

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: **B 0 1 6 4 1 3**

PIN #: **1 7 4 7 9 9 6 0 3 6**

OP DATE: **0 8 / 3 1 / 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 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 1 0 0 0

Existing System
One room addition

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. 351 PARCEL NO. 6

PERMIT NO. B 10418

CONTRACTOR ROBERT T. HEORICK

OWNER 8/31/79 DATE

LOCATION GO OUT 401N - turn toward Wake Cross

Ads left 1 mile on R. S. R. NO. #2225

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

REPAIR ☐ ORIGINAL PERMIT NO. _____
 GARBAGE DISPOSAL UNIT YES ☐ NO ☐
 HOUSE ☐ MOBILE HOME ☐ BUSINESS ☐
 NO. BEDROOMS _____ LOT AREA 5046
 SIZE OF TANK EXISTING gal.
 NITRIFICATION LINE _____ 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 Robert T. Heorick

DATE

INSTALLED BY

APPROVED BY

EXISTING SYSTEM
appears to be
adequate
for
additional 401
full bath.

Robert T. Heorick

8/31/79