Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0001738 PIN #: 1961227038

OP DATE: 08/06/1997

SYSTEM USE:
- [x] House
- [ ] Mobile Home
- [ ] Business
- [ ] Other

SEWAGE TYPE:
- [x] Domestic
- [ ] Industrial

PUMP/SIPHON?:
- [ ] Yes
- [x] No

PRESSURE MANIFOLD:
- [ ] Yes
- [x] No

SYSTEM TYPE:
- [ ] I
- [x] II
- [ ] III
- [ ] IV
- [ ] V
- [ ] VI
- [ ] Other

SUB TYPE:
- [x] A
- [ ] B
- [ ] C
- [ ] D
- [ ] E
- [ ] F
- [ ] G

NBR BEDROOMS:
- [ ] 1
- [ ] 2
- [ ] 3
- [x] 4
- [ ] 5
- [ ] 6
- [ ] Other

MAINT. SCHEDULE:
- [ ] Yes
- [x] No

CERT. OPERATOR
- [ ] Yes
- [x] 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.)

01350

DRAIN TYPE:
- [x] Stone
- [ ] EZ Flow
- [ ] Infiltrator
- [ ] Biodiffuser
- [ ] Cultec
- [ ] Drip
- [ ] Hancor
- [ ] Large Dia. Pipe
- [ ] Multi-Pipe
- [ ] Other

MAX DEPTH (IN.):
- [ ] 12 in. or less
- [x] 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
- [x] 12 in. or less
- [ ] 18 in. or less
- [ ] 24 in. or less
- [ ] Other

TRENCHES:
- [x] Individual
- [ ] Bed

TRENCH WIDTH (IN.):
- [ ] 12 in. or less
- [ ] 18 in.
- [ ] 24 in.
- [x] 36 in.
- [ ] 6 ft. or less
- [ ] 9 ft. or less
- [ ] Other

B.G 1/6/14

NOT FOR WASTEWATER SYSTEM CONSTRUCTION

WAKE COUNTY HEALTH DEPARTMENT 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 # 1861.03227038 Project # 0962764 Improvement Permit # D1738

Tax Map No. _____ Parcel No. _____ Well Permit No.

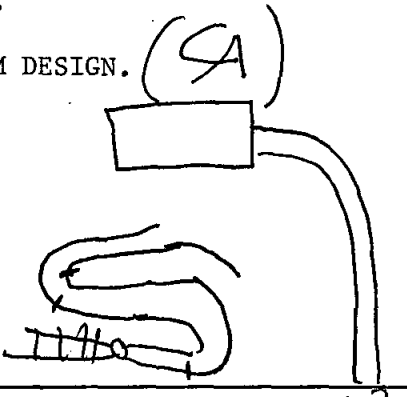
Zoning Wake Township W.F. Operation Permit [X]

Owner/Contractor: Testa Const Date: 6-3-96

Location/Address: 5300 Milldam Rd [US 401 N, TL Averette Rd TL Milldam site on rt] S.R. # _____

Subdivision Name: Milbrae Lot No. 44 Section or Block No. _____

Tax Map No. _____ Parcel No. _____

Preliminary Layout	*Final Layout*
SEE ATTACHED PLOT PLAN FOR WASTEWATER DISPOSAL SITE. SEE CONSTRUCTION AUTHORIZATION FOR WASTEWATER SYSTEM DESIGN.	

Sewage System Specifications

Repair [ ] Original Permit No. _____

Garbage Disposal Unit Yes [ ] No [X] Mills 1200 7-2-97 6-16-97

House [X] Mobile Home [ ] Business [ ]

No. of Bedrooms 4 Lot Area 2.84 AC

Size of Tank 1200 gal.

Wastewater: Sewage [X] Industrial [ ] Comments: _____

Nitrification Line 1350 sq. ft.

Depth of Stone: 12" [ ] Max Depth of Trenches: 18" 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: D R Parrill Jr.

Date: 8/6/97 Installed By: Frank Pearce Approved By: D. R Parrill Jr

Well System

Individual [ ] Semi-Public [ ] Public [X]

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.

COPY TO HEALTH DEPARTMENT

3002.017 — 5/14/93

AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION

CA VOID SIXTY(60) MONTHS FROM DATE OF ISSUANCE 0962764

DATE: 6-3-96 IMPROVEMENT PERMIT NO.: D 1738

TAX MAP NO.: _____ PARCEL NO.: _____ PIN NO.: 1861.03227038 PIN #:

OWNER/CONTRACTOR: Testa Const

LOCATION/ADDRESS: 5300 Milldam Road [US 401 N, T/L Averette Rd, cross NC 96, T/R Milldam Rd site on Rt]

SUBDIVISION NAME: Millrace

LOT NO.: 44 SECTION OR BLOCK NO.: _____

AUTHORIZATION ISSUED BY: _____

AUTHORIZATION CONDITIONS

1 WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NO. D 1738 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: Conventional/Pump: 2 conventional trenches: 18" deep maximum, 3' wide, 225' long. Contractor establish and follow contour, use 1200 gallon septic tank and 1200 gallon pump tank

Millrace Lot 44

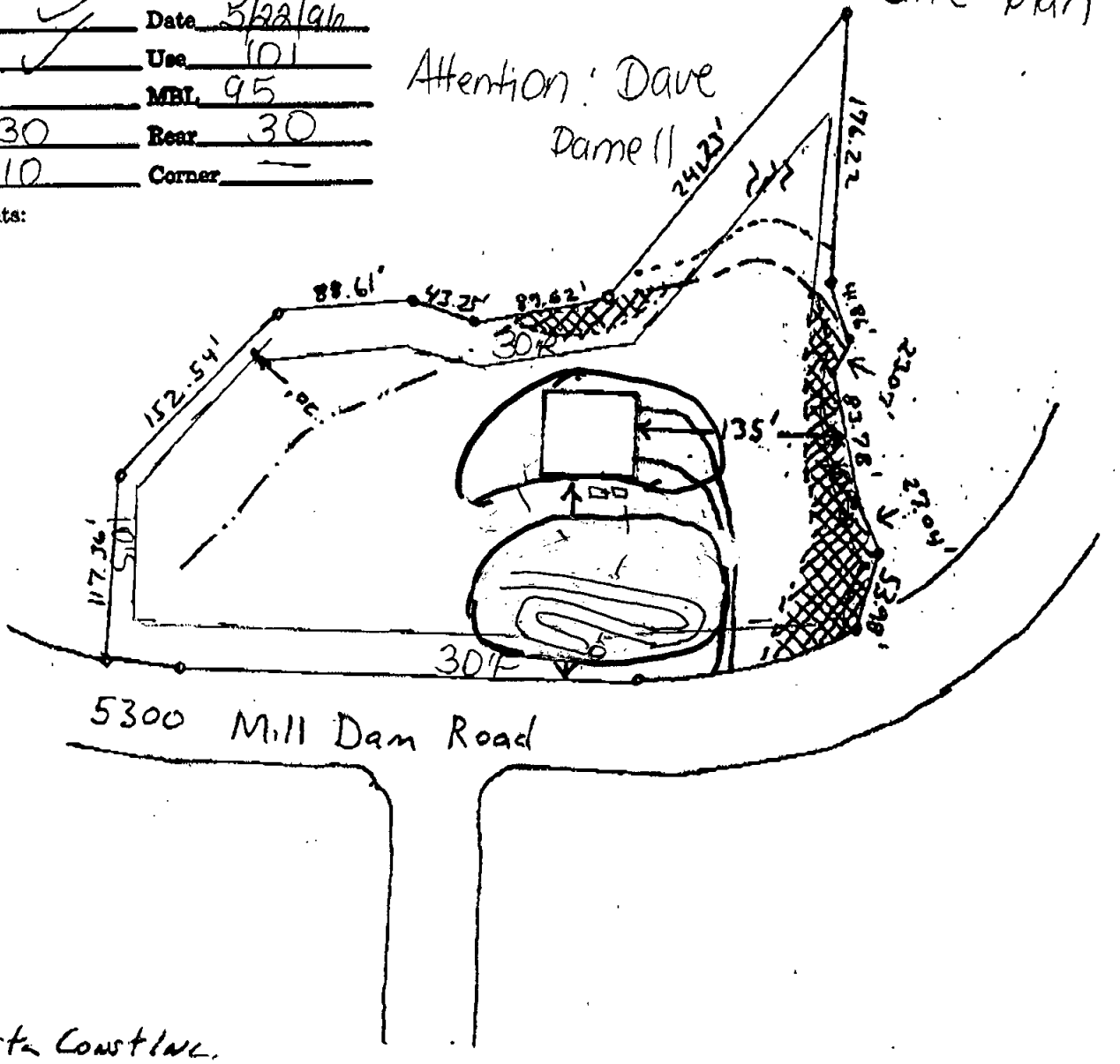
0962764

Relocation

Revised Site plan

Zoning R-30 By TL
Approve ✓ Date 5/22/96
Revise ✓ Use 101
Reject ____ MBL 95
Front 30 Rear 30
Side 10 Corner —
Comments:

Attention: Dave Damell



Testa Const Inc.
Robert Testa
O-266-2315
M-612-8775
Fax-266-0903

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:

X _____ _____
Signature Date
Check one: ( ) Owner ( ) Builder/Contractor ( ) Other

Millrace Ph II
Tax Map 207
Book of Maps 1995
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