

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0003355

PIN #: 0665063486

OP DATE: 06/14/1987

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

DT 11/13

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map No. 876 Parcel No. 5CS No. C 3355
 Contractor: _____ Operation Permit []
 Owner: _____ Date: December 14, 1987
 Location/Address: _____ S.R. # _____
 Subdivision Name: 10000 Lot No. _____ Section or Block No. _____
 Zoning: 1/2 11P 2x662 W. 267 (M 267 P4) Township: _____

Sewage System 767-0001

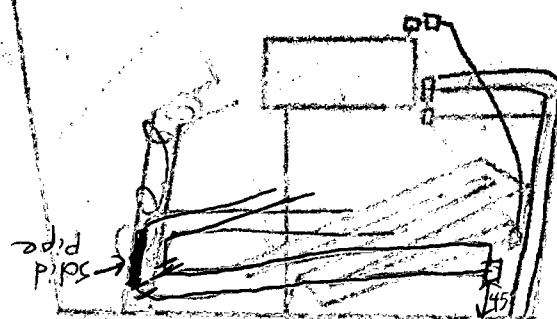
Repair [] Original Permit No. _____
 Garbage Disposal Unit Yes [] No [X]
 House [X] Mobile Home [] Business []
 No. Bedrooms 3 Lot Area 77.100
 Size of Tank 1000 + 1000 pump gal.
 Nitrification Line 900 sq. ft.
 Depth of Stone: 12" [X] Max. Depth of Trenches: 18 in.
 Riser and Baffle Required [X] Pump Required [X]

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: _____
 Series OK, tanks O.K. KPH 5-26-89

- ① Install on contour
- ② Repair area to be in front yard
- ③ Keep lines as close to Rd as possible



Date: 6-14-89 Pump + box at _____ Installed By: L.L. CNAI - (Installed pump) Approved By: _____

Well System

Individual [] Semi-Public [] Public [X]
 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: _____

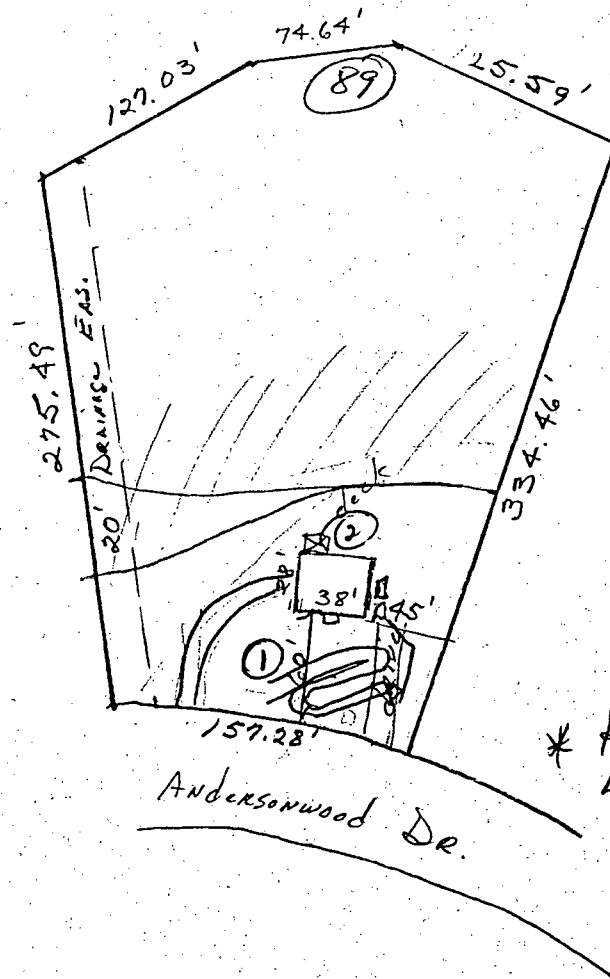
Date System Finalized _____ Sanitarian _____

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.

RUFUS Anderson Builder, Inc.

LOT-89 Neils Crossing

Scale 1" = 100'



* House to be moved
back 30'
Driveway to be moved
to Left side of lot