

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0004567

PIN #: 1617414070

OP DATE: 0712911988

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

B.W 11/15/13

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map No. 1846 Parcel No. 20

No. C 04667

Contractor: Supreme Builders

Operation Permit []

Owner: _____

Date: April 20

Location/Address: 505 → (R 42 → (P 1. 5/0 → 15' E → 30' W d.

10,455 E. Main St.

S.R. # 1/2

Subdivision Name: 4211st

Lot No. 4

Section or Block No. _____

Zoning: 1-20-1

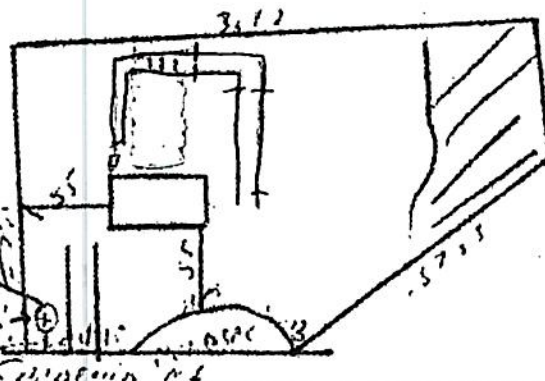
Township: 12 H. T. T.

Sewage System

Repair [] Original Permit No. _____
Garbage Disposal Unit Yes [] No [X]
House [X] Mobile Home [] Business []
No. Bedrooms 3 Lot Area 11,114
Size of Tank _____ gal.
Nitrification Line _____ sq. ft.
Depth of Stone: 12" [X] Max. Depth of Trenches: 4 In.
Riser and Baffle Required [X] 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: R.S.



Date

7/11/88

Installed By

Woody Wilson

Approved By

Gene (Sh.)

Well System

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

Date Inspected

Sanitarian

Final Inspection Yes [X] No []
Required Slab [X]
Chlorinated [X]
Required Certificate [X]
Variance (Explain) [X]
WCHD I.D. Affixed [X]
Sample Collected 7-18 [X]

**Well permit void 36 months from issuance date

Bacteriological Results

Initial Sample: POSITIVE > 16.0 Date: 7-18
*Re-sample #1 NEG. < 2.2 Date: 7-29
*Re-sample #2 MPN 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:

Scott Blackwelder

7-29-88
Date System Finalized

Rust Penny
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.