

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0020365

PIN #: 1608858759

OP DATE: 0811711994

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.)

01032

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

AS

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Pin # 1608.02858759 Project # 0942903
 Tax Map No. _____ Parcel No. _____
 Zoning R 30 Township PARTON BRANCH
 Owner/Contractor: TURNER FARMS INC.
 Location/Address: 209 HUNTER'S FARM RD.

Improvement Permit

Well Permit No. **C 20365**

Operation Permit []

Date: 4/13/94

S.R. # _____

Subdivision Name: TURNER FARMS II Lot No. 42 Section or Block No. _____

Preliminary Layout
(COPY OF PROP. DESCRIPTION)

HOUSE IS 500' 73' BACK FROM ROAD

DIVERT HOUSE AND DRIVEWAY RUNOFF INTO FLOW SYSTEM

HUNTER'S FARM DRIVE

Final Layout

8-10-74
TRENCHES O.K.
2-Box, FLOW DIVIDERS TOO CLOSE TO PL
10' TO PL

Sewage System Specifications

Repair [] Original Permit No. _____
 Garbage Disposal Unit Yes [] No [✓]
 House [✓] Mobile Home [] Business []
 No. of Bedrooms 3 Lot Area .80
 Size of Tank 1000 gal.

Nitrification Line 4 (3' x 86') = 1032 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: [Signature]

Comments: USE 3 FLOW DIVIDERS - WATER SUPPLY LINE SHOULD PARALLEL INSIDE EDGE OF DRIVE - DIVERT HOUSE AND DRIVEWAY RUN OFF AWAY FROM SYSTEM

Date: 8/17/94 Installed By: Gully Approved By: [Signature]

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

Final Inspection

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

Date Inspected _____ Sanitarian _____
Bacteriological Results
 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**

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