

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0011164

PIN #: 0696890894

OP DATE: 0912711990

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.)

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

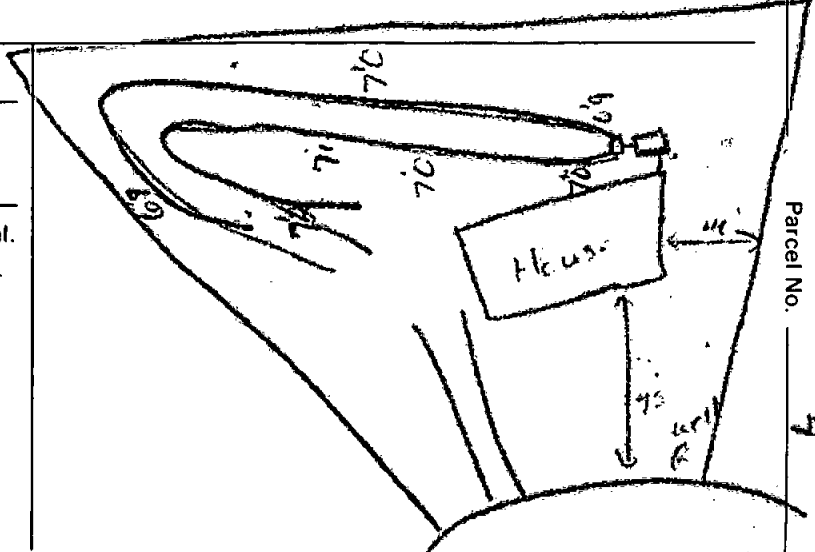
Tax Map No. 843 Parcel No. 4 No. C 11164
 Contractor: _____ Operation Permit []
 Owner: Herbert L. TART Date: 6/26/90
 Location/Address: 4015 T/L on Old Stage Rd. T/L on Hwy 42 T/L on
Battle Bridge Rd. 6605 Willow Chase Dr S.R. # 2739
 Subdivision Name: Willow Chase Lot No. 13 Section or Block No. _____
 Zoning: R30 Township: 15

Sewage System

Repair [] Original Permit No. _____
 Garbage Disposal Unit Yes [] No [X]
 House [X] Mobile Home [] Business []
 No. Bedrooms 3 Lot Area 30,000 sq. ft.
 Size of Tank 1000 gal.
 Nitrification Line (2) 16' x 3 1120 sq. ft.
 Depth of Stone: 12" [X] Max. Depth of Trenches: 26 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: H. B. Phillips R.S.



Date 9/27/90 Installed By Charles Approved By H. B. Phillips R.S.

Well System

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

8/3/90 Hernandez
 Date Inspected Sanitarian

Final Inspection Yes [X] No []
 Required Slab [X] []
 Chlorinated [X] []
 Required Certificate [X] []
 Variance (Explain) [] []
 WCHD I.D. Affixed 2082 [X] []
 Sample Collected [X] []

**Well permit void 36 months from issuance date

Bacteriological Results

Initial Sample: 10/16/90 Date: 10/16/90
 *Re-sample #1 Aug. 2.2 Date: 10/25/90
 *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: Jackson Well
29/90 Hernandez
 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.