

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0021160

PIN #: 0676985169

OP DATE: 1211611994

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.)

01000

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


11/17/14

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Pin # 0676.02985169 Project # 0950031
 Tax Map No. 856 Parcel No. 132
 Zoning WAKE Township Middle Creek
 Owner/Contractor: J.E. Womble + Sons
 Location/Address: 1732 QUAIL GROVE

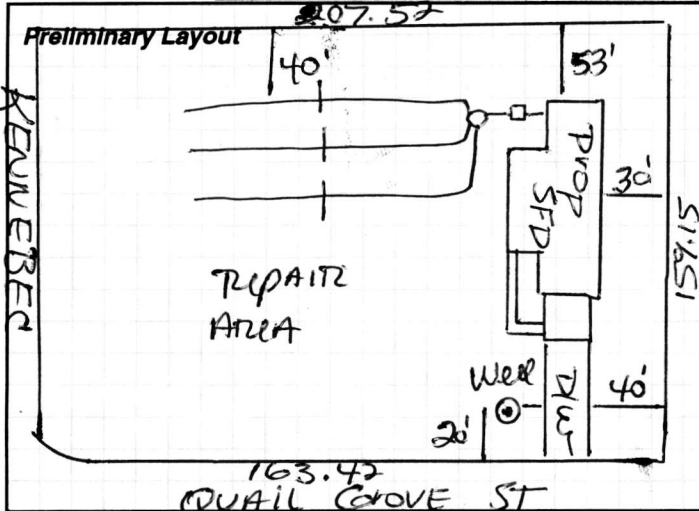
Improvement Permit
 Well Permit No. C 21160
 Operation Permit []
 Date: 7-16-94

4015 to @ 55 to @ 42 to @ Kennebec to @ into sub S.R. # 2754

Subdivision Name: DEERBROOK

Lot No. 30

Section or Block No.



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 AC
 Size of Tank 1000 gal.
 Comments: _____

Nitrification Line 1000 ft 3 (110x3) sq. ft.
 Depth of Stone: 12" ☒ Max Depth of Trenches: 28 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: Vincent J. Manz RS

Date: 12-1-94 Installed By: Larry Sharp Approved By: Edward J. Jackson RS.

Well System
 Individual ☒ Semi-Public [] Public []
 New ☒ Replacement [] Repair []
 Fee Paid: Yes ☒ No []
Construction Compliance
 Site Approved ☒ Yes [] No []
 Well Head Approved ☒
 Grouting Approved ☒
 Date Inspected 12/7/94 Sanitarian [Signature]

Final Inspection
 Required Slab ☒ Yes [] No []
 Chlorinated ☒ Yes [] No []
 Required Certificate [] Yes [] No []
 Variance (Explain) []
 WCHD I.D. Affixed #5015 ☒ Yes [] No []
 Sample Collected ☒ Yes [] No []

Comments: _____

Bacteriological Results
 Initial Sample: absent Date: 12-7-94
 * 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**

Well Installed By: [Signature]
12/16/94
 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

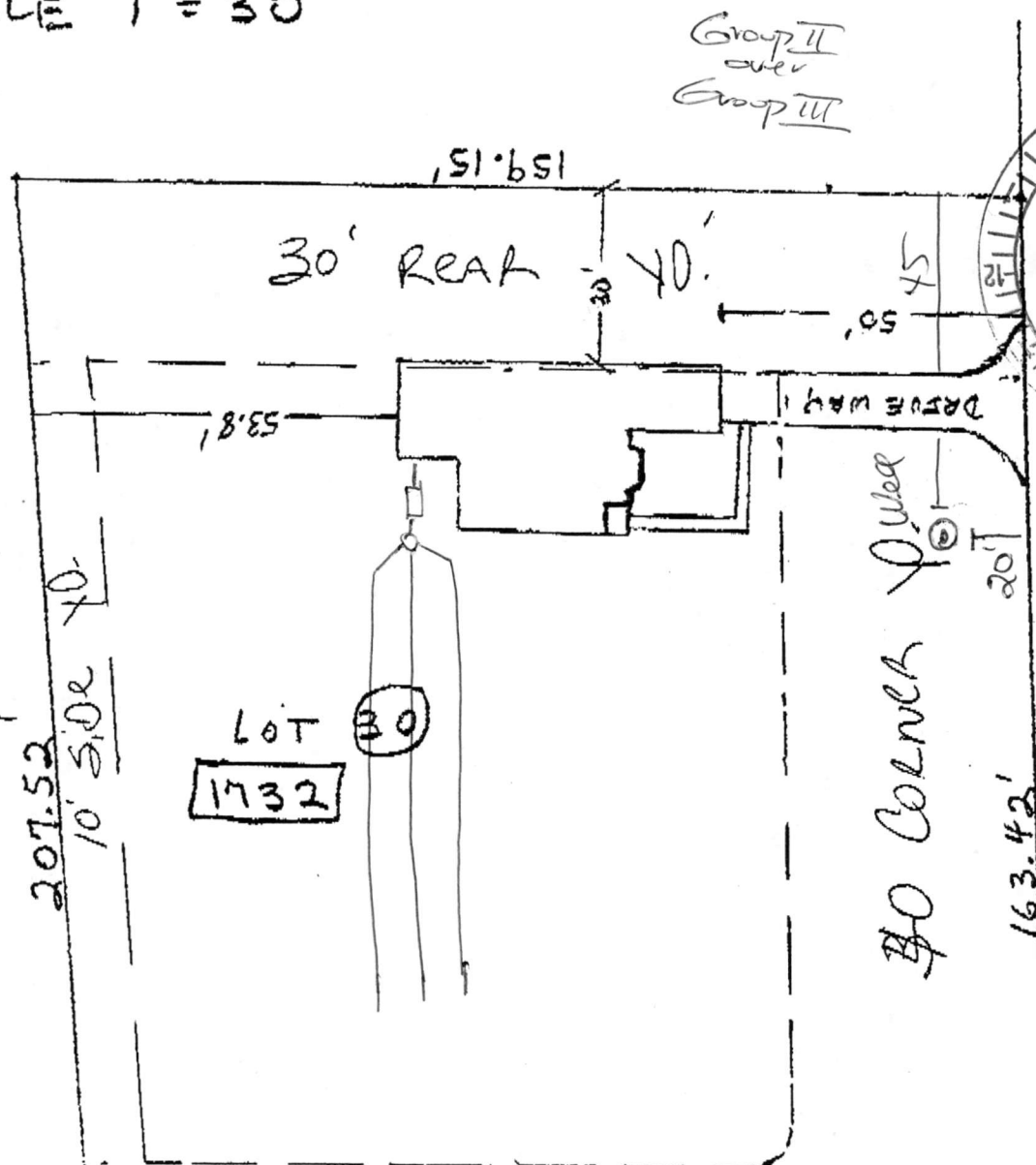
07/11/1994 10:04

FROM WOMBLE CONST. & REALTY

TO 19198566229

F. 02

0950031 REVERSED PLOT PLAN LOT # 30
DEER BROOK SUBDIVISION
J.E. WOMBLE & SONS CONT.
SCALE 1" = 30'



A circular stamp with a clock-like border. The word "RECEIVED" is at the top. Below it is the date "JUL 12 1994" with a small triangle pointing to the 12 o'clock position. At the bottom, it says "WAKE CO. HEALTH DEPT." The stamp is slightly tilted.

1732 QUAIL GROVE ST
50' R/W
10530

Zoning R-30 By m.f.
Approve ✓ Date 7/11/94
Pvise ✓ Use 101
Reject _____ MBL _____
Front 340 Rear 30
Side 10 Corner 30

I certify that the location of this structure is accurately shown. Failure to locate this structure in accordance with this plot plan could require relocation of the structure regardless of its degree of completion:

Signature _____ Date _____
Check one: () Owner () Builder/Contractor () Other _____

TOTAL P.01