

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: C 0 0 3 9 9 8

PIN #: 1 8 4 2 0 2 1 5 4 4

OP DATE: 0 1 1 2 1 1 9 8 8

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.)

0 1 0 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

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

na

1842 02 1544

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map No. 183 Parcel No. 62 No. C 03998

Contractor: Gould Inc Operation Permit []

Owner: _____ Date: 11/19/88

Location/Address: 2128 Possum Trot S.R. # 1909

Subdivision Name: Horse Creek Lot No. 18 Section or Block No. _____

Zoning: WAKE Township: Wake Forest

Sewage System

Repair [] Original Permit No. _____

Garbage Disposal Unit Yes [] No [X]

House [X] Mobile Home [] Business []

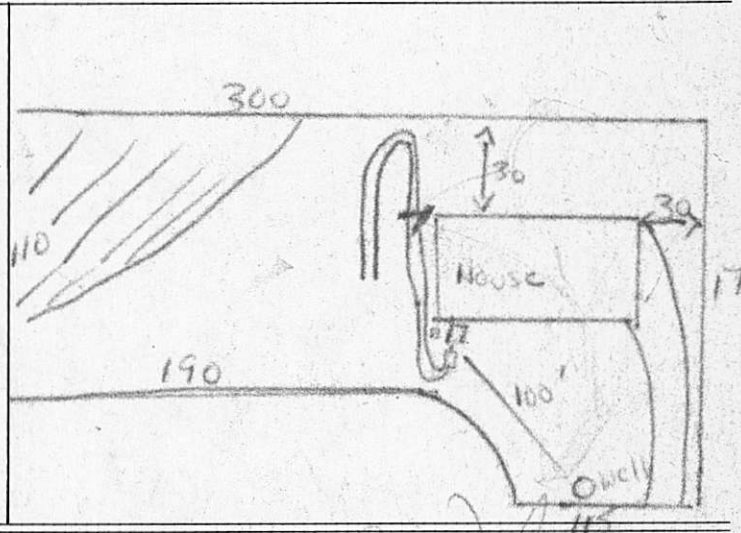
No. Bedrooms 3 Lot Area 10,100

Size of Tank 1200 gal.

Nitrification Line 1000 2 (3x16) sq. ft.

Depth of Stone: 12" [X] Max. Depth of Trenches: 24 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: Dr. W. L.

Date 7/21/88 Installed By J. C. Hays Approved By Dr. W. L.

Well System

Individual [X] Semi-Public [] Public []

New [X] Replacement [] Repair []

Fee Paid Yes [X] No []

Construction Compliance	Yes	No
Site Approved	[X]	[]
Well Head Approved	[X]	[]
Grouting Approved	[]	[]

Date Inspected 3-7-88 Sanitarian H. F. Q., R.S.

Final Inspection	Yes	No
Required Slab	[X]	[]
Chlorinated	[X]	[]
Required Certificate	[]	[]
Variance (Explain)	[]	[X]
WCHD I.D. Affixed <u>#1313</u>	[X]	[]
Sample Collected	[X]	[]

Bacteriological Results

Initial Sample: NEG. Date: 6-9-89

*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: ESTES

Date System Finalized 6-12-89 Sanitarian H. F. Q., R.S.

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.