

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0018804

PIN #: 1719094350

OP DATE: 08/11/1994

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.)

01500

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

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WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Pin # 1719.01094350 Project # 0940880

Tax Map No. 227 Parcel No. _____

Zoning Wake Township B.C.

Owner/Contractor: John D. Rock Inc

Location/Address: 421 Swan's Mills Crossing

Improvement Permit

Well Permit No. **C 18804**

Operation Permit ☒

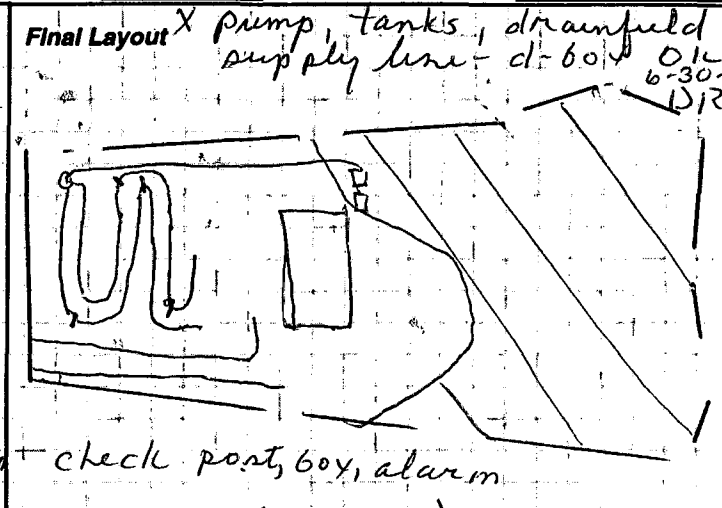
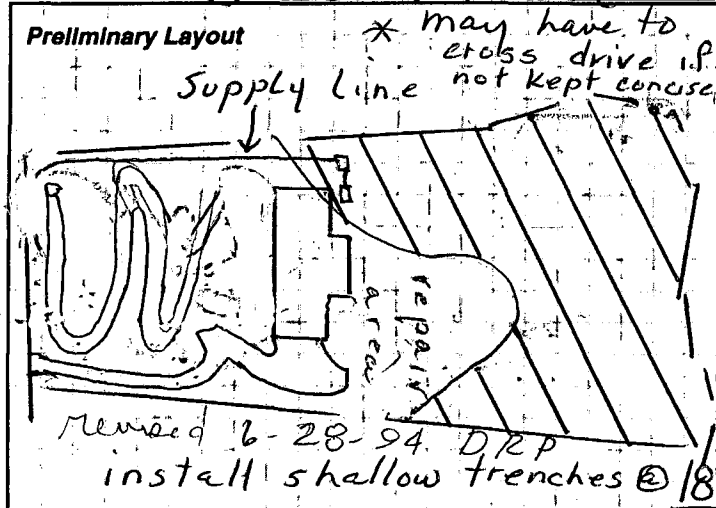
Date: 10-15-93

S.R. # _____

Subdivision Name: Swan's Mill

Lot No. 30

Section or Block No. _____



Sewage System Specifications

Repair [] Original Permit No. _____

Garbage Disposal Unit Yes [] No ☒

House ☒ Mobile Home [] Business []

No. of Bedrooms 5 Lot Area _____

Size of Tank 1500, 1600 pt gal.

Comments: _____

Nitrification Line 2(3'x250') 1500 sq. ft.

Depth of Stone: 12" ☒ Max Depth of Trenches: 18 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: D R Parnell

Date: 8-10-94 Installed By: Mark Young Approved By: D. R. 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 [] []

Final Inspection

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

Comments: _____

Well Installed By: _____

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**

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

3002.017 - 5/14/93

Tax Map No.

Parcel No.

6730

940880