

Environmental Services - Water Quality  
Onsite Wastewater Scan Data Entry Form

PERMIT #: B015168

PIN #: 0788138094

OP DATE: 0612511980

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

- |                                     |                                     |                                     |                  |
|-------------------------------------|-------------------------------------|-------------------------------------|------------------|
| <input type="checkbox"/>            | <input type="checkbox"/>            |                                     | 750              |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 900              |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 1,000            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 1,200            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 1,500            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 1,800            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 2,100            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 2,500            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 3,000            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 4,000            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 5,000            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 8,000            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | 10,000           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | Other            |
| <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> | None/NA GT or PT |

DRAINFIELD SIZE(SQ. FT.)

01000

Include  
B 34661

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

\* PERMIT VOID IF NOT IN COMPLIANCE WITH ZONING REGULATIONS\*

TAX MAP NO. \_\_\_\_\_

PARCEL NO. \_\_\_\_\_

WAKE COUNTY HEALTH DEPARTMENT  
SEPTIC TANK LAYOUT AND PERMIT

PERMIT NO. **B** \_\_\_\_\_

OWNER OR CONTRACTOR \_\_\_\_\_ DATE \_\_\_\_\_

LOCATION corner Foxburren & Springdale

\_\_\_\_\_ S. R. NO. \_\_\_\_\_

SUBDIVISION NAME \_\_\_\_\_ LOT NO. 18 SECTION OR BLOCK NO. \_\_\_\_\_

GARBAGE DISPOSAL UNIT YES ☒ added NO ☐

HOUSE ☒ MOBILE HOME ☐ BUSINESS ☐

NO. BEDROOMS 3 LOT AREA \_\_\_\_\_

SIZE OF TANK \_\_\_\_\_ 1000 gal.

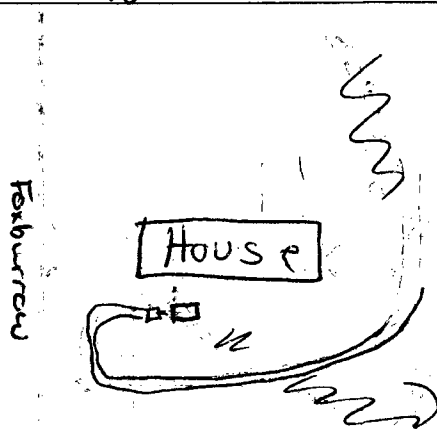
NITRIFICATION LINE (167 x 6') 1000 sq. ft.

DEPTH OF STONE IN LINES: 12" ☐ 18" ☒

WATER SUPPLY: INDIVIDUAL ☐ PUBLIC ☐

\* PERMIT VOID 12 MONTHS FROM DATE OF ISSUANCE.

LAYOUT BY \_\_\_\_\_



6-25-80  
DATE

\_\_\_\_\_  
INSTALLED BY

\_\_\_\_\_  
APPROVED BY

# WAKE COUNTY HEALTH DEPARTMENT SEPTIC TANK LAYOUT AND PERMIT

34661

TAX MAP NO. 91 PARCEL NO. 27

PERMIT NO. B  
OPERATION PERMIT ☐

CONTRACTOR Tom Estes

6788138094

OWNER Martin Moss

DATE 9-17-85

LOCATION 1317 Springdale Drive

S. R. NO. 1822

SUBDIVISION NAME Springdale Gardens LOT NO. 18

SECTION OR BLOCK NO. \_\_\_\_\_

REPAIR ☒ ORIGINAL PERMIT NO. B15168

GARBAGE DISPOSAL UNIT YES ☒ NO ☐ added

HOUSE ☒ MOBILE HOME ☐ BUSINESS ☐ detention

NO. BEDROOMS 3 LOT AREA 20,000

SIZE OF TANK existing 1000 gal.

NITRIFICATION LINE 06 sq. ft.

DEPTH OF STONE IN LINES: 12" ☐

RISER AND BAFFLE REQUIRED ☐ PUMP REQUIRED ☐

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 Kathy Tew, R.S.

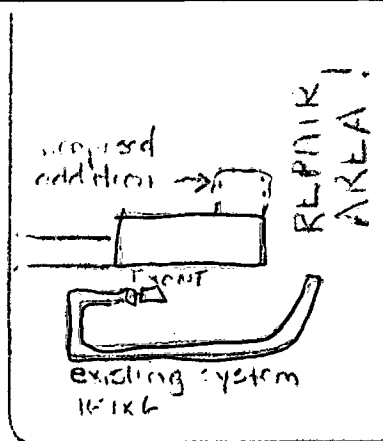
DATE

9-17-85

INSTALLED BY \_\_\_\_\_

APPROVED BY

[Signature]



Existing system  
OK at this time.  
Water use  
should not  
exceed 2000  
gallons per  
person per  
month.