

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0004232

PIN #: 0730671928

OP DATE: 0412111988

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

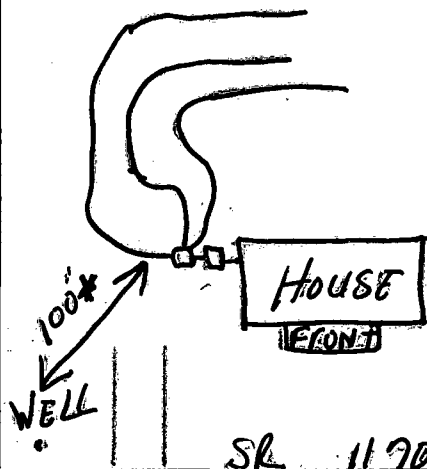
Handwritten signature/initials.

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map No. 693 Parcel No. 6(5) No. C 04232
 Contractor: _____ Operation Permit []
 Owner: LARRY D. HORRELL Date: 4-21-88
 Location/Address: APRIL NC OLD US 1 S. 7/4 SR 1170
1 MILE ON LT S.R. # 1170
 Subdivision Name: PLEASANT PLAINS EST. Lot No. 2 Section or Block No. _____
 Zoning: _____ Township: _____

Sewage System
 Repair [] Original Permit No. 35031
 Garbage Disposal Unit Yes [] No []
 House [] Mobile Home [] Business []
 No. Bedrooms 3 Lot Area 5.81 AC
 Size of Tank 1200 MILLS STB 1200 gal.
 Nitrification Line 3 (3' x 150') 1350 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: STEVE BRISTOW



Date: 4-21-88 Installed By: ORMONDS GRADING Approved By: Ron Dudley

Well System
 Individual [] Semi-Public [] Public []
 New [] Replacement [] Repair []
 Fee Paid Yes [] No [] N/A (9-12-85)
 Construction Compliance Yes [] No []
 Site Approved [] []
 Well Head Approved [] []
 Grouting Approved [] []

Date Inspected	Sanitarian	
	Yes	No
Final Inspection		
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.