

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0003385

PIN #: 1709233237

OP DATE: 0311411988

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

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|------------------|
| ☐ | ☐ | | 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

07/11

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

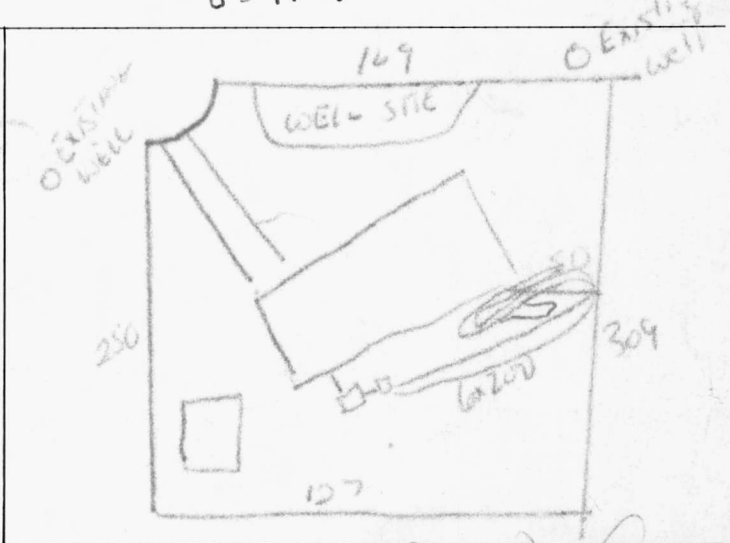
Tax Map No. 280 Parcel No. 323 1709 23
 Contractor: A.W. Ensler 839-0522 3237 No. **C** 03385
 Owner: _____ Date: 9/23/87
 Location/Address: 10600 Lowrey Dr S.R. # 1844
 Subdivision Name: Bayfield Lot No. 16 Section or Block No. _____
 Zoning: Wake Township: Barton Creek 881175

Sewage System

Repair ☐ Original Permit No. _____
 Garbage Disposal Unit Yes ☐ No ☒
 House ☒ Mobile Home ☐ Business ☐
 No. Bedrooms 4 Lot Area 1.137 Ac
 Size of Tank 1200 gal.
 Nitrification Line 1200 2(3x200) 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: Des Winder



Date 2/11/88 Installed By Joe Powell Approved By De W. E. [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 ☒ []
 Date Inspected 10-6-87 Sanitarian L. F. [Signature], R.S.

Final Inspection Yes _____ No _____
 Required Slab ☒ []
 Chlorinated ☒ []
 Required Certificate ☐ []
 Variance (Explain) ☐ []
 WCHD I.D. Affixed 0653 ☒ []
 Sample Collected ☒ []

**Well permit void 36 months from issuance date

Bacteriological Results

Initial Sample: NEGATIVE Date: 3-8-88
 *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: Grady Poole
3-14-88 Date System Finalized Luis Ulga 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.