

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: C 0 1 4 0 1 2

PIN #: 2 7 1 6 5 2 2 6 2 9

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

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
<input type="checkbox"/>	<input type="checkbox"/>		750
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	900
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,200
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,500
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,800
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,100
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,500
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3,000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4,000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5,000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8,000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10,000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	None/NA GT or PT

DRAINFIELD SIZE(SQ. FT.)
 0 1 0 0 0

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

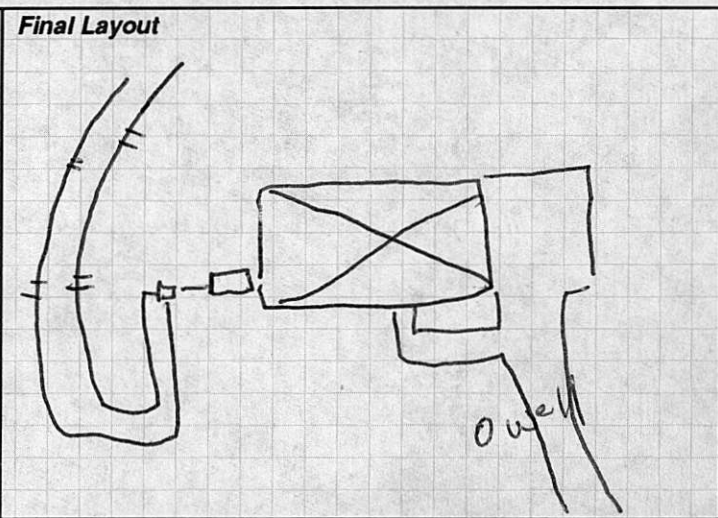
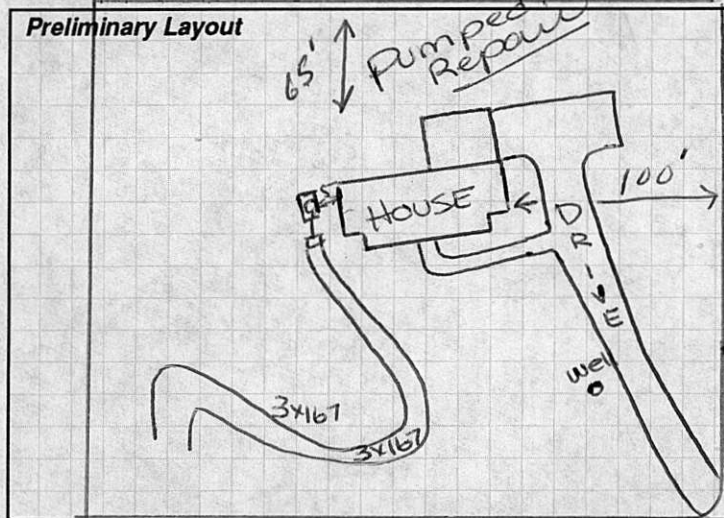
TRENCH WIDTH (IN.):
 12 in. or less
 18 in.
 24 in.
 36 in.
 6 ft. or less
 9 ft. or less
 Other

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Tax Map No. 423 Parcel No. 3 921730 Improvement Permit 2716 52 2629
 Zoning Wake Township Little River Well Permit No. **C** 14012
 Owner/Contractor: Johnny Watson Bld. Date: 2-28-92
 Location/Address: 2333 NC Hwy 39 - 64 TR 39 On (R) S.R. # 39

Subdivision Name: _____ Lot No. 4 Section or Block No. _____



Sewage System Specifications

Repair [] Original Permit No. _____
 Garbage Disposal Unit Yes [] No [x]
 House [x] Mobile Home [] Business []
 No. of Bedrooms 3 Lot Area 1.71 A.
 Size of Tank 1000 gal.
 Comments: Shallow placement

Nitrification Line 2 x (3' x 167) = 1000 sq. ft.
 Depth of Stone: 12" [x] Max Depth of Trenches: 24 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: Andre C. Pierce, R.S.

Date: 5/25/92 Installed By: Jerry Woodard Approved By: De W. Dink

Well System
 Individual [x] Semi-Public [] Public []
 New [x] Replacement [] Repair []
 Fee Paid: Yes [x] No []
Construction Compliance
 Site Approved [x] []
 Well Head Approved [x] []
 Grouting Approved [x] []
4-27-92 Date Inspected W. L. P. R.S. Sanitarian

Final Inspection

	Yes	No
Required Slab	[x]	[]
Chlorinated	[x]	[]
Required Certificate	[]	[]
Variance (Explain)	[]	[]
WCHD I.D. Affixed #2980	[x]	[]
Sample Collected	[x]	[]

Comments: _____

Bacteriological Results
 Initial Sample: NEG. Date: 6-17-92
 * 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**

Well Installed By: Grady Poole
6-19-92 Date System Finalized W. L. P. R.S. 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. 423
Parcel No. 3

DANNY WATSON BLDGS
" = 60'
-18-92
T. 4 TIPPETT PROP.
DRAWN BY:
Danny Watson

