

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: **C 0 0 I 0 6 8**

PIN #: **I 7 5 2 4 5 3 9 9 2**

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

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.)

0 1 4 4 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

HRH

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Wake
Tax Map No. 612 Parcel No. 56 (S)

No. **C** 01068

Contractor: Johnny P. Watson

Operation Permit [] St. Matthews

Owner: _____

Date: 3-11-87

Location: Pool Rd. East to SR 2511, (R) on 2511, 0.25 mi. East of intersection
W/ SR 2049 on SR 2511, (L) into S/D, lot on (R) at cul-de-sac

Subdivision Name: Blair Woods

Lot No. 5D

Section or Block No. _____

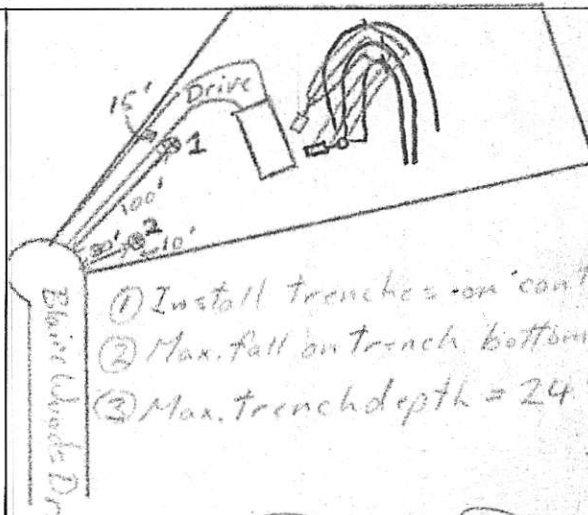
Sewage System

Repair [] Original Permit No. _____
Garbage Disposal Unit Yes [] No [☒]
House [☒] Mobile Home [] Business []
No. Bedrooms 3 Lot Area 1.21 Ac.
Size of Tank DV = 360 1000 gal.
Nitrification Line App. Rate = 0.25 3(3'x160') 1440 sq. ft.
Depth of Stone in Lines: 12" [☒]
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: Everett Coates



4-22-87

Date

Graham Dean & Son

Installed By

D. R. Parnell

Approved By

Well System

Individual [☒] Semi-Public [] Public []
New [☒] Replacement [] Repair []
Fee Paid Yes [☒] No []
Construction Compliance Yes No
Site Approved [☒] []
Well Head Approved [☒] []
Grouting Approved [☒] []

3-26-87
Date Inspected

W. P. D. P. S.
Sanitarian

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

**Well permit void 12 months from issuance date

Bacteriological Results

Initial Sample: Negative 2.2 MPN Date: 8-31-87

*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: Grady Poole

8/31/87

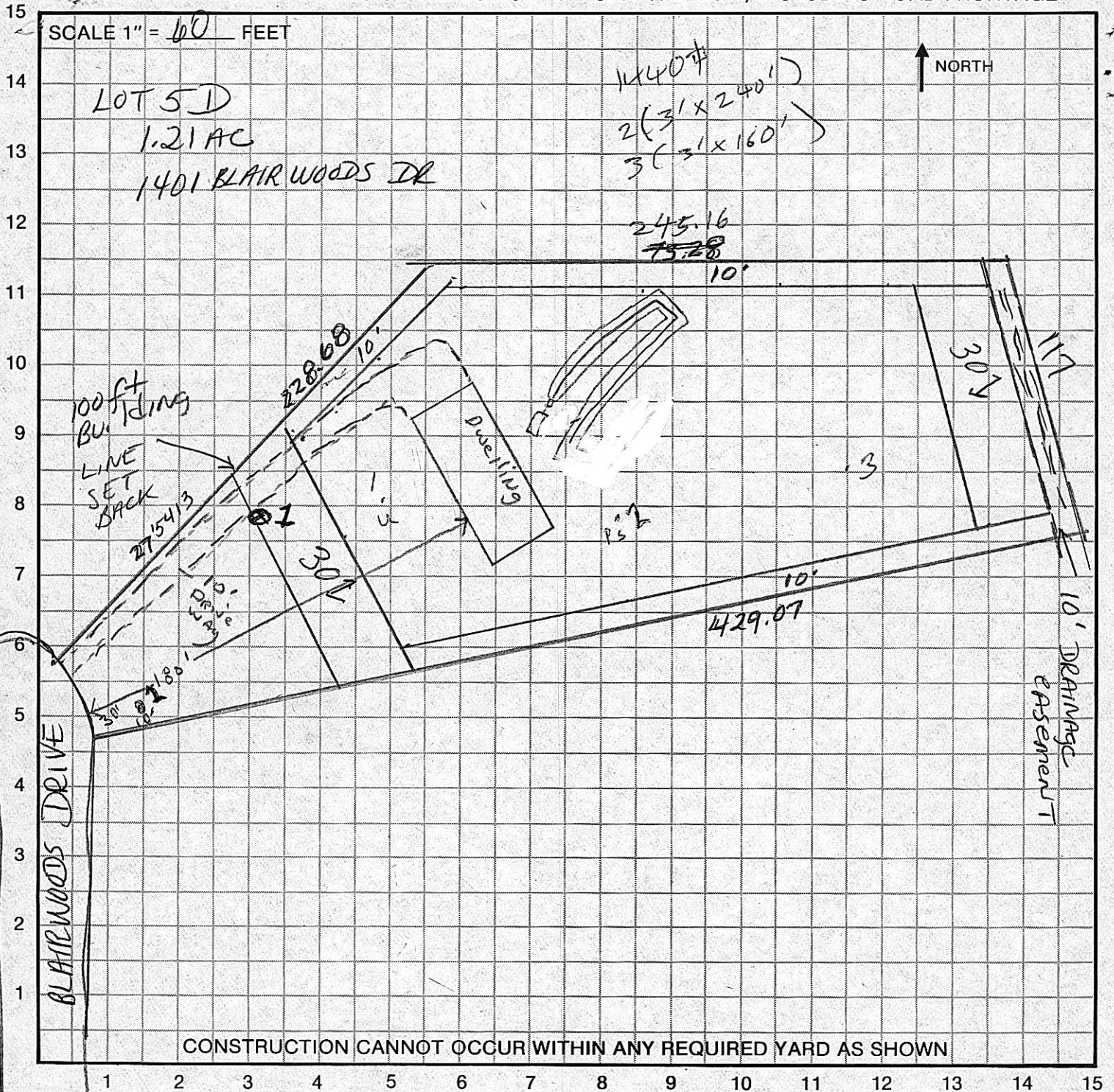
Date System Finalized

D. R. Parnell
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: 1986-2200 Note 10' drainage easement

Applicant Johnny P. Victor Tax Map 612 Parcel 56 Jurisdiction WAKE

Building Permit # _____ Date _____ Zoning Approval By _____

Improvement Permit # C1068 Date 3-11-87 Health Approval By Everett Coates

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.

JMC