

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: C 0 0 5 6 2 9

PIN #: 1 7 4 9 6 3 7 2 8 1

OP DATE: 0 9 1 2 9 1 1 9 8 8

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.)

0 1 0 2 8

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

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE LOCATION PERMIT

Tax Map No. 066 Parcel No. Part 4 36498411 No. C 05629

Contractor: _____ Operation Permit []

Owner: B.J. Wilson Builders Date: 5-14-88

Location/Address: 1701 Forestville Rd.

USIN, R Burlington Mills Rd, L Forestville Rd, 1st on E Moreburg S.R. # 2049

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

Zoning: Wake R-30 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 32000

Size of Tank 1200 1000 gal.

Nitrification Line 212' x 170' 1008 sq. ft.

Depth of Stone: 12" [X] Max. Depth of Trenches: 20 in.

Riser and Baffle Required [X] Pump Required []

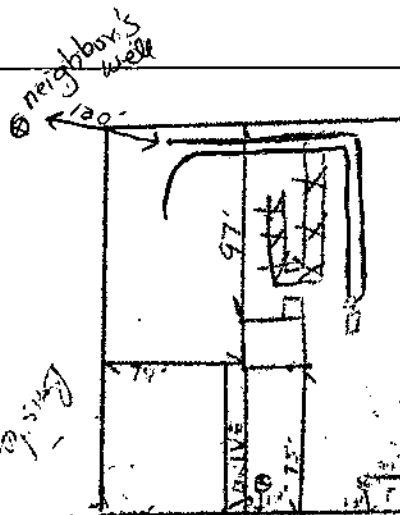
Improvement Permit

*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: Kramer P. Hight R.S.



9-29-88

Date

Clyde Bailey

Installed By

Kramer P. Hight R.S.

Approved By

Well System

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

New [X] Replacement [] Repair []

Fee Paid Yes [X] No []

Construction Compliance Yes No

Site Approved [X] []

Well Head Approved [X] []

Grouting Approved [X] []

6-2-88

Date Inspected

Grady B. Franson

Sanitarian

Final Inspection Yes No

Required Slab [X] []

Chlorinated [X] []

Required Certificate [X] []

Variance (Explain) [] []

WCHD I.D. Affixed #1107 [X] []

Sample Collected [X] []

**Well permit void 36 months from issuance date

Bacteriological Results

Initial Sample: NEG Date: 12-5-88

*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: Grady Poole

12-8-88

Date System Finalized

W.F.D. R.S.

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.