

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: C012174

PIN #: 0781443454

OP DATE: 0812111992

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.)

01000

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

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WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

0781443454
Tax Map No. 677 Parcel No. 134
Zoning Woke Township Surf Creek
Owner/Contractor: TF. Beckles Date: 5/19/92
Location/Address: 5520 Hester Rd - 1375 - N on 1379, N on 1501, R on Allwood R Hester - L on Left S.R. # 1501
Subdivision Name: Lake Wheeler Village Estates Lot No. 6 Section or Block No.

Preliminary Layout 	Final Layout Call for installation or well siting if to be checked before pump hydraulic 1/2 HP OSP 33 (3x167') 2 installed maintain 50' distance from all other wells
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Sewage System Specifications Repair [] Original Permit No. _____ Garbage Disposal Unit Yes [] No [X] House [] Mobile Home [X] Business [] No. of Bedrooms <u>3</u> Lot Area _____ Size of Tank <u>1000 T 1000 pump</u> gal. Comments: _____	Nitrification Line <u>2 (3x167)</u> <u>1000</u> sq. ft. Depth of Stone: <u>12"</u> Max Depth of Trenches: _____ in. Riser and Baffle Required [X] Pump Required [X] • Permit void if not in compliance with zoning regulations • Permits may be voided if site is altered or intended use changed Layout by: <u>Don White</u>
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Date: 8-21-92 Installed By: T. Perry Approved By: _____

Well System Individual [X] Semi-Public [] Public [] New [X] Replacement [] Repair [] Fee Paid: Yes [X] No [] Construction Compliance Yes [] No [] Site Approved [X] Well Head Approved [X] Grouting Approved [X] Date Inspected <u>9/5/92</u> Sanitarian <u>[Signature]</u>	Final Inspection <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Required Slab</td> <td>[]</td> <td>[]</td> </tr> <tr> <td>Chlorinated</td> <td>[]</td> <td>[]</td> </tr> <tr> <td>Required Certificate</td> <td>[]</td> <td>[]</td> </tr> <tr> <td>Variance (Explain)</td> <td>[]</td> <td>[]</td> </tr> <tr> <td>WCHD I.D. Affixed</td> <td>[]</td> <td>[]</td> </tr> <tr> <td>Sample Collected</td> <td>[]</td> <td>[]</td> </tr> </tbody> </table> Comments: _____ Well Installed By: <u>Goldston Well</u> Date System Finalized _____ Sanitarian _____		Yes	No	Required Slab	[]	[]	Chlorinated	[]	[]	Required Certificate	[]	[]	Variance (Explain)	[]	[]	WCHD I.D. Affixed	[]	[]	Sample Collected	[]	[]
	Yes	No																				
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WCHD I.D. Affixed	[]	[]																				
Sample Collected	[]	[]																				

Bacteriological Results
 Initial Sample: _____ Date: _____
 * Re-Sample #1 _____ Date: _____
 * Re-Sample #2 _____ Date: _____
 * Re-chlorination as required [] Yes [] No
 * Fees for all resamples
 All checks payable to: **Wake County Health Department**

COPY TO HEALTH DEPARTMENT