

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 8015968

PIN #: 0798562273

OP DATE: 1112811979

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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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.)

01200

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


2/10/15

* PERMIT VOID IF NOT IN COMPLIANCE WITH ZONING REGULATIONS

TAX MAP NO. 280

PARCEL NO. 13

WAKE COUNTY HEALTH DEPARTMENT
SEPTIC TANK LAYOUT AND PERMIT

PERMIT NO. **B** 15968

OWNER OR CONTRACTOR _____ DATE _____

LOCATION 2404 BEECHVIEW CT.

_____ S. R. NO. _____

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

GARBAGE DISPOSAL UNIT YES ☐ NO ☒

HOUSE ☐ MOBILE HOME ☐ BUSINESS ☐

NO. BEDROOMS _____ LOT AREA _____

SIZE OF TANK _____ gal.

NITRIFICATION LINE 200' x 6' sq. ft.

DEPTH OF STONE IN LINES: 12" ☐ 18" ☐

WATER SUPPLY: INDIVIDUAL ☐ PUBLIC ☐

* PERMIT VOID 12 MONTHS FROM DATE OF ISSUANCE.

LAYOUT BY _____

DATE _____

INSTALLED BY _____

APPROVED BY _____