Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: C 0 2 3 4 2 0 PIN #: 0 8 8 0 8 7 1 0 5 4

OP DATE: 0 8 1 2 2 1 1 9 9 5

SYSTEM USE:
- [x] House
- [ ] Mobile Home
- [ ] Business
- [ ] Other

SEWAGE TYPE:
- [x] Domestic
- [ ] Industrial

PUMP/SIPHON?:
- [ ] Yes
- [x] No

PRESSURE MANIFOLD:
- [ ] Yes
- [x] No

SYSTEM TYPE:
- [ ] I
- [x] II
- [ ] III
- [ ] IV
- [ ] V
- [ ] VI
- [ ] Other

SUB TYPE:
- [x] A
- [ ] B
- [ ] C
- [ ] D
- [ ] E
- [ ] F
- [ ] G

NBR BEDROOMS:
- [ ] 1
- [ ] 2
- [ ] 3
- [x] 4
- [ ] 5
- [ ] 6
- [ ] Other

MAINT. SCHEDULE:
- [ ] Yes
- [x] No

CERT. OPERATOR
- [ ] Yes
- [x] 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 2 0 0

DRAIN TYPE:
- [x] 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
- [x] 30 in. or less
- [ ] 32 in. or less
- [ ] 36 in. or less
- [ ] Other

STONE DEPTH (IN.):
- [ ] 8 in. or less
- [x] 12 in. or less
- [ ] 18 in. or less
- [ ] 24 in. or less
- [ ] Other

TRENCHES:
- [x] Individual
- [ ] Bed

TRENCH WIDTH (IN.):
- [ ] 12 in. or less
- [ ] 18 in.
- [ ] 24 in.
- [x] 36 in.
- [ ] 6 ft. or less
- [ ] 9 ft. or less
- [ ] Other

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Pin # 880.02 87705 Project # 95 2710

Tax Map No. [illegible] Parcel No. [illegible]

Zoning Wake Township Buffaloe Creek

Owner/Contractor: John R. Wilson

Improvement Permit

Well Permit No. C 23420

Operation Permit [ ]

Date: 3-22-95

Location/Address: 13/21 Melvin Arnold Rd

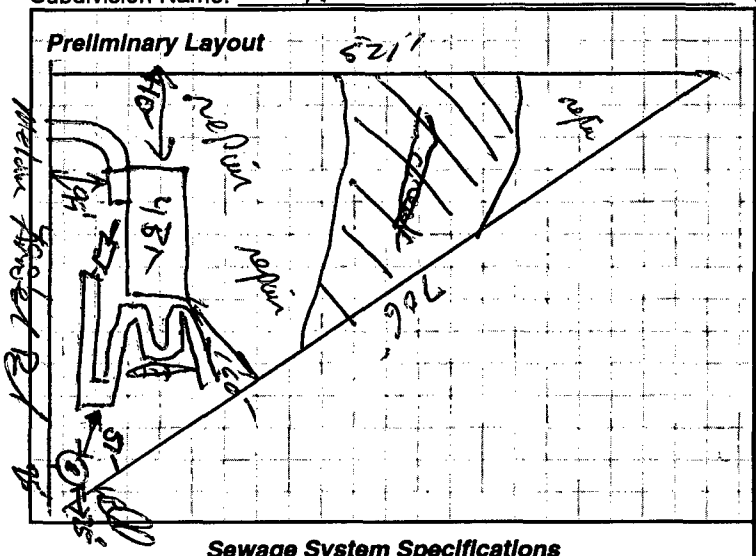
Hy 50 (TR) Shooting Club T (R) Melvin Arnold Left S.R. #

Subdivision Name: KWEE Robert Lot No. R2 Section or Block No.

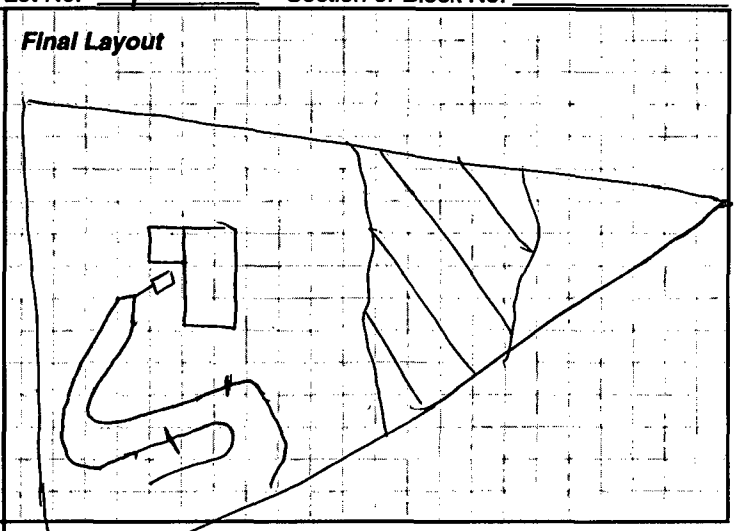
Tax Map No.

Parcel No.

Preliminary Layout



Final Layout



Sewage System Specifications

Repair [ ] Original Permit No.

Garbage Disposal Unit Yes [ ] No [X]

House [X] Mobile Home [ ] Business [ ]

No. of Bedrooms 4 Lot Area 2.34 Ac

Size of Tank 1200 gal.

Nitrification Line 2 X 3 X 200 = 1200 sq. ft.

Depth of Stone: 12" [X] Max Depth of Trenches: 30" in.

Riser and Baffle Required [X] 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: Kent Waldrep RS

Comments: Follow contour keep trench and system shallow, stay out of gullies min 5' to well - Avoid rocks - Keep well 25' off corner of lot.

Date: 8-22-95 Installed By: Joel Powell Approved By: D. R Parnell Jr

Well System

Individual [X] Semi-Public [ ] Public [ ]

New [X] Replacement [ ] Repair [ ]

Fee Paid: Yes [X] No [ ]

Construction Compliance	Yes	No
Site Approved	[✓]	[ ]
Well Head Approved	[✓]	[ ]
Grouting Approved	[ ]	[ ]

5-5-95 Ralph McDonald RS

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: Esten

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

MAR-14-1995 09:56 FROM CDS-LAND USE & PERMITS TO 92504443 P.23

4-BD +Well

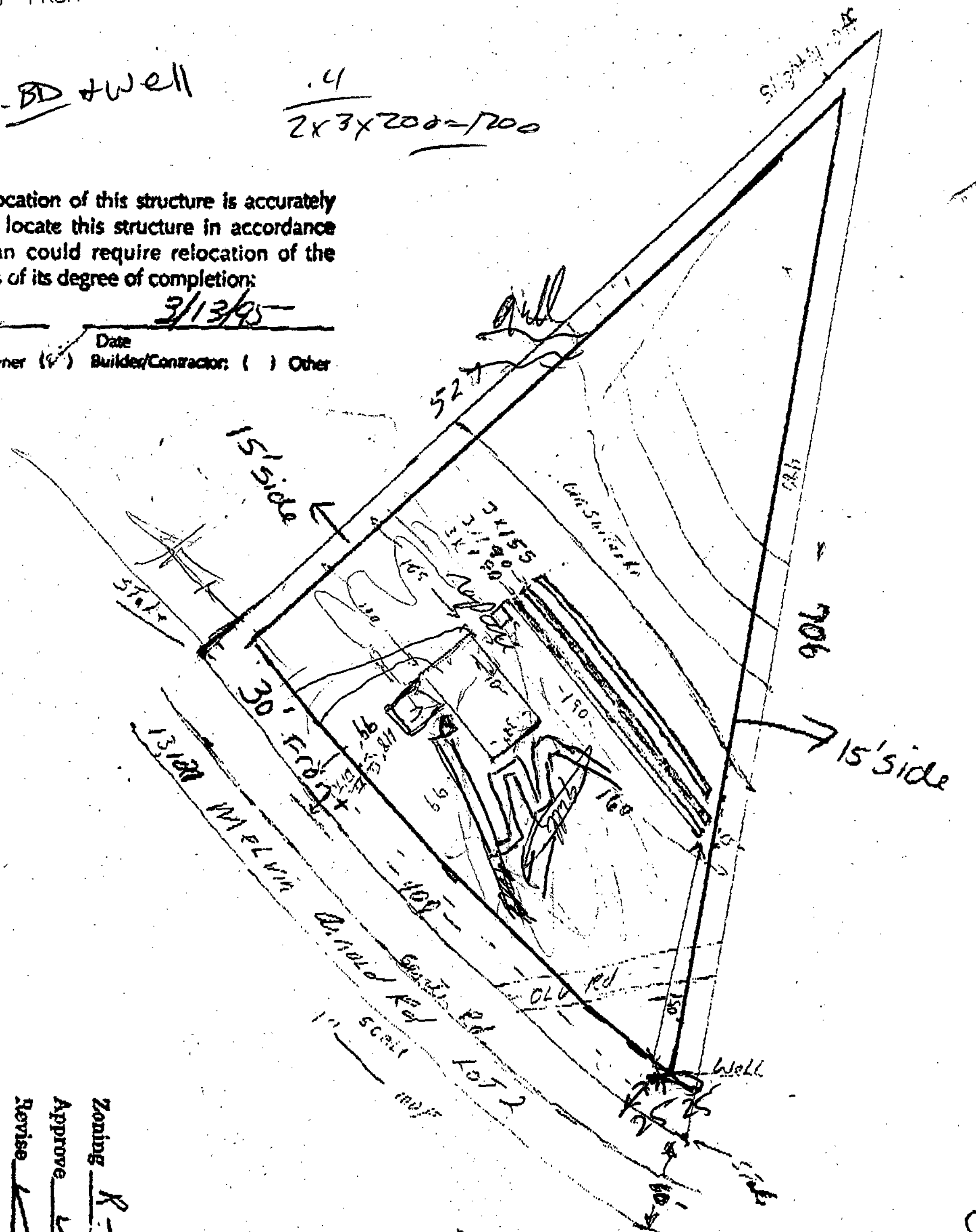
.4
2x3x200=1200

I certify that the location of this structure is accurately shown. Failure to locate this structure in accordance with this plot plan could require relocation of the structure regardless of its degree of completion:

[signature] 3/13/95

Signature Date

Check one: (✓) Owner (✓) Builder/Contractor: ( ) Other



Zoning R-40W By AH
Approve ✓ Date 3/13/95
Revise ✓ Use 101 SFD
Reject MBL
Front 30 Rear 30
Side 15 Corner
Comments: Must keep 20' Buffer.

0952710