

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: C018901

PIN #: 0698443493

OP DATE: 0112611994

10/34

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

- ☐ ☐ ☐
☐ ☐ ☐
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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

DRAINFIELD SIZE(SQ. FT.)

01006

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

B.W 9/22/14

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Pin # 0698.52443493000 Project # 0941141

Tax Map No. 4000 Parcel No. _____

Zoning WAKE Township Panther Branch

Owner/Contractor: Turner Building

Location/Address: 5232 Passenger Place

Improvement Permit

Well Permit No. **C 18901**

Operation Permit []

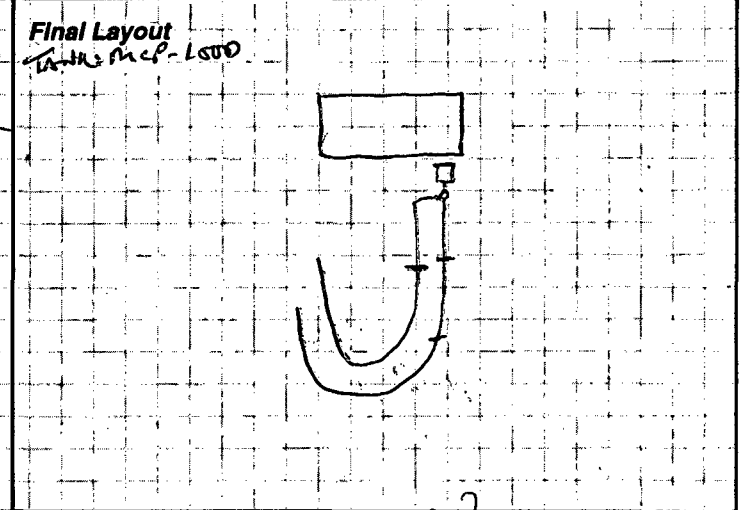
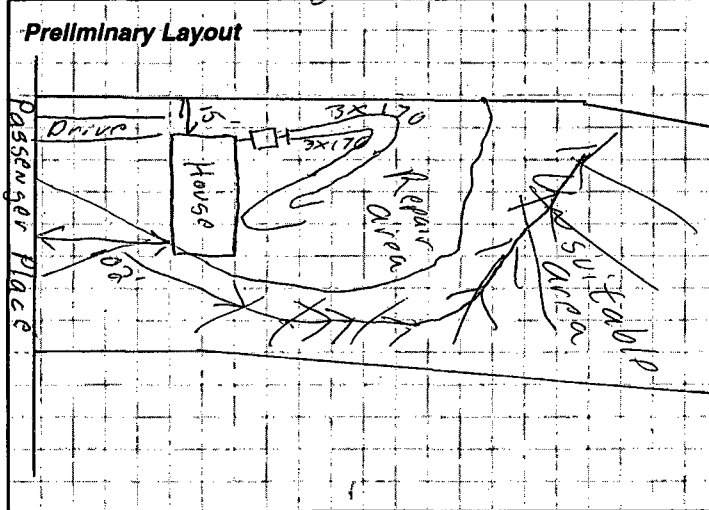
Date: 10-27-93

S.R. # _____

Subdivision Name: Stagecoach

Lot No. 34

Section or Block No. _____



Sewage System Specifications

Repair [] Original Permit No. _____

Garbage Disposal Unit Yes [] No [☒]

House [☒] Mobile Home [] Business []

No. of Bedrooms 3 Lot Area 2.44 ac

Size of Tank 1000 gal.

Nitrification Line 2(3x170) 1000 sq. ft.

Depth of Stone: 12" [☒] Max Depth of Trenches: 22 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: Edward Graham RS.

* Comments: Stub Sewer Plumbing out. Shallow, Set Septic tank Shallow, Keep Trenches Shallow 22 inch Depth

Date: 1/26/94 Installed By: G. H. Bunker

Approved By: [Signature]

Well System

Individual [] Semi-Public [] Public [☒]

New [] Replacement [] Repair []

Fee Paid: Yes [] No []

Construction Compliance

Site Approved [] Yes [] No []

Well Head Approved []

Grouting Approved []

Final Inspection

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

Date Inspected _____ Sanitarian _____

Comments: _____

Bacteriological Results

Initial Sample: _____ Date: _____

* Re-Sample #1 _____ Date: _____

* Re-Sample #2 _____ Date: _____

* Re-chlorination as required [] Yes [] No

* Fees for all resamples

Well Installed By: _____

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

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.

COPY TO HEALTH DEPARTMENT

Tax Map No.

Parcel No.