

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0007125

PIN #: 0686577942

OP DATE: 0612211989

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

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|------------------|
| <input type="checkbox"/> | <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 type="checkbox"/> | <input checked="" type="checkbox"/> | None/NA GT or PT |

DRAINFIELD SIZE(SQ. FT.)

01200

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


11/14/14

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

Tax Map No. 856 Parcel No. 110 No. C 07125

Contractor: _____ Operation Permit []

Owner: STEVE ADAMS, CUST Date: 3-17-84

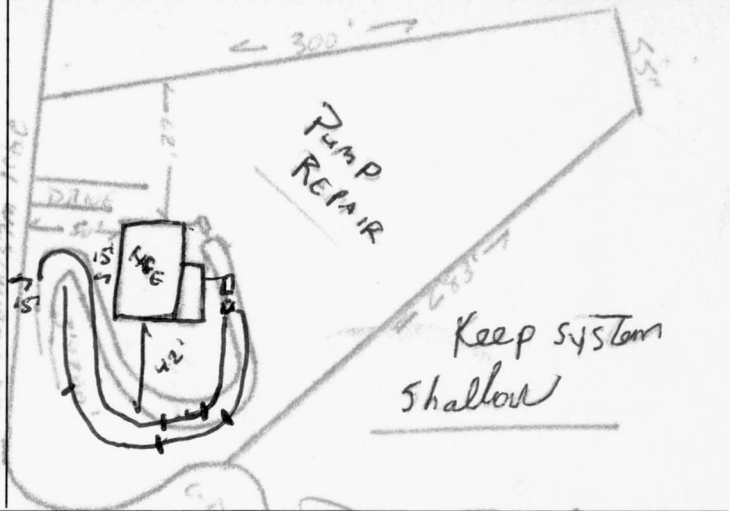
Location/Address: 7713 WESTWORTH DRIVE, HWY 401 SOUTH, TR SR 2753 1/2
HWY 42 + EAST, TR SR 2749 1/2 S/D ON RT S.R. # 2748

Subdivision Name: MYATT MILL FARMS Lot No. 14 Section or Block No. _____

Zoning: WAVE Township: MIDDLE CREEK

Sewage System

Repair [] Original Permit No. _____
 Garbage Disposal Unit Yes [] No []
 House Mobile Home [] Business []
 No. Bedrooms 3 Lot Area 6.17 ACRES
 Size of Tank 1000 gal.
 Nitrification Line 1200 2 (3'x 200') sq. ft.
 Depth of Stone: 12" Max. Depth of Trenches: 26" in.
 Riser and Baffle Required Pump Required []



Improvement Permit

*Permit Void 36 months from date of issuance
 *Permit Void if not in compliance with zoning regulations
 *Permit may be voided if site alterations made
 Layout By: [Signature]

6-22-84

RANDY JONES

[Signature]

Date Installed By 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: _____

6-22-84
 Date System Finalized

[Signature]
 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.

Tax Map No. 856 Parcel No. 110

