

Environmental Services - Water Quality  
Onsite Wastewater Scan Data Entry Form

PERMIT #:

PIN #:

OP DATE:

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 type="checkbox"/>	<input type="checkbox"/>	1,000
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Other
			None/NA GT or PT

DRAINFIELD SIZE(SQ. FT.)

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 (20 in)
- 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

01224  
 #1861.0320875 Project # 952571

KB  
 4-10-96

Improvement Permit  
 Well Permit No. **C 23482**  
 Operation Permit [ ]

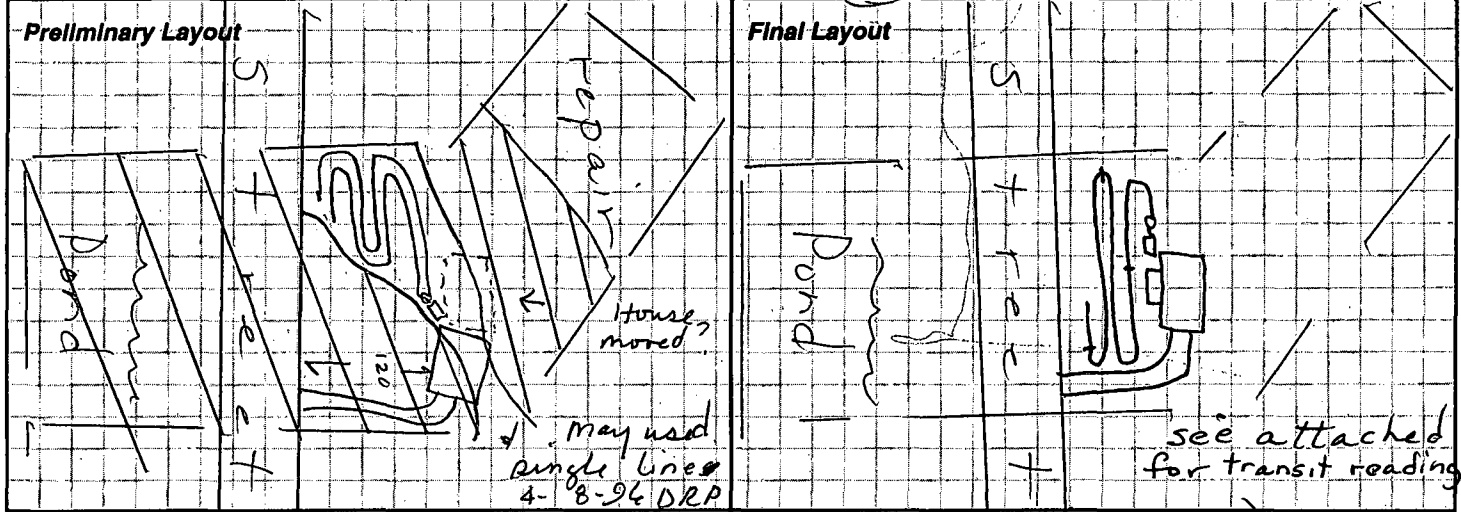
ax Map No. \_\_\_\_\_ Parcel No. \_\_\_\_\_  
 Zoning Wake Township WF

Owner/Contractor: Testa Const <sup>MILL DAM</sup> Date: 4-24-95

Location/Address: 5209 Milldam Rd (Averette Rd)

(TR) Milldam, 2<sup>nd</sup> lot on left S.R. # \_\_\_\_\_

Subdivision Name: Millrace Lot No. (2) Section or Block No. \_\_\_\_\_



**Sewage System Specifications**

Repair [ ] Original Permit No. \_\_\_\_\_

Garbage Disposal Unit Yes [ ] No [✓]

House [✓] Mobile Home [ ] Business [ ] • 4 Apprt.

No. of Bedrooms 4 Lot Area 1.92 AC

Size of Tank \_\_\_\_\_ 1200 gal.

Comments: shallow trench installation at 20" or less

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Nitrification Line 2 (3'x200') 1200 sq. ft.

Depth of Stone: 12" [✓] Max Depth of Trenches: 20 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: DR Parnell

Date: 4/10/96 Installed By: Glenn Todd Approved By: DR Parnell

**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 \_\_\_\_\_

**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.

Tax Map No.

Parcel No.

1861.0320875-01224

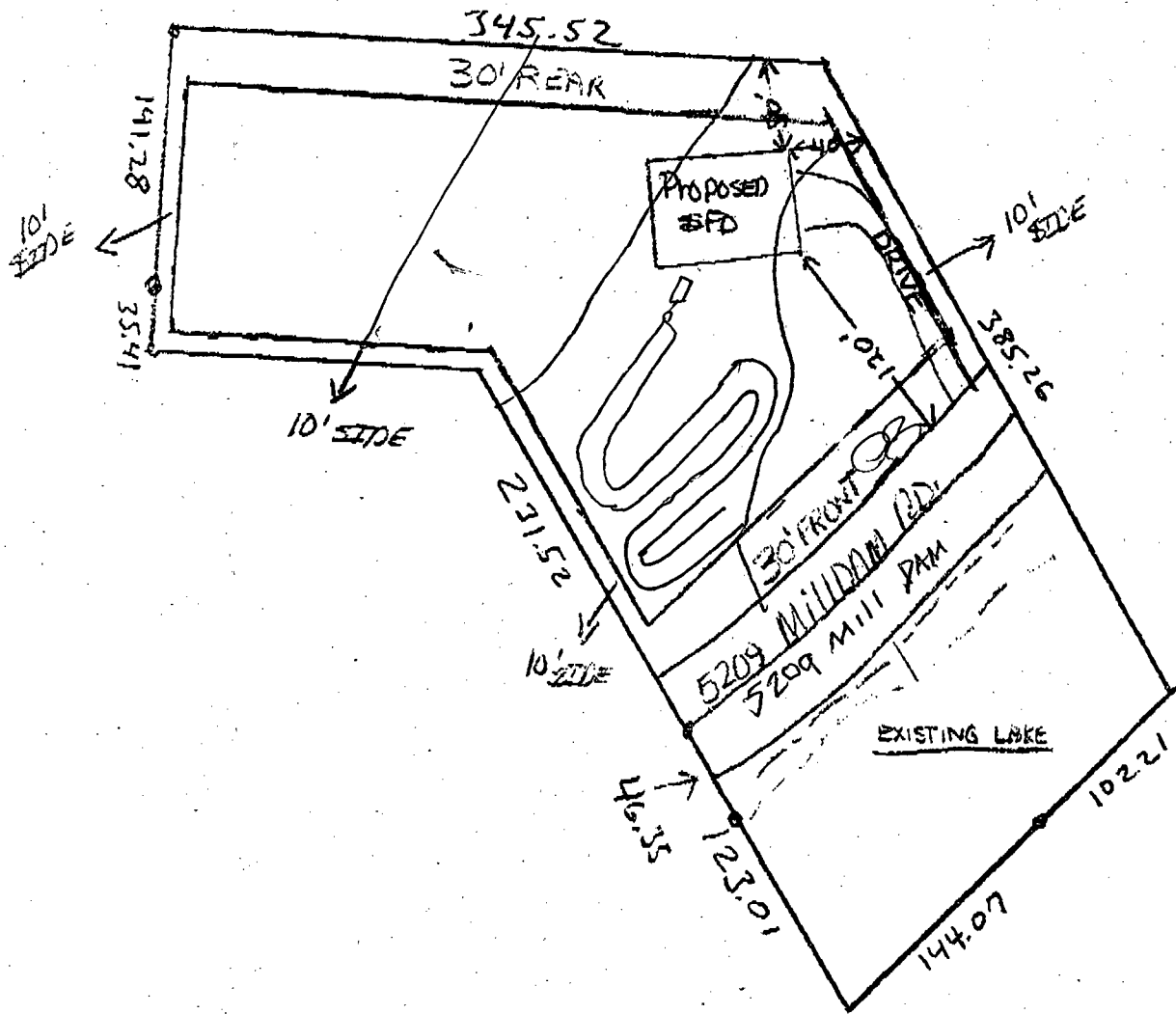
2

0952571

Zoning R-30 By CA  
Approve CA Date 4-7-95  
Revise \_\_\_\_\_ Use 101  
Reject \_\_\_\_\_ MBL 100  
Front 30 Rear 30  
Side 10 Corner 30

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 Robert M. Gertz Date April 7, 1995  
Check one: ( ) Owner (  ) Builder/Contractor ( ) Other

Comments: REAR OF LOT CONTAINS FLOOD HAZARD -



Lot 2  
Millrace Phase I