

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0006628

PIN #: 0890914340

OP DATE: 0512611989

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.)

01200

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

B.W 11/14/13

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map No. 225 Parcel No. 81

No. C 06628

Contractor: _____

Operation Permit []

Owner: CHARLES GRANTHAIR

Date: 11-15-88

Location/Address: 6117 WEOBLEY DR.

S.R. # 1844

Subdivision Name: TALLOCK PLANTATION

Lot No. 15

Section or Block No. _____

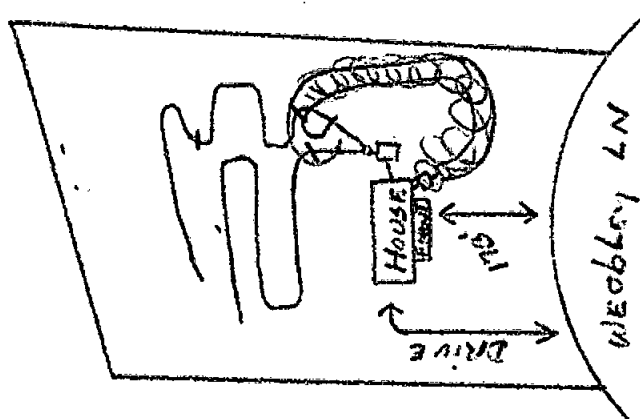
Zoning: _____ Township: _____

Sewage System

Repair [] Original Permit No. _____
 Garbage Disposal Unit Yes [] No [✓]
 House [✓] Mobile Home [] Business []
 No. Bedrooms 4 Lot Area 1.84 ac.
 Size of Tank 1200 gal.
 Nitrification Line 2 (200' x 31) 1200 sq. ft.
 Depth of Stone: 12" [✓] Max. Depth of Trenches: 30 in.
 Riser and Baffle Required [✓] 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: Ron Dudley R.S.



5-30-89
Date

Young Construction Co.
Installed By

Terry D. Chappell R.S.
Approved By

Well System

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

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

**Well permit void 36 months from issuance date

Bacteriological Results

Initial Sample: _____ Date: _____
 *Re-sample #1 _____ Date: _____
 *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**

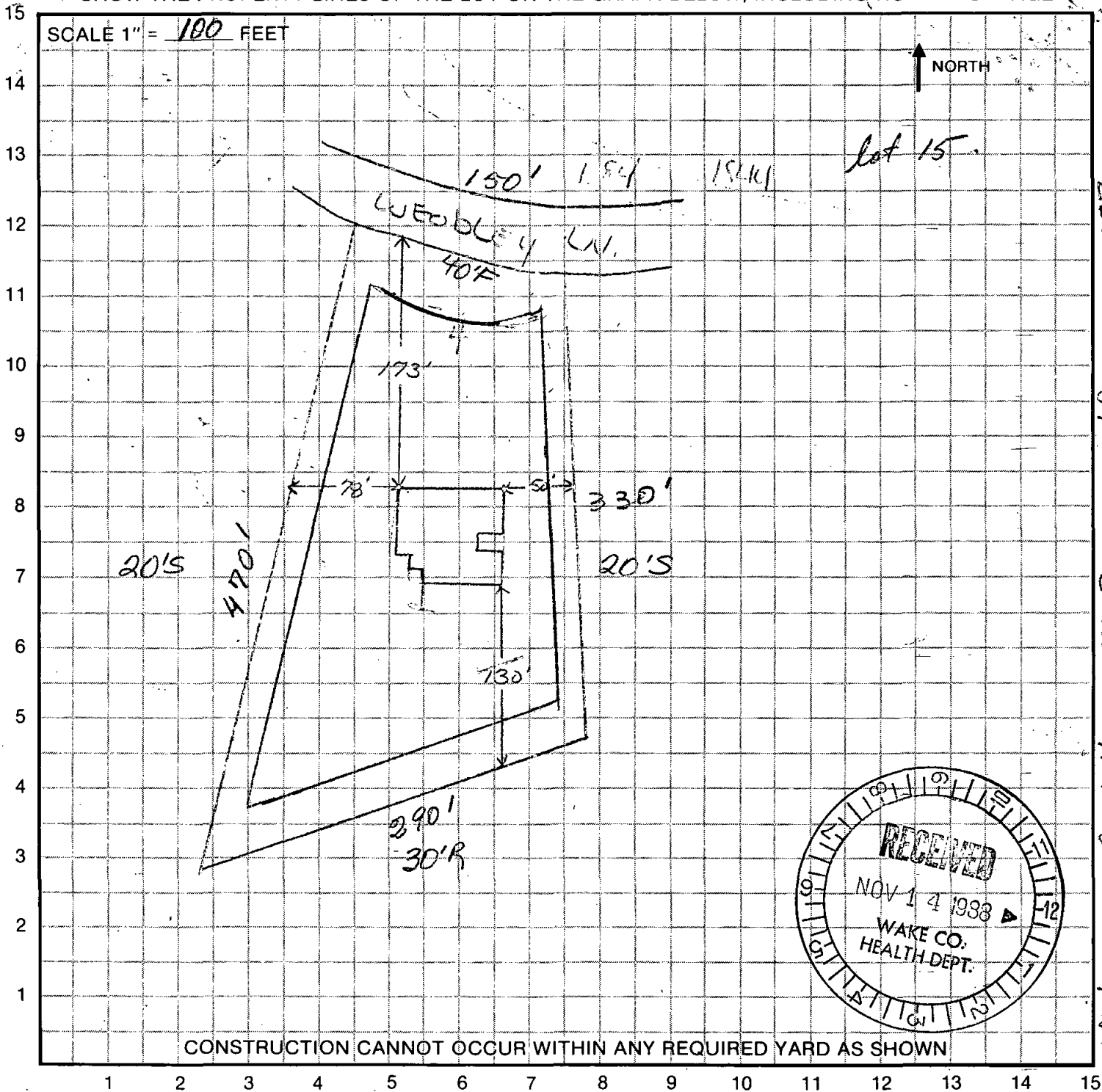
Well Installed By: _____

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.

SITE PLAN

SHOW THE PROPERTY LINES OF THE LOT ON THE GRAPH BELOW, INCLUDING ROAD FRONTAGE



OFFICE USE ONLY

Comments: _____

Applicant _____ Tax Map 225 Parcel 81 Jurisdiction WAKE

Building Permit # _____ Date _____ Zoning Approval By _____

Improvement Permit # C-06628 Date 11-15-88 Health Approval By Ron Duddley

AS NEEDED

Lot Area 80,000 Sq. Ft. Lot Width 150 Ft. Corner Yard Setback 30 Ft.
Side Yard Setback 20 Ft. Rear Yard Setback 30 Ft. Front Yard Setback 40 Ft.

White: Health Department

*Yellow: Land Use & Permits

Pink: Issuing Agent

LAND USE & PERMITS R

As Built

