

Environmental Services - Water Quality  
Onsite Wastewater Scan Data Entry Form

PERMIT #: **B 0 3 7 0 7 6**

PIN #: **1 6 0 8 8 0 4 6 4 0**

OP DATE: **0 5 / 0 6 / 1 9 8 6**

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 type="checkbox"/>            | <input type="checkbox"/>            | 1,000            |
| <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | None/NA GT or PT |

DRAINFIELD SIZE(SQ. FT.)

**0 1 4 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

NA

WAKE

# WAKE COUNTY HEALTH DEPARTMENT SEPTIC TANK LAYOUT AND PERMIT

12:130

37076

TAX MAP NO. 908 PARCEL NO. 16(CS)

PERMIT NO. B  
OPERATION PERMIT  Panther Branch

CONTRACTOR BREYSTONE, LTD.

OWNER \_\_\_\_\_ DATE 4-21-86

LOCATION \_\_\_\_\_

S. R. NO. 2727

SUBDIVISION NAME KEENEWOOD TRAIL II LOT NO. 19 SECTION OR BLOCK NO. \_\_\_\_\_

REPAIR  ORIGINAL PERMIT NO. \_\_\_\_\_

GARBAGE DISPOSAL UNIT YES  NO

HOUSE  MOBILE HOME  BUSINESS

NO. BEDROOMS 4 LOT AREA 3.36 Ac.

SIZE OF TANK 1200 (STB-857-MILLS) gal.

NITRIFICATION LINE 1400 (3/3'x156') sq. ft.

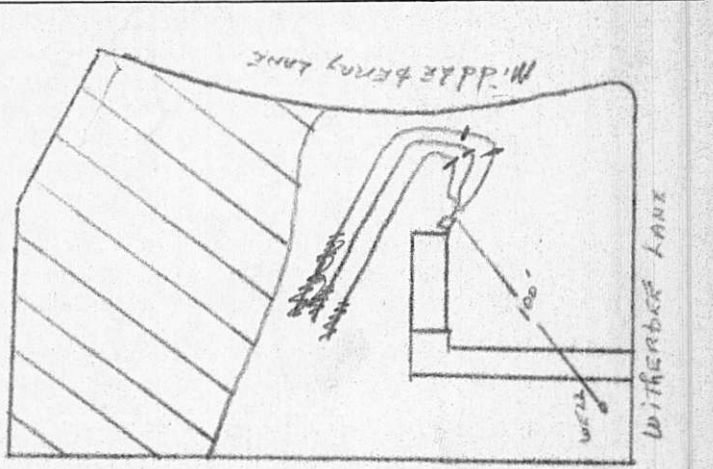
DEPTH OF STONE IN LINES: 12"

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 H.P.D. R.S.



DATE 5-6-86

INSTALLER DOUG WENZEL  
INSTALLED BY \_\_\_\_\_

APPROVED BY H.P.D. R.S.