

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: **C 0 1 6 6 1 2**

PIN #: **1 7 0 1 5 1 3 0 4 9**

OP DATE: **0 7 / 3 0 / 1 9 9 3**

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 Existing 1000 + |
| ☒ | | ☒ | None/NA GT or PT |

DRAINFIELD SIZE(SQ. FT.)

0 1 0 0 0

Added

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 29 in. or less +

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

3:30

1701 S1 3049

Tax Map No. 680 Parcel No. 582

Improvement Permit
Well Permit No. **C 16612**

Zoning GARNER Township SAINT MARYS

Operation Permit []

Owner/Contractor: LORI Gilbert

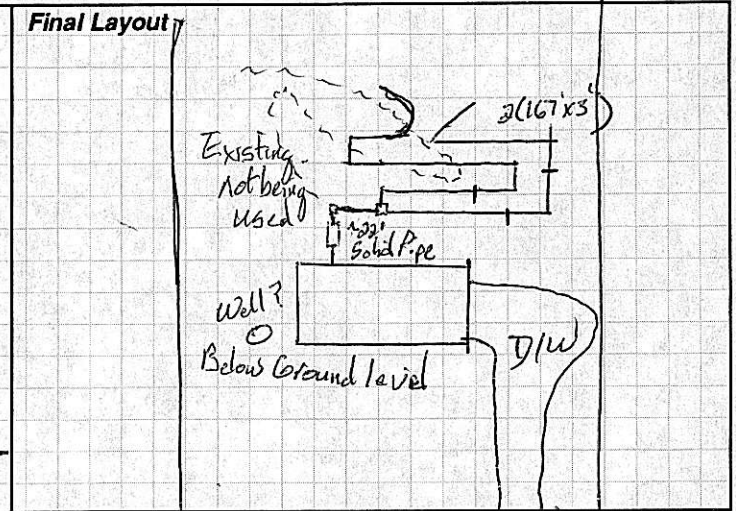
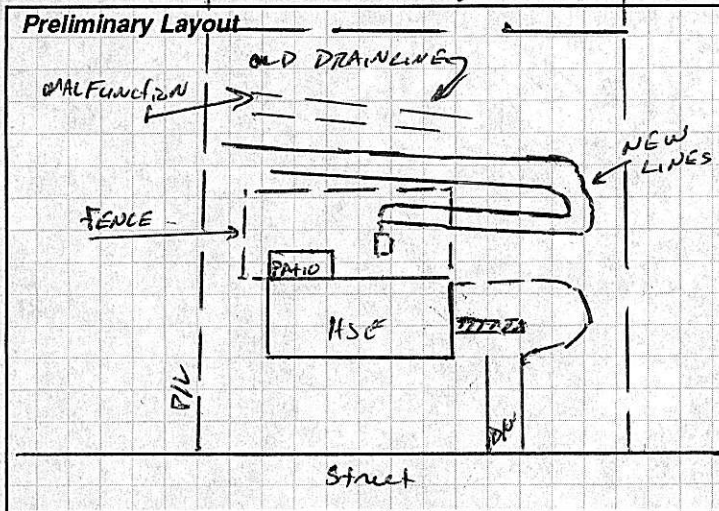
Date: 4-15-93

Location/Address: 515 Popular Street : OLD stage Rd north TL corner
TL corner, TR Laneside, see Popular Street S.R. # old stage

Subdivision Name: ECHO HEIGHTS

Lot No. 30 A

Section or Block No. 1



Sewage System Specifications

Repair [] Original Permit No. _____

Garbage Disposal Unit Yes [] No []

House [] Mobile Home [] Business []

No. of Bedrooms 3 Lot Area .69 Acre

Size of Tank Existing 1000 gal.

Comments: Existing system no longer being used - recommend pumping septic tank every 3-5 yrs - Keep check on "H" in tank & repair when necessary

Date: 7-30-93 Installed By: W. Ormond Grading Approved By: ED [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 [] []

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**

Nitrification Line 1000 2 (3' x 167') 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. Ormond Grading

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