

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0003667

PIN #: 1607171873

OP DATE: 0312111988

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.)

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


11/14/14

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map No. 826 Parcel No. 449 (5) No. C 03667

Contractor: _____ Operation Permit []
 Owner: Leon Anderson Construction Co. Date: 9-30-87
 Location/Address: 6016 Hampton Ridge Rd.

Subdivision Name: Hampton Ridge Lot No. 32 S.R. # 2737
 Zoning: Wake R-30 Township: Panther Branch Section or Block No. 2

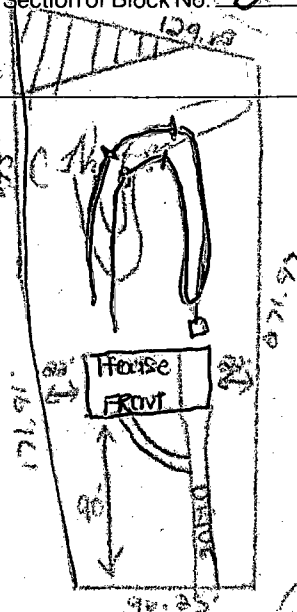
Sewage System

Repair [] Original Permit No. _____
 Garbage Disposal Unit Yes [] No [☒]
 House [☒] Mobile Home [] Business []
 No. Bedrooms 3 Lot Area 78 AC
 Size of Tank 1000 gal.
 Nitrification Line 2 (3' x 200") 1200 sq. ft.
 Depth of Stone: 12" [☒] Max. Depth of Trenches: 24 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: Karen Hight

① Follow contour
 ② Stay out of unusable soil indicated by slash marks (1/4")



Date 3/21/88 Installed By Dele Johnson Approved By Robert G. Fulkner, 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	
	Yes	No
Final Inspection	Yes	No
Required Slab	[]	[]
Chlorinated	[]	[]
Required Certificate	[]	[]
Variance (Explain)	[]	[]
WCHD I.D. Affixed	[]	[]
Sample Collected	[]	[]

**Well permit void 36 months from issuance date

Bacteriological Results

Initial Sample: _____ Date: _____
 *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**

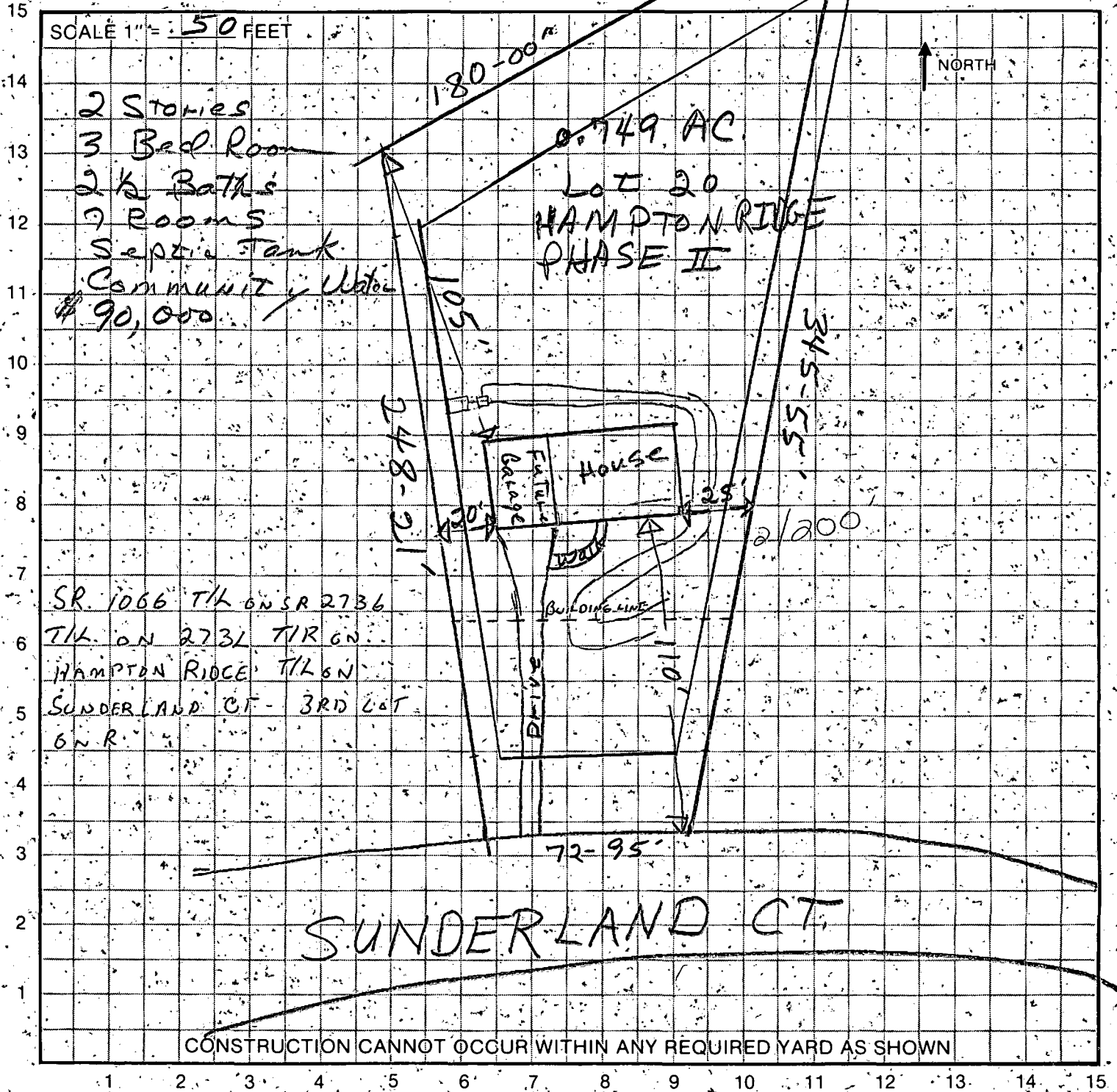
Well Installed By: _____

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.

SITE PLAN

SHOW THE PROPERTY LINES OF THE LOT ON THE GRAPH BELOW, INCLUDING ROAD FRONTAGE



OFFICE USE ONLY

Comments:

Applicant _____ Tax Map 826 Parcel 415 Jurisdiction WAKE
 Building Permit # _____ Date _____ Zoning Approval By _____
 Improvement Permit # C03767 Date 10-29-87 Health Approval By Karen Hight

AS NEEDED

Lot Area 30,000 Sq. Ft. Lot Width 100 Ft. Corner Yard Setback 30 Ft.
 Side Yard Setback 10 Ft. Rear Yard Setback 30 Ft. Front Yard Setback 30 Ft.

White: Health Department

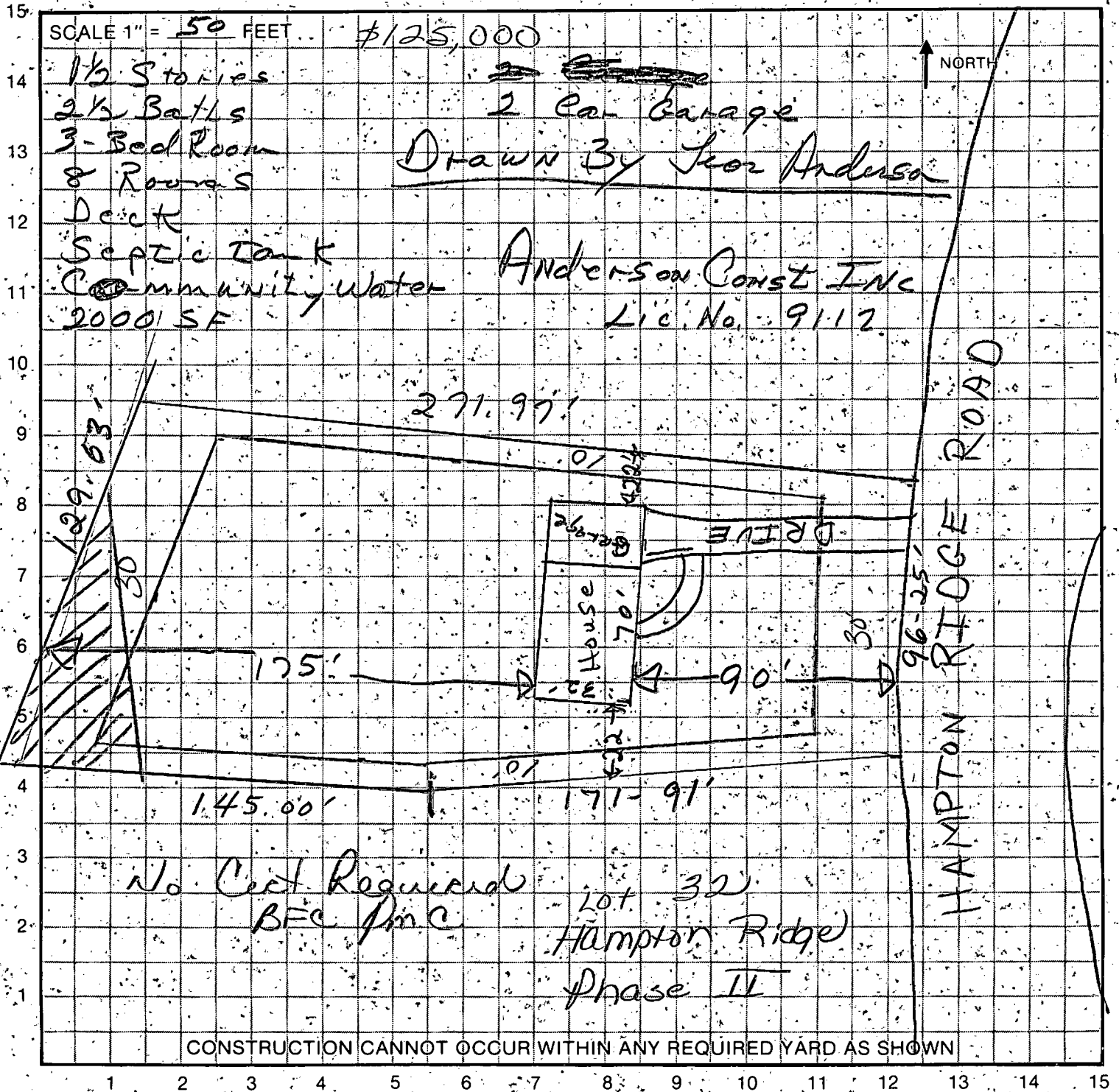
Yellow: Land Use & Permits

Pink: Issuing Agent

HEALTH DEPARTMENT

SITE PLAN

SHOW THE PROPERTY LINES OF THE LOT ON THE GRAPH BELOW, INCLUDING ROAD FRONTAGE



OFFICE USE ONLY

Comments: 1987-139

Applicant: Leon Anderson Const Tax Map: 826 Parcel: 49(3) Jurisdiction: Wake

Building Permit #: Date: Zoning Approval By:

Improvement Permit #: C03667 Date: 9-30-87 Health Approval By: Karen Hight

AS NEEDED

Lot Area: 30,000 Sq. Ft. Lot Width: 100 Ft. Corner Yard Setback: 30 Ft.
Side Yard Setback: 10 Ft. Rear Yard Setback: 30 Ft. Front Yard Setback: 30 Ft.

White: Health Department

*Yellow: Land Use & Permits

Pink: Issuing Agent

HEALTH DEPARTMENT