

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0005830

PIN #: 1800132683

OP DATE: 0610111998

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.)

61350

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

bw 2/18/14

Attn: Wilma

★ NOT FOR WASTEWATER SYSTEM CONSTRUCTION ★

WAKE COUNTY ENVIRONMENTAL HEALTH WELL AND SEWAGE SITE, LOCATION PERMIT

NO PERMIT(S) FOR CONSTRUCTION, LOCATION OR RELOCATION ACTIVITY SHALL BE ISSUED
UNTIL AN AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION HAS BEEN ISSUED.

Pin # 1800.03131948 Project # 0973066 Improvement Permit
Tax Map No. _____ Parcel No. _____ Well Permit No. **D** 5830
Zoning Wake Township Barton's Creek Operation Permit []
Owner/Contractor: Josef and Uona Herneli Date: 5-16-97
Location/Address: 6300 Swallow Cove Ln (Six Forks Rd TL
Pleasant Union Ch-Rd, ~1mi, TL Swallow Cove S.R. #)
Subdivision Name: Swallow Cove Lot No. 4*5 Section or Block No. _____

Tax Map No.

Parcel No.

Preliminary Layout

SEE ATTACHED PLOT PLAN FOR WASTEWATER DISPOSAL SITE.

SEE CONSTRUCTION AUTHORIZATION FOR WASTEWATER SYSTEM DESIGN.

- Basement

* may be re-numbered if lot is subdivided from this lot

Final Layout

Revised Site Plan

3/16/98 OK'd pending
EEE-222 lay note
used. A. Pierce

Sewage System Specifications

Repair [] Original Permit No. _____
Garbage Disposal Unit Yes [] No ☒
House ☒ Mobile Home [] Business [] 5.805 ac.
No. of Bedrooms 4 Lot Area 9.66 AC
Size of Tank 1200 gal.
Wastewater: Sewage ☒ Industrial [] Comments: _____

Nitrification Line 1350 sq. ft.
Depth of Stone: 12" ☒ Max Depth of Trenches: 24 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 Parrell Jr

Date: June 1 1998 Installed By: Glen Add Approved By: Andre P. Grein

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

Bacteriological Results
Date Inspected _____ Sanitarian _____
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**

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.

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION
VOID SIXTY(60) MONTHS FROM DATE OF ISSUANCE

DATE: 5/16/97 IMPROVEMENT PERMIT NO.: D 5830

TAX MAP NO.: _____ PARCEL NO.: _____ PIN NO.: 1800.6313 1948

OWNER/CONTRACTOR: Josef and Lona Hemeli

LOCATION/ADDRESS: 6300 Swallow Cove Ln (Six Forks Rd TL Pleasant Union Ch. Rd TL Swallow Cove ~ 1 mi. on L. to end of C-D-S)

SUBDIVISION NAME: Swallow Cove

LOT NO.: 456 SECTION OR BLOCK NO.: _____

AUTHORIZATION ISSUED BY: DR Farrell Jr.

AUTHORIZATION CONDITIONS

- 1 WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. D 5830 AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE "REGULATIONS GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL IN WAKE COUNTY" AND ANY OTHER APPLICABLE RULES AND LAWS.
- 2 THE WASTEWATER SYSTEM SHALL NOT BE COVERED OR PLACED INTO USE UNTIL INSPECTED BY THE WAKE COUNTY DEPARTMENT OF HEALTH AND AN OPERATION PERMIT ISSUED.
- 3 ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY VOID THIS AUTHORIZATION AND ASSOCIATED PERMITS.
- 4 OTHER CONDITIONS: _____

CONTRACTOR TO ESTABLISH AND FOLLOW CONTOUR

SEE ATTACHED PLOT PLAN FOR DESIGN AND LOCATION OF SYSTEM

SEPTIC TANK 1200 gal.
PUMP TANK gal.

MAXIMUM TRENCH DEPTH 24 inches
NUMBER OF TRENCHES 3
LENGTH OF TRENCHES 150 feet
WIDTH OF TRENCHES 3 feet
AMOUNT OF STONE 12 inches

Received Event (Event Succeeded)

Date: 11/18/97
 Pages: 2
 Sender:
 Fax Number:
 Type: Fax

ATTN: DAVID PARNELL

Time: 8:15 AM
 Duration: 1 min 30 sec
 Company:
 Subject:

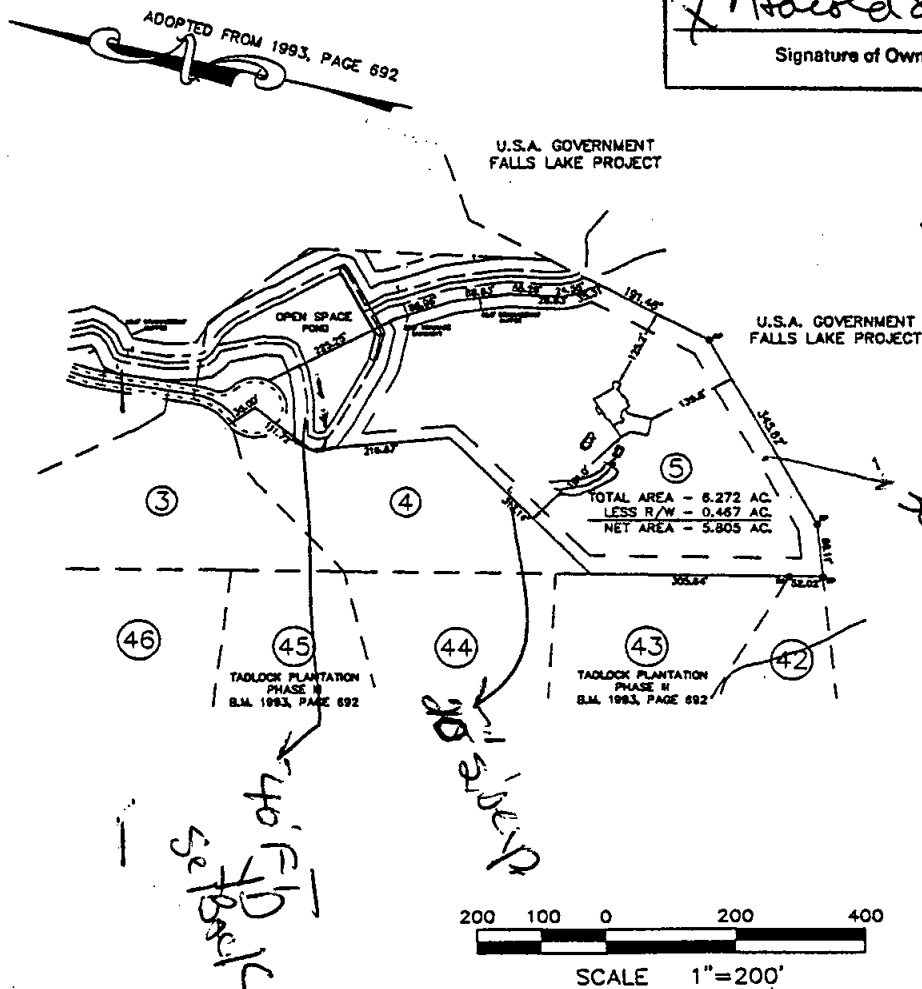
0973066

FROM : W. GRAHAM CAUTHORNE, R.L.S. PHONE NO. : 919 5563148 5541370 Nov. 18 1997 08:00AM P2

Zoning R-80A By MT. JOSEF & ILONA HEMELI
 Approve ✓ Date 11/18/97 LOT 5, J & I PARTNERSHIP PROPERTY
 Revise ✓ Use 101 REF: B.M. 1997, PAGE 1428
 Reject MBL BARTONS CREEK TOWNSHIP
 Front 40 Rear 30 WAKE COUNTY, NORTH CAROLINA
 Side 20 Corner — MARCH 31, 1997
 Comments: REVISED NOVEMBER 18, 1997
 ZONED R-80W

I certify that the location of planned or existing structure(s) are accurately shown. I understand failure to locate structures in accordance with this plot plan may require the relocation of structure(s) regardless degree of completion. I hereby grant permission to Municipal/County Representatives the right of entry to make evaluations or inspections upon this property.

X Harold S. Selby 11/18/97
 Signature of Owner or Authorized Agent



NOTES:
 -THIS PLAN DOES NOT REFLECT AN ACTUAL SURVEY. IT IS A PRELIMINARY PLAN AND SHOULD BE USED FOR ITS INTENDED PURPOSE ONLY.
 -NOT FOR RECORDATION, CONVEYANCES, OR SALES.
 PREPARED BY: MICHAEL A. MOSS, R.L.S.