

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0013589

PIN #: 1789637953

OP DATE: 0311011992

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

- ☐ ☐ ☐
☐ ☐ ☐
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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

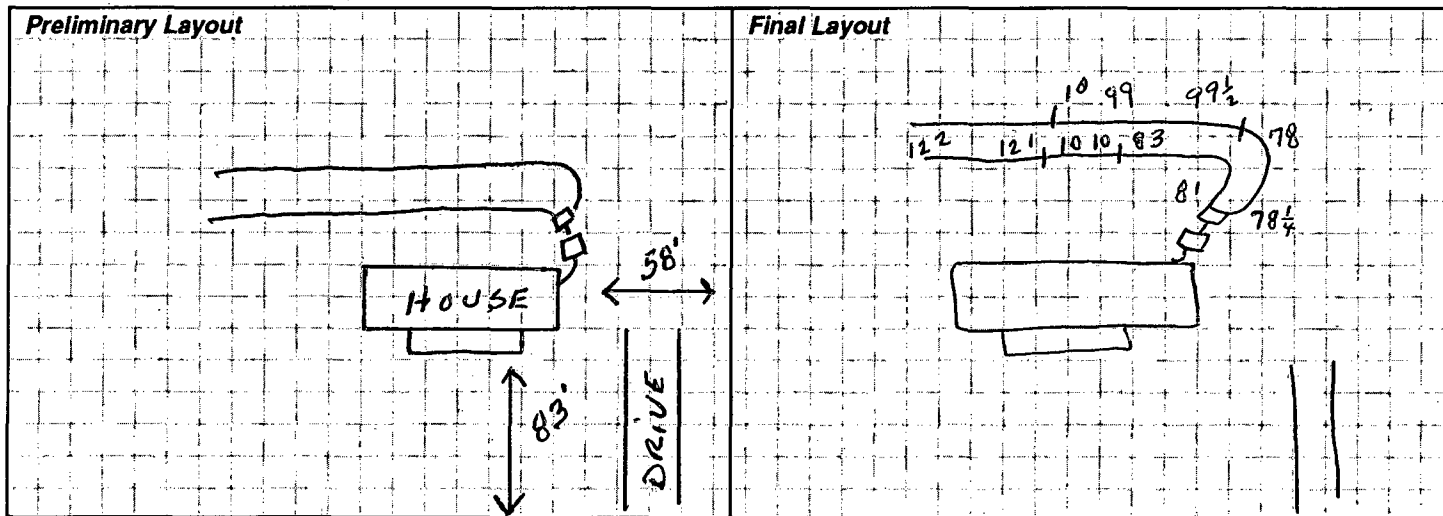


WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Tax Map No. 272 Parcel No. 6 (S) 921510 Improvement Permit
 Well Permit No. **C** 13589
 Zoning WAKE Township LITTLE RIVER Operation Permit []
 Owner/Contractor: Zehia Co. Date: 1-30-92
 Location/Address: 7929 LAKE JENN

Subdivision Name: LITTLE RIVER RUN Lot No. 66 Section or Block No. S.R. # 2303



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

Nitrification Line 2 (167' x 3') 1000 sq. ft.
 Depth of Stone: 12" ☒ Max Depth of Trenches: 24 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: Ron Dudley R.S.

Date: 3-10-92 Installed By: DAVID BRANTLEY Approved By: Ron Dudley

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

Bacteriological Results
 Date Inspected _____ Sanitarian _____
 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