Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: C 0 1 1 9 2 9 PIN #: 1 7 9 6 4 3 1 7 6 3

OP DATE: 0 6 / 2 7 / 1 9 9 1

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.)

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

MC

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map No. 420 Parcel No. 12

Improvement Permit
Well Permit No. C 11929

Contractor: _____

Operation Permit [ ]

Owner: Stephen Blackley Date: 4/9/91

Location/Address: (8341 Riley Hill Rd.) 6/4E T/L on 96 T/L on Riley Hill go ~ 1 mile on Rt. S.R. # 2320

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

Zoning: R-40 Wake Township: Little River

Tax Map No. 420

Parcel No. 12

Sewage System

Repair [ ] Original Permit No. _____

Garbage Disposal Unit Yes [ ] No [✓]

House [ ] Mobile Home [✓] Business [ ]

No. Bedrooms 3 Lot Area 36.68

Size of Tank 1000 gal.

Nitrification Line (2) 167' x 3' 1000 sq. ft.

Depth of Stone: 12" [✓] Max. Depth of Trenches: ____ In.

Riser and Baffle Required [ ] Pump Required [ ]

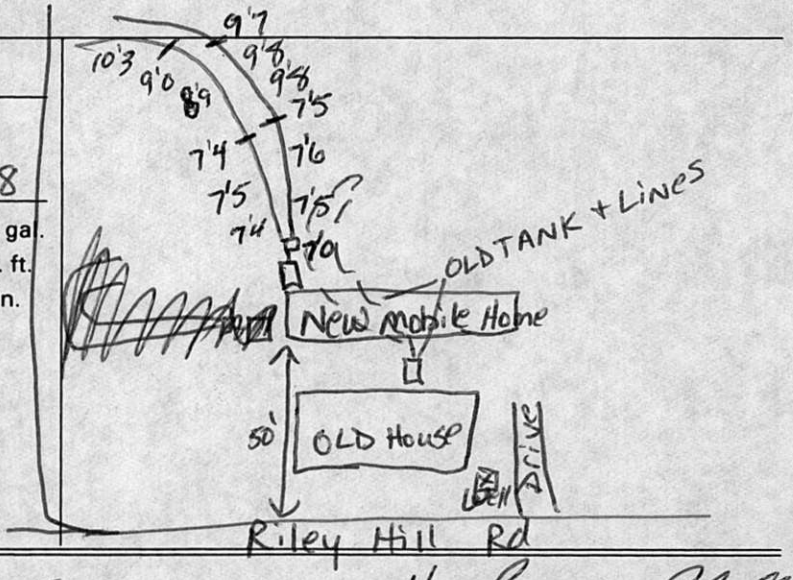
Improvement Permit

*Permit Void ~~36~~ 60 months from date of Issuance

*Permit Void if not in compliance with zoning regulations

*Permit may be voided if site alterations made

Layout By: H. Brian Phillips R.S.



6/27/91 Date

B. Driver Installed By

H. Brian Phillips Approved By

Well System

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 _____

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

**Well permit void 36 months from issuance date

Bacteriological Results

Initial Sample: _____ Date: _____

*Re-sample #1 _____ Date: _____

*Re-sample #2 _____ Date: _____

Re-chlorination as required Yes [ ] No [ ]

Comments: _____

*$10.00 fee for all re-samples

All checks payable to: **Wake County Health Department**

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.

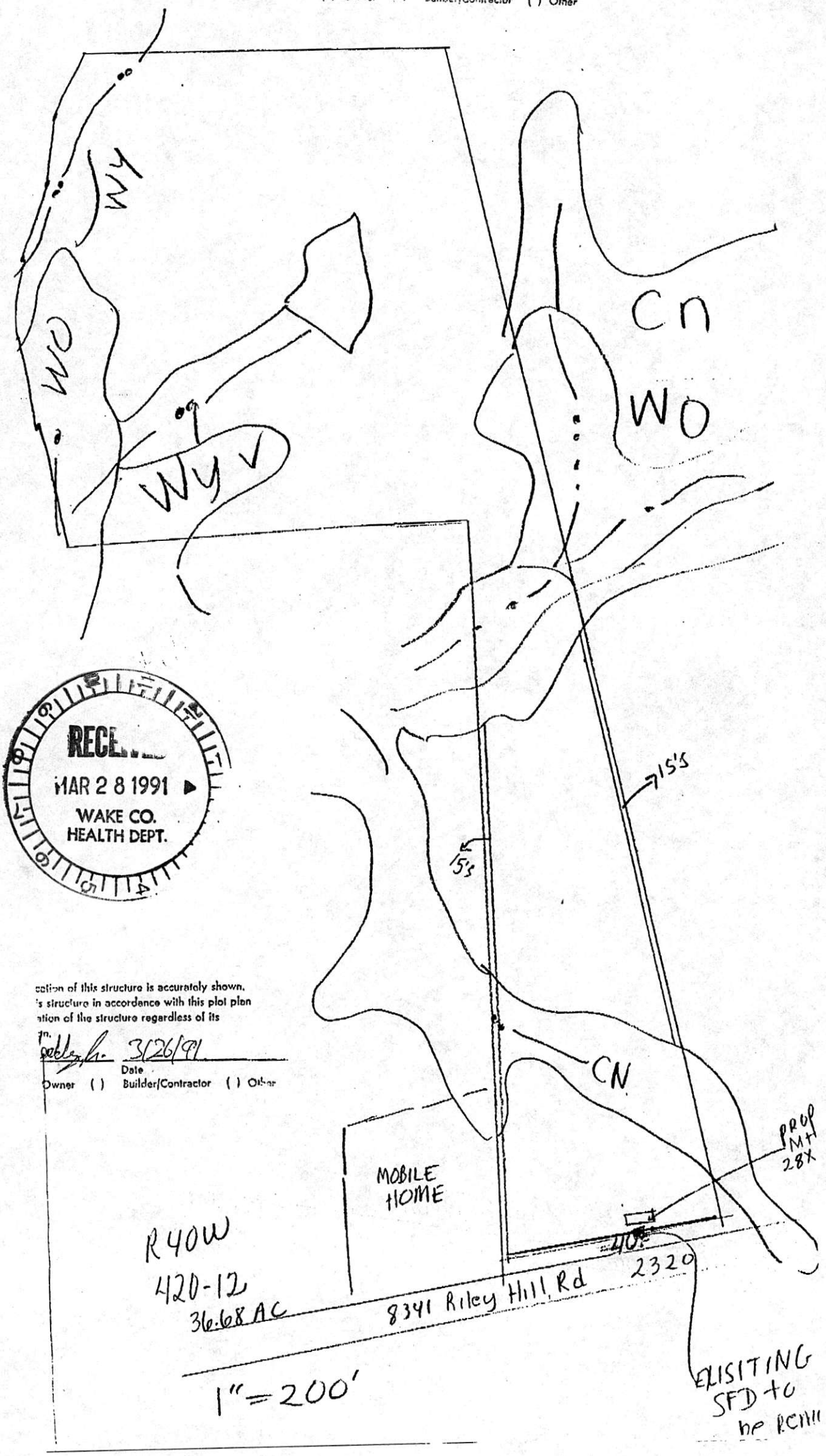
OGD—50909

COPY TO APPLICANT

...ation of this structure is accurately shown.
...'s structure in accordance with this plot plan
...ation of the structure regardless of its
...n.

Signature Date

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



...cation of this structure is accurately shown.
...'s structure in accordance with this plot plan
...ation of the structure regardless of its
...n.

3/26/91
Date

Owner ( ) Builder/Contractor ( ) Other