

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: **B 0 1 6 0 1 6**

PIN #: **1 7 6 8 7 6 6 7 7 6**

OP DATE: **0 8 / 0 6 / 1 9 7 9**

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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☐ ☐ ☐
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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

None/NA GT or PT

DRAINFIELD SIZE(SQ. FT.)

0 0 9 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 SEPTIC TANK LAYOUT AND PERMIT

TAX MAP NO. 270 PARCEL NO. 6

PERMIT NO. 18010

CONTRACTOR

OWNER JAMES and BEANCIE ROBERTS

DATE

7-6-77

LOCATION

S. R. NO.

2305

SUBDIVISION NAME

LOT NO.

SECTION OR BLOCK NO.

REPAIR ☐ ORIGINAL PERMIT NO. 27-4-936

GARBAGE DISPOSAL UNIT YES ☐ NO ☐

HOUSE ☐ MOBILE HOME ☐ BUSINESS ☐

NO. BEDROOMS 1 LOT AREA 1.50

SIZE OF TANK 900 gal.

NITRIFICATION LINE 6' x 1' x 900 sq. ft.

DEPTH OF STONE IN LINES: 12" ☒ 18" ☐

WATER SUPPLY: INDIVIDUAL ☐ PUBLIC ☐ OTHER ☐

- * PERMIT VOID 36 MONTHS FROM DATE OF ISSUANCE.
- * PERMIT VOID IF NOT IN COMPLIANCE WITH ZONING REGULATIONS
- * PERMIT MAY BE VOIDED IF SITE ALTERATIONS MADE

LAYOUT BY

7-6-77

Chetley Row

DATE

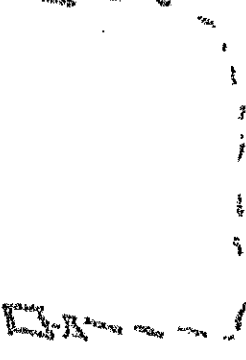
INSTALLED BY

APPROVED BY

[Signature]

Existing (No Malfunction)
0 W54

1726



Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: **B 0 0 9 9 5 2**

PIN #: **1 7 6 8 7 6 6 7 7 6**

OP DATE: **0 3 / 2 5 / 1 9 7 7**

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 0 9 0 0

DRAIN TYPE:

- ☒ Stone
☐ EZ Flow
☐ Infiltrator
☐ Biodiffuser
☐ Cultec
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☒ Other

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☐ Other

TRENCHES:

- ☐ Individual
☒ Bed

TRENCH WIDTH (IN.):

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☒ 6 ft. or less
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☐ Other

* PERMIT VOID IF NOT IN COMPLIANCE WITH ZONING REGULATIONS

TAX MAP NO. 5010 WAKE COUNTY HEALTH DEPARTMENT
PARCEL NO. 12 SEPTIC TANK LAYOUT AND PERMIT

PERMIT NO. B 00002

OWNER OR CONTRACTOR W. H. HARRIS JR. DATE 05-25-77

LOCATION _____

S. R. NO. 000000

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

GARBAGE DISPOSAL UNIT YES ☐ NO ☒

HOUSE ☐ MOBILE HOME ☒ BUSINESS ☐

NO. BEDROOMS _____ LOT AREA 2100 sq. ft.

SIZE OF TANK _____ gal.

NITRIFICATION LINE _____ sq. ft.

DEPTH OF STONE IN LINES: 12" ☐ 18" ☐

WATER SUPPLY: INDIVIDUAL ☐ PUBLIC ☐

* PERMIT VOID 12 MONTHS FROM DATE OF ISSUANCE.

LAYOUT BY _____

DATE 5-25-77 INSTALLED BY _____ APPROVED BY W. H. HARRIS JR.

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: **B 0 0 4 8 9 6**

PIN #: **1 7 6 8 7 6 6 7 7 6**

OP DATE: **0 7 / 2 2 / 1 9 7 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
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NBR BEDROOMS:

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☐ 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
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☐ 36 in.
☒ 6 ft. or less
☐ 9 ft. or less
☐ Other

* PERMIT VOID IF NOT IN COMPLIANCE WITH ZONING REGULATIONS

WAKE COUNTY HEALTH DEPARTMENT
SEPTIC TANK LAYOUT AND PERMIT

PERMIT NO. **B 4896**

OWNER OR CONTRACTOR James W. Rogers

DATE 3-28-74

LOCATION _____

S. R. NO. 2305

SUBDIVISION NAME _____

LOT NO. _____

SECTION OR BLOCK NO. _____

GARBAGE DISPOSAL UNIT YES ☐ NO ☒

HOUSE ☐ MOBILE HOME ☒ BUSINESS ☐

NO. BEDROOMS 3 LOT AREA 80,000 sq. ft.

SIZE OF TANK _____ gal.

NITRIFICATION LINE (150' x 6') 900 sq. ft.

DEPTH OF STONE IN LINES: 12" ☒ 18" ☐

WATER SUPPLY: INDIVIDUAL ☒ PUBLIC ☐

* PERMIT VOID 12 MONTHS FROM DATE OF ISSUANCE.

LAYOUT BY James R. Brown

DATE

7-22-74

INSTALLED BY

Chetly Bailey

APPROVED BY

James R. Brown

