

Environmental Services - Water Quality  
Onsite Wastewater Scan Data Entry Form

PERMIT #:

PIN #:

OP DATE:

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

- |                                     |                                     |                                     |                  |
|-------------------------------------|-------------------------------------|-------------------------------------|------------------|
| <input type="checkbox"/>            | <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.)

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

34062

TAX MAP NO. 257 PARCEL NO. 74

PERMIT NO. B  
OPERATION PERMIT

CONTRACTOR \_\_\_\_\_

OWNER Ronald Burkholder DATE 2-4-77

LOCATION 10705 Winding Wood TR 0789 64 3356

S. R. NO. 1737

SUBDIVISION NAME Wood Valley LOT NO. 306 SECTION OR BLOCK NO. \_\_\_\_\_

REPAIR  ORIGINAL PERMIT NO. 25226

GARBAGE DISPOSAL UNIT YES  NO

HOUSE  MOBILE HOME  BUSINESS

NO. BEDROOMS 4 LOT AREA 49,000

SIZE OF TANK EXIST 1000 (+ pump in tank) gal.

NITRIFICATION LINE 1-6" x 200' sq. ft.

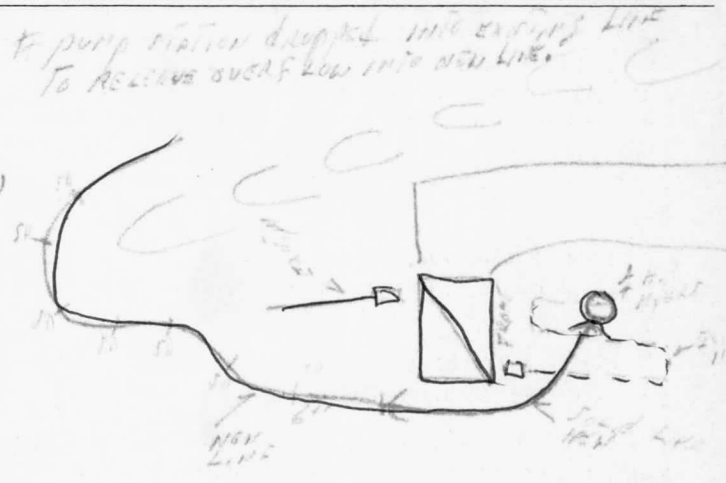
DEPTH OF STONE IN LINES: 12"

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 \_\_\_\_\_



2-4-77  
DATE

Ronald Burkholder  
INSTALLED BY

[Signature]  
APPROVED BY