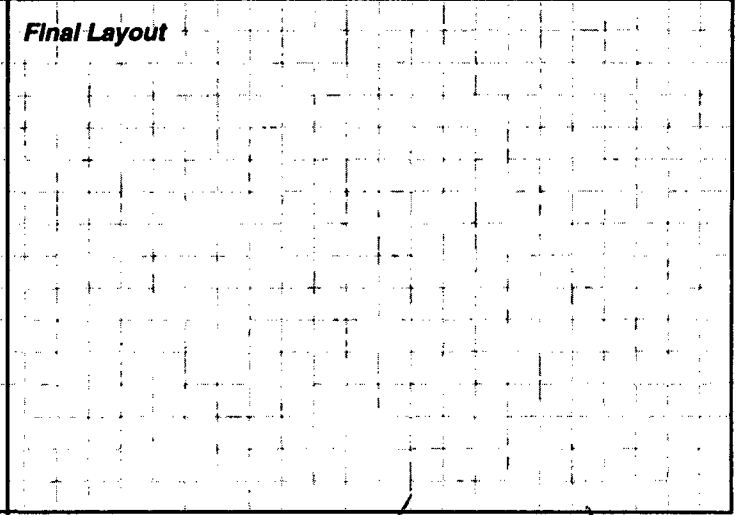
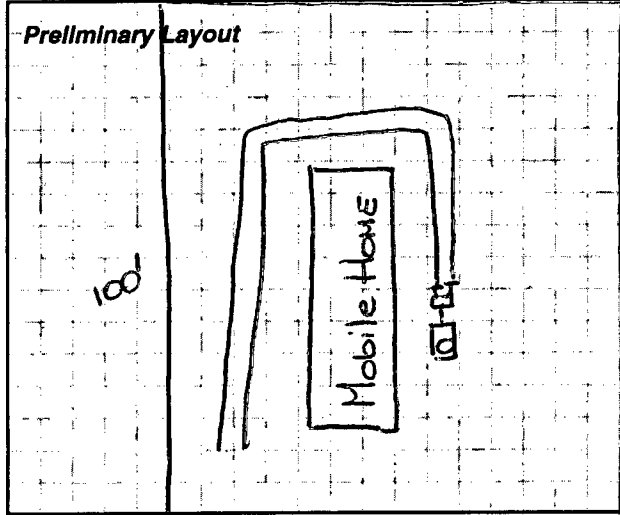
Pin # 1730.01 17 4649 Project # 960068
 Tax Map No. _____ Parcel No. _____
 Zoning Wake Township St Mary's
 Owner/Contractor: James W. Mims
 Location/Address: 2001 Auburn Rd: Hwy 70 E TL 2555

Improvement Permit
 Well Permit No. C 24248
 Operation Permit []

Date: Aug. 11 1995

Go 1/4 mi MH ON (R) S.R. # _____

Subdivision Name: _____ Lot No. _____ Section or Block No. _____



Sewage System Specifications
 Repair [] Original Permit No. Auburn Road.
 Garbage Disposal Unit Yes [] No ☒
 House [] Mobile Home ☒ Business []
 No. of Bedrooms _____ Lot Area _____
 Size of Tank existing gal.
 Comments: No sign of malfunction @ this time -

Nitrification Line 6 X 150 (EXISTING) sq. ft.
 Depth of Stone: 12" ☒ Max Depth of Trenches: existing 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, P.S.

Date: 8-11-95 Installed By: Reinsperger Approved By: Andre C. Pierce

Shared
 Individual ☒ New ☐ Fee Paid: Yes []
Well System
 Semi-Public [] Replacement [] No []
 Public [] Repair []
Construction Compliance
 Site Approved [] Yes [] No []
 Well Head Approved []
 Grouting Approved []
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

Tax Map No.

Parcel No.

PN 1730.01 17 4649