

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: **P 0 0 3 1 9 9**

PIN #: **0 6 7 9 5 7 8 5 1 0**

OP DATE: **1 2 / 0 4 / 1 9 8 7**

WELL ONLY PERMIT

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 N/A |
| ☒ | | ☒ | None/NA GT or PT |

DRAINFIELD SIZE(SQ. FT.)

0 0 0 0 0

WELL ONLY PERMIT

Septic information Not Applicable

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 N/A

STONE DEPTH (IN.):

- ☐ 8 in. or less
☐ 12 in. or less
☐ 18 in. or less
☐ 24 in. or less
☒ Other N/A

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 N/A

0679 57 8510

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map No. 743 Parcel No. 89Certificate of Completion
Well System No. C 03199

Contractor: _____

Operation Permit []

Owner: MAURICE C. EVANS {H-774-0954
W-876-6845} Date: 12-1-87Location/Address: 4015 TR SR 1010 TL SR 1386 ON LEFT
JUST PAST WESTWOOD (8305 BELLS LAKE ROAD) S.R. # 1386Subdivision Name: PINEVIEW ACRES Lot No. D Section or Block No. _____Zoning: WAKE Township: SWIFT CREEKAPEX, 27502

Sewage System

Repair [] Original Permit No. NOT FOUNDGarbage Disposal Unit Yes [] No [☒]House [☒] Mobile Home [] Business []No. Bedrooms _____ Lot Area 23000 ft²

Size of Tank _____ gal.

Nitrification Line EXISTING sq. ft.

Depth of Stone: 12" [] Max. Depth of Trenches: _____ in.

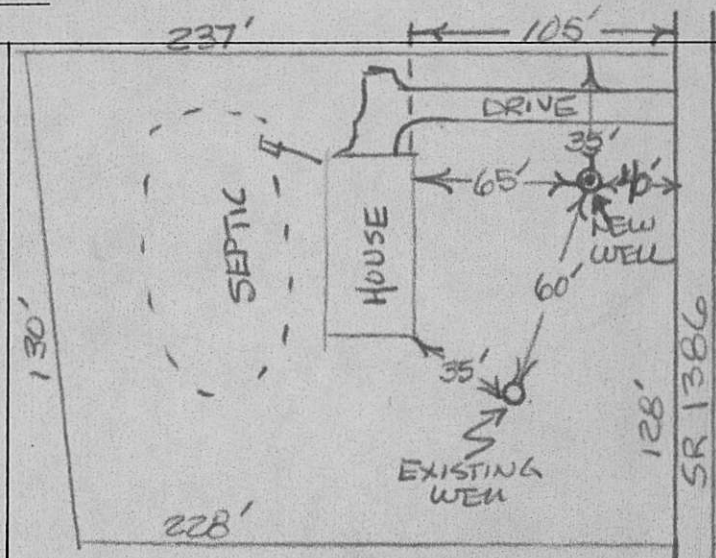
Riser and Baffle Required [] Pump Required []

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: LUIS VEGA *Luis Vega*

Date _____

Installed By _____

Approved By _____

Well System

Individual [☒] Semi-Public [] Public []New [] Replacement [☒] Repair []Fee Paid Yes [] No [] N/A

Construction Compliance Yes _____ No _____

Site Approved [☒] []Well Head Approved [☒] []Grouting Approved [☒] []12-4-87

Date Inspected

Sanitarian

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: Y

*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: GRADY POOLE

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 OWNER/BUILDER

Tax Map No. 743Parcel No. 89WESTWOOD

WELL CONSTRUCTION RECORD

FOR OFFICE USE ONLY

Quad. No. _____ Serial No. _____
Lat. _____ Long. _____ Pc _____
Minor Basin _____
Basin Code _____
Header Ent. _____ GW-1 Ent. _____

DRILLING CONTRACTOR GRADY POOLE WELL COMPANY

DRILLER REGISTRATION NUMBER 479

STATE WELL CONSTRUCTION
PERMIT NUMBER: _____

1. WELL LOCATION: (Show sketch of the location below)

Nearest Town: RALEIGH

Bell Lake Road

(Road, Community, or Subdivision and Lot No.)

2. OWNER Maurice Evans Well #4899

ADDRESS 8205 Bell Lake Road

(Street or Route No.)

Raleigh, N.C.

27603

City or Town

State

Zip Code

3. DATE DRILLED 12/4/87 USE OF WELL house

4. TOTAL DEPTH 375 CUTTINGS COLLECTED ☐ Yes ☒ No

5. DOES WELL REPLACE EXISTING WELL? ☒ Yes ☐ No

6. STATIC WATER LEVEL: 30 FT. ☐ above TOP OF CASING,

☒ below

TOP OF CASING IS 1½ FT. ABOVE LAND SURFACE.

10

blow

7. YIELD (gpm): _____ METHOD OF TEST _____

8. WATER ZONES (depth): _____

9. CHLORINATION: Type HTH Amount 2 lbs.

10. CASING:

From	Depth	To	Diameter	Wall Thickness or Weight/Ft.	Material
<u>0</u>	<u>169</u>	<u>Ft.</u>	<u>6"</u>		<u>galv.</u>

From _____	To _____	Ft. _____			
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From _____	To _____	Ft. _____			
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11. GROUT:

From	Depth	To	Ft.	Material	Method
<u>0</u>	<u>20</u>	<u>Ft.</u>		<u>cement</u>	<u>poured</u>

From _____	To _____	Ft. _____			
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12. SCREEN:

From	Depth	To	Ft.	Diameter	Slot Size	Material

From _____	To _____	Ft. _____				
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From _____	To _____	Ft. _____				
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13. GRAVEL PACK:

From	Depth	To	Ft.	Size	Material
<u>1</u>					

From _____	To _____	Ft. _____			
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14. REMARKS:

County: Wake

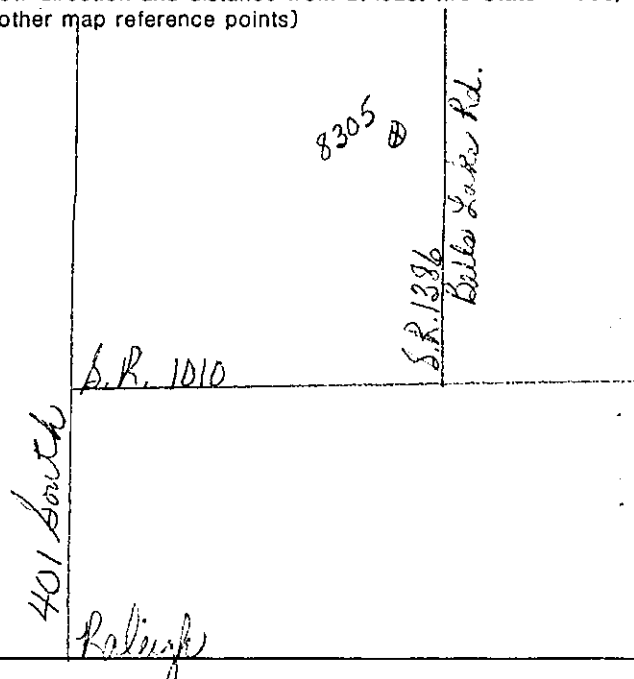
Depth
From To

DRILLING LOG
Formation Description

If additional space is needed use back of form.

LOCATION SKETCH

(Show direction and distance from at least two State Roads, or other map reference points)



I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15 NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

SIGNATURE OF CONTRACTOR OR AGENT

12/11/87

DATE