

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0020744

PIN #: 0790996588

OP DATE: 0612411994

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 Existing

MAINT. SCHEDULE:

- ☐ Yes
☒ No

CERT. OPERATOR

- ☐ Yes
☒ No

GT ST PT

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|------------------|
| ☐ | ☐ | ☐ | 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 Existing |
| ☒ | ☐ | ☒ | None/NA GT or PT |

DRAINFIELD SIZE(SQ. FT.)

00450

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

3/17/15

12:30

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Pin # 0790996588 Project # _____
 Tax Map No. 702 Parcel No. 352
 Zoning _____ Township _____
 Owner/Contractor: Ed Jones
 Location/Address: 1409 POWERS ST. DR. RALEIGH, NC

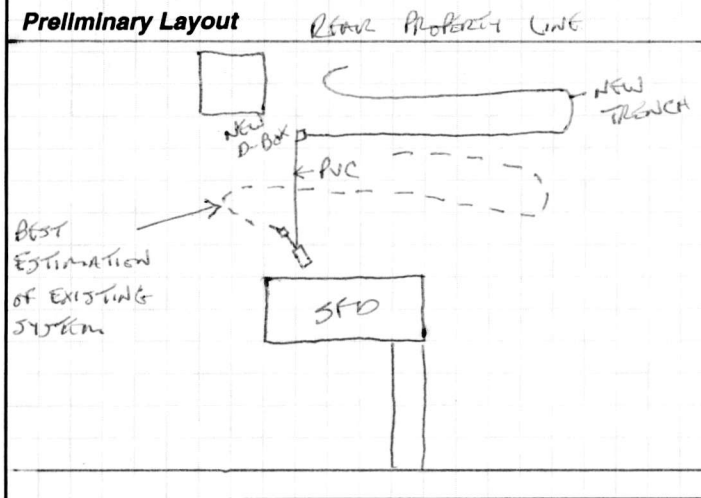
Improvement Permit

Well Permit No. **C 20744**

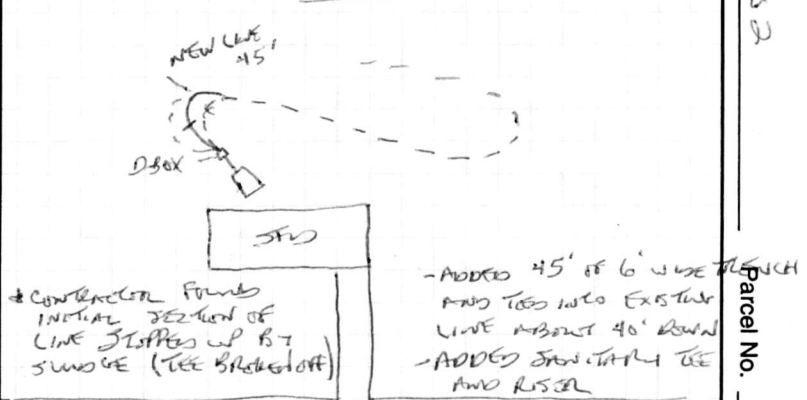
Operation Permit []

Date: 6/23/94

S.R. # _____

Subdivision Name: COLONIAL HEIGHTSLot No. 43Section or Block No. D

Final Layout *CONTRACTOR TO CALL STATE SMITH AT 252-4359 BEFORE DOING REPAIR



Sewage System Specifications

Repair ☒ Original Permit No. UNABLE TO LOCATE
 Garbage Disposal Unit Yes ☐ No ☒
 House ☒ Mobile Home ☐ Business ☐
 No. of Bedrooms EXISTING Lot Area _____
 Size of Tank EXISTING gal.

Nitrification Line ADD 1 (6' X 100-150') sq. ft.Depth of Stone: 12" ☒ Max Depth of Trenches: 30 in.Riser and Baffle Required ☐ Pump Required ☐

☒ Permit void if not in compliance with zoning regulations

☒ Permits may be voided if site is altered or intended use changed

Layout by: John E. Jones

Comments: IDENTIFY LOCATION OF EXISTING SYSTEM (2) SET NEW D-BOX BEHIND EXISTING SYSTEM AND ADD NEW LINE - STAY 10' OFF PROPERTY LINES // MAKE SURE SEPTIC TANK HAS SANITARY TEE

Date: 6/24/94 Installed By: Various County Approved By: John E. Jones

Well System EXISTING
 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 _____

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**

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

3002.017 — 5/14/93