

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0012257

PIN #: 0698549107

OP DATE: 0611411991

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

Rev 9/22/14

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Tax Map No. 806 Parcel No. 181

Improvement Permit
Well Permit No. **C 12257**

Zoning Wake Township Panther Branch

Operation Permit []

Owner/Contractor: Ashley Turner Bldg Co.

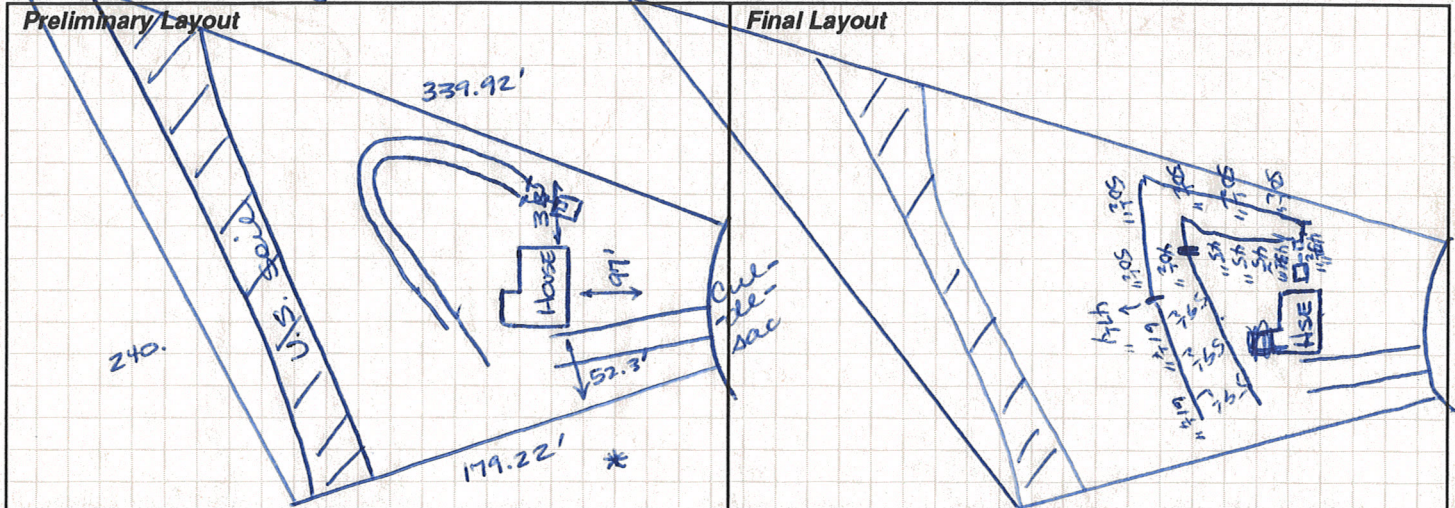
Date: 4-18-91

Location/Address: 2116 Quail Point Dr: 401 S RTL 1006 TR 2nd entrance
to Stagecoach " " " On (E) S.R. # 1006

Subdivision Name: Stagecoach

Lot No. 70

Section or Block No. _____



Sewage System Specifications

Repair [] Original Permit No. _____

Garbage Disposal Unit Yes [] No [☒]

House [☒] Mobile Home [] Business []

No. of Bedrooms 3 Lot Area .82A.

Size of Tank 1000 2/12/91 gal.

Comments: (*) House must be Moved 10' additional from R. property corner
for a 33' setback (R) and 52.3' (L). Shallow installation.

Date: June 14, 91 Installed By: JR. JOHNSON

Approved By: Andre C. Pierce

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

Bacteriological Results
Date Inspected _____ Sanitarian _____
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**

Final Inspection

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

Comments: _____

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.

COPY TO HEALTH DEPARTMENT

Tax Map No. 806

Parcel No. 181

181

1698-04548090