

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0015600

PIN #: 0658868020

OP DATE: 1010111993

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

(29")

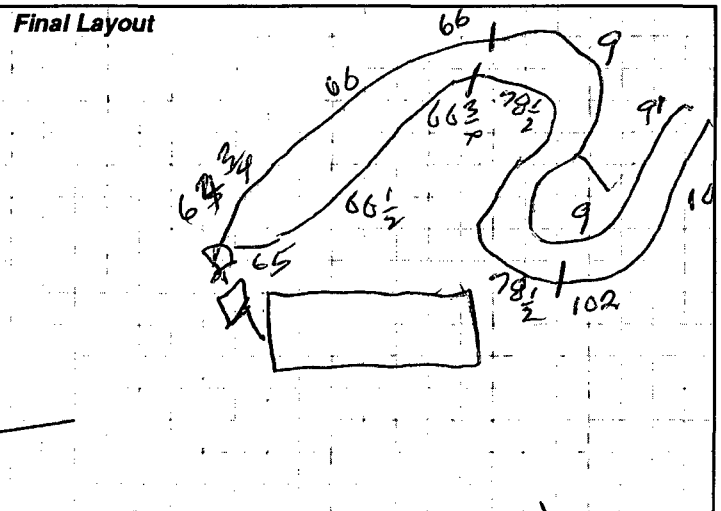
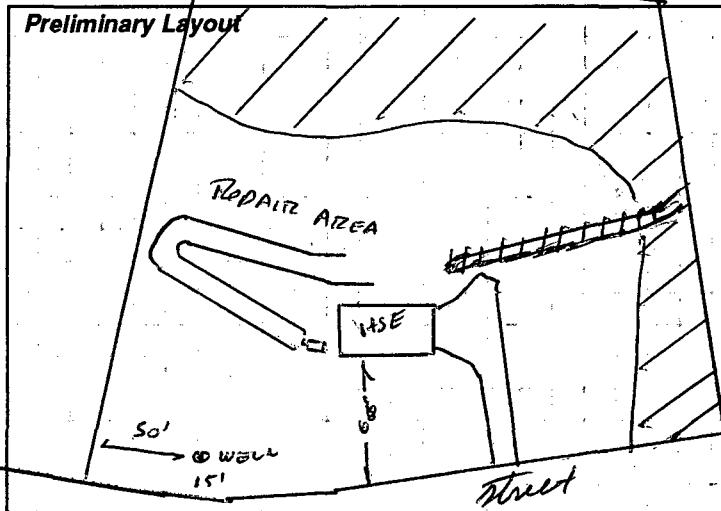
AW

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

330

Tax Map No. 782 Parcel No. 85 Improvement Permit
 Zoning WALC Township Holly Spring Well Permit No. **C 15600**
 Owner/Contractor: Rufus Anderson Operation Permit []
 Location/Address: 4521 BRIARGLIEN LANE 1/52 north, TL 1393, TL
into S/D S.R. # 1393
 Subdivision Name: Nature REACT Lot No. 4 Section or Block No. _____



Sewage System Specifications

Repair [] Original Permit No. _____
 Garbage Disposal Unit Yes [] No []
 House [] Mobile Home [] Business []
 No. of Bedrooms 3 Lot Area 1.79 ACRES
 Size of Tank 1000 gal.
 Comments: _____

Nitrification Line 1100 213' X 183' sq. ft.
 Depth of Stone: 12" [] Max Depth of Trenches: 29 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: W. Paul Bruns

Date: 7-30-93 Installed By: ODEL JOHNSON Approved By: Ron Duddy

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 7/13/93 Sanitarian [Signature]

Final Inspection

	Yes	No
Required Slab	[X]	[]
Chlorinated	[X]	[]
Required Certificate	[]	[]
Variance (Explain)	[]	[X]
WCHD I.D. Affixed <u>3903</u>	[X]	[]
Sample Collected	[X]	[]

Comments: _____

Bacteriological Results
 Initial Sample: neg Date: 9/28/93
 * 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**

Well Installed By: [Signature]
 Date System Finalized 10/1/93 Sanitarian [Signature]

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