

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0020758

PIN #: 0678331995

OP DATE: 0110911995

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

Handwritten signature/initials

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

0678.03 33 1995

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Pin # _____ Project # 943799
 Tax Map No. 803 Parcel No. 132
 Zoning Wake Township Middle Creek
 Owner/Contractor: Steve Allen Const Co

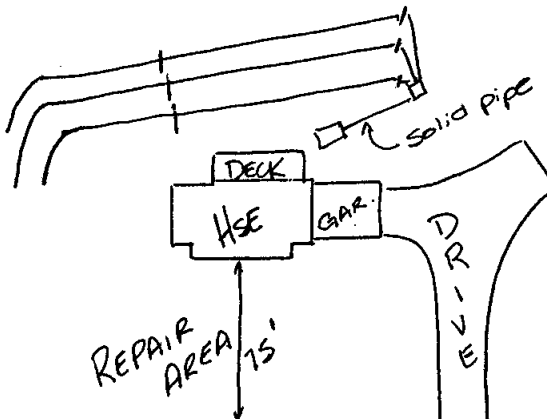
Improvement Permit
 Well Permit No. **C 20758**
 Operation Permit []

Location/Address: 4908 Allanbrooke Lane 4015 TR Hilltop TL
Allanbrooke On (R) S.R. # _____

Subdivision Name: SPRINGFIELD

Lot No. 12 Section or Block No. _____

Preliminary Layout



Final Layout

Sewage System Specifications

Repair [] Original Permit No. _____
 Garbage Disposal Unit Yes [] No ☒
 House ☒ Mobile Home [] Business []
 No. of Bedrooms 3 Lot Area .69 A.
 Size of Tank 1000 MCP 5115 gal.
 Comments: _____

Nitrification Line 3x(3' x 100') = 900 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: Andre C. Preece, R.S.

Date: 1-9-95 Installed By: Ormond

Approved By: Edward J. Adams, R.S.

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

3002.017 - 5/14/93