

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: C 0 1 7 2 5 0

PIN #: 1 8 0 3 7 7 9 3 0 8

OP DATE: 0 4 1 2 5 1 1 9 9 4

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 2 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

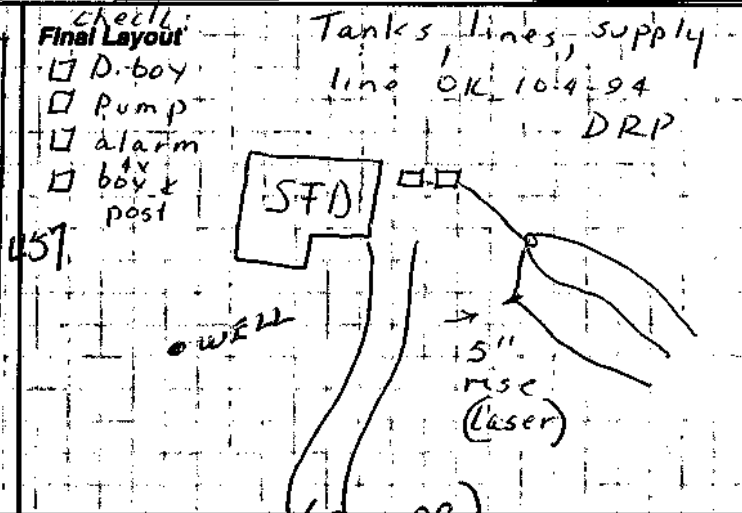
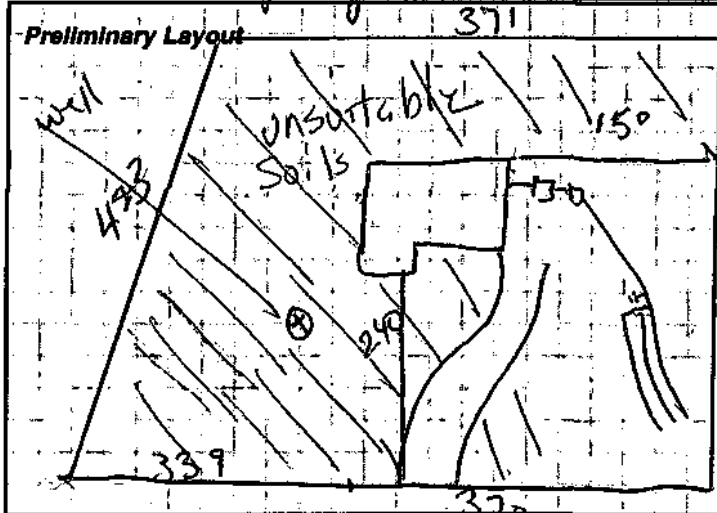
WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Pin # _____ Project # 0942833
 Tax Map No. 156 Parcel No. 30
 Zoning WAKE Township New Light
 Owner/Contractor: M. A. Pechin
 Location/Address: 221 Stillwood Drive

Improvement Permit 17250
 Well Permit No. C 200003
 Operation Permit []
 Date: 4/25/94

Subdivision Name: Springwood Acres Lot No. 13 Section or Block No. _____
 S.R. # _____



Sewage System Specifications

Repair [] Original Permit No. _____
 Garbage Disposal Unit Yes [] No X
 House X Mobile Home [] Business []
 No. of Bedrooms 3 Lot Area 6 Acres
 Size of Tank 1000 + 1200 pump gal.
 Comments: _____

Nitrification Line 3 (3x133) 1200 sq. ft.
 Depth of Stone: 12" Max Depth of Trenches: 24 in.
 Riser and Baffle Required X Pump Required X
 Permit void if not in compliance with zoning regulations
 Permits may be voided if site is altered or intended use changed
 Layout by: De Wad

Date: _____ Installed By: mark young Approved By: _____

Well System

Individual X Semi-Public [] Public []
 New X Replacement [] Repair []
 Fee Paid: Yes X No []
 Construction Compliance Yes [] No X
 Site Approved []
 Well Head Approved []
 Grouting Approved []

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: Golds Tan
 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.

156

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