

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: **C 0 0 7 8 5 1**

PIN #: **1 8 1 2 6 6 2 6 9 5**

OP DATE: **0 3 / 2 7 / 1 9 9 0**

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.)

0 1 2 0 0

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 22in 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

PTN 1812-66-2695

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map No. 172 Parcel No. 3No. C 07851

Contractor: _____

Operation Permit [☒]Owner: WILLIAM O. YATESDate: 5-25-89Location/Address: (8525 PURNELL RIDGE RD.)S.R. # 1909Subdivision Name: PURNELL RIDGE Lot No. 1-A Section or Block No. _____Zoning: WAKE Township: NEW LIGHT

Sewage System

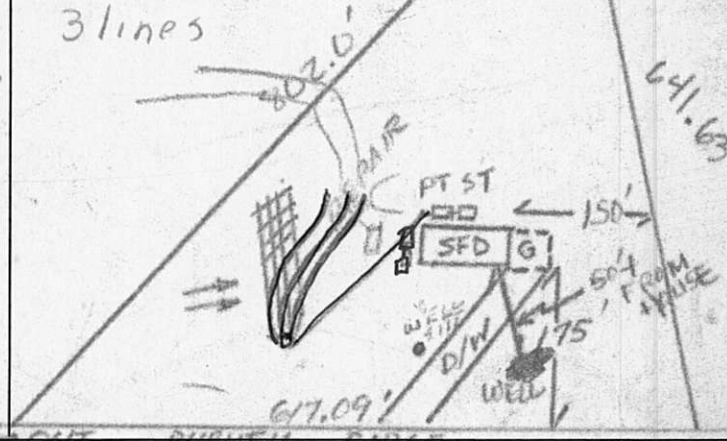
Repair [☐] Original Permit No. _____Garbage Disposal Unit Yes [☐] No [☒]House [☒] Mobile Home [☐] Business [☐]No. Bedrooms 3 Lot Area 4.60 ACSize of Tank 900 P.T. + 1000 S.T. gal.Nitrification Line 3 (3' x 140') = 1200 sq. ft.Depth of Stone: 12" [☐] Max. Depth of Trenches: 22 in.Riser and Baffle Required [☒] 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: [Signature]140 x 3
3 lines

Mar 27 1990 [Signature] [Signature]
 Date Installed By 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 [☒] [☐]

10-13-89 [Signature]
 Date Inspected Sanitarian

Final Inspection Yes [☒] No [☐]Required Slab [☒] [☐]Chlorinated [☒] [☐]Required Certificate [☐] [☐]Variance (Explain) [☐] [☒]WCHD I.D. Affixed 2442 [☒] [☐]Sample Collected [☒] [☐]

**Well permit void 36 months from issuance date

Bacteriological Results

Initial Sample: Aug. Date: 6/6/91

*Re-sample #1 Date: _____

*Re-sample #2 Date: _____

Re-chlorination as required Yes [☐] No [☐]Comments: Nitrates (Nitrogen) 0.7 mg/l

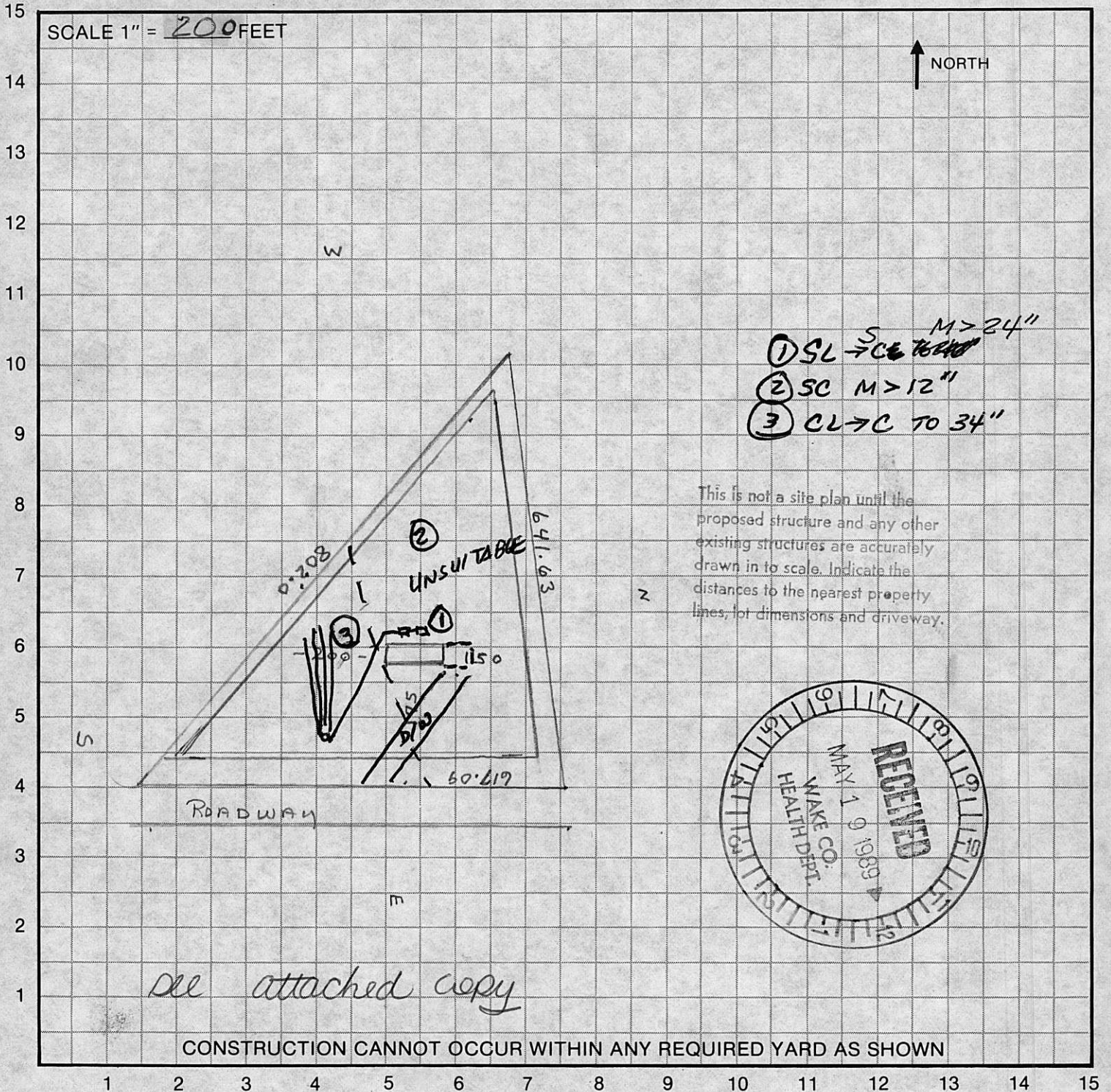
*\$10.00 fee for all re-samples

All checks payable to: **Wake County Health Department**Well Installed By: [Signature]Date System Finalized 6/10/91Sanitarian [Signature]

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 172 Parcel 3 Jurisdiction Wake

Building Permit # _____ Date _____ Zoning Approval By _____

Improvement Permit # C07851 Date 5-25-89 Health Approval By [Signature]

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.