

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0003590

PIN #: 0678657089

OP DATE: 0710811988

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.)

01400

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

[Signature]

0678 65 7089

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map No. 784 Parcel No. 35 No. C 03590

Contractor: _____
Owner: Billy + Donna Baker
Location/Address: 5413 WEST OAKS DR

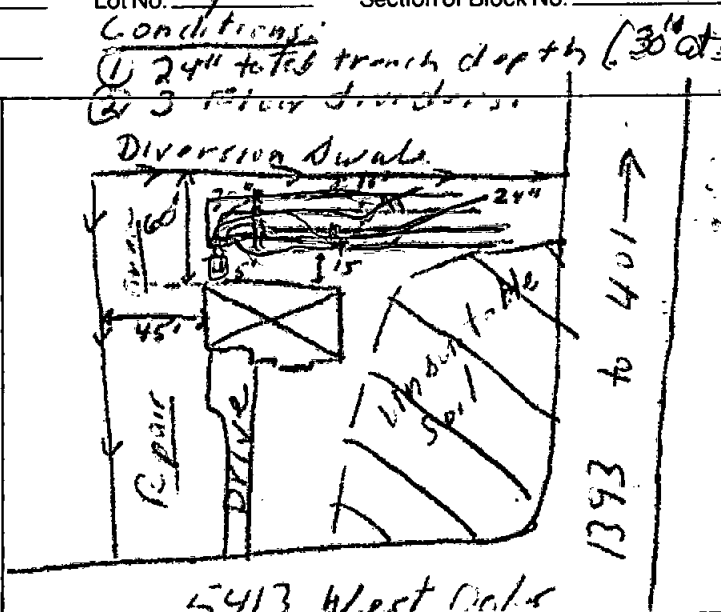
Operation Permit []
Date: 10-27-87

Subdivision Name: West Oaks
Zoning: W-2 Township: M-216

Lot No. 1 Section or Block No. _____

Sewage System
Repair [] Original Permit No. _____
Garbage Disposal Unit Yes [] No []
House [] Mobile Home [] Business []
No. Bedrooms 4 Lot Area 1.04 AC.
Size of Tank 1200 gal.
Nitrification Line 1400 = 4(117' x 3') 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: William H. H. H.



Date: 7/8/88 Installed By: William H. H. H. Approved By: Dr. J. R. H.

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	[]	[]
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.