

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0013648

PIN #: 0696785155

OP DATE: 051111992

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

B.W. 4/15/14

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Tax Map No. 858 Parcel No. 59

Improvement Permit

Well Permit No. **C 13648**

Zoning Wake Township Panther Branch

Operation Permit []

Owner/Contractor: Lees Residential Construction

Date: 2-13-92

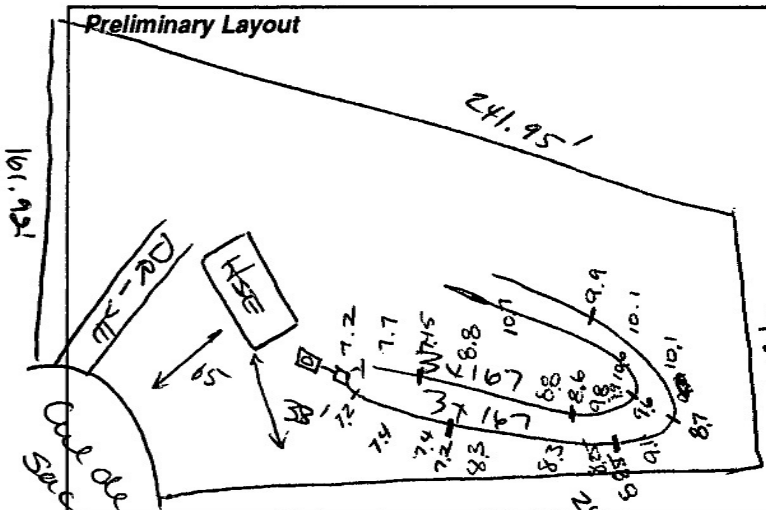
Location/Address: 3409 Spring Heather Ct.

S.R. # 42

Subdivision Name: Oak Hollow Estate

Lot No. 79

Section or Block No.



Final Layout

Sewage System Specifications

Repair [] Original Permit No. 6

Garbage Disposal Unit Yes [] No []

House [] Mobile Home [] Business []

No. of Bedrooms 3 Lot Area .80 Acre

Size of Tank 1000 MCL gal.

Comments:

Nitrification Line $2 \times (3' \times 167') = 1002$ sq. ft.

Depth of Stone: 12" ☒ Max Depth of Trenches: 24 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: Andre C. Prein R.S

Date: 5-11-92 Installed By: J. Watson Jones & Sons Approved By: Andre C. Prince R.S

	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 Sanitarian

Bacteriological Results

Initial Sample: _____ Date: _____

* 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

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

Comments:

~~Well Installed By:~~

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