WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, ~~LOCATION~~ PERMIT

All Permits Void 60 Months From Date of Issuance

Pin # 0697.02 88 0046 Project # 0943837

Improvement Permit

Tax Map No. _____ Parcel No. _____

Well Permit No. C 20239

Zoning WAKE Township Panther Branch

Operation Permit [ ]

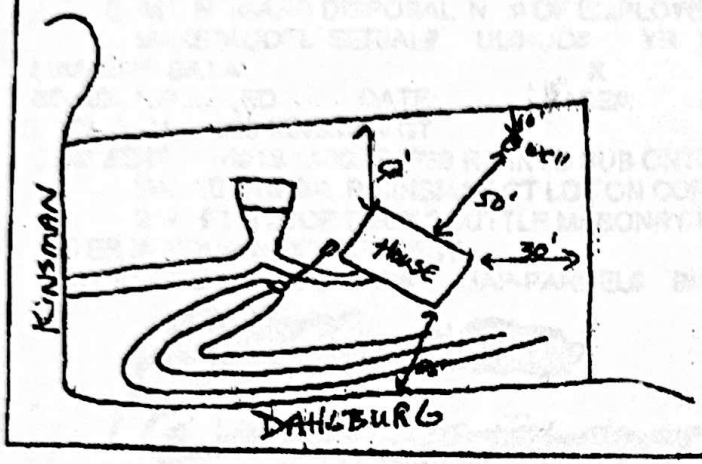
Owner/Contractor: LEON Anderson Date: 6/7/94

Location/Address: 809 KINSMAN Ct. 401S T/L 1006 T/L 2736 T/L into SUB DIV T/L ~~[illegible]~~ on DAHLBURG T/L on Kinsman lot on R.S.R. # 2736

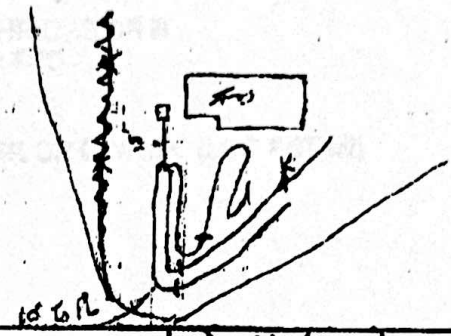
Subdivision Name: Worthington Lot No. 33 Section or Block No.

Tax Map No. _____ Parcel No. _____

Preliminary Layout



Final Layout



Sewage System Specifications

Repair [ ] Original Permit No. _____

Garbage Disposal Unit Yes [ ] No [✓]

House [✓] Mobile Home [ ] Business [ ]

No. of Bedrooms 3 Lot Area 0.69 Acres

Size of Tank 1000 gal. Date 8/15/94

Comments: _____

Nitrification Line (3) 115' x 3' 1000 sq. ft.

Depth of Stone: 12" [✓] Max Depth of Trenches: 28 in.

Riser and Baffle Required [✓] Pump Required [ ]

☛ Permit void if not in compliance with zoning regulations

☛ Permits may be voided if site is altered or intended use changed

Layout by: H. Brian Chaffin

Date: 9/19/94 Installed By: Mike Johnson Approved By: [signature]

Well System

Individual [✓] Semi-Public [ ] Public [ ]

New [✓] Replacement [ ] Repair [ ]

Fee Paid: Yes [✓] No [ ]

Construction Compliance	Yes	No
Site Approved	[✓]	[ ]
Well Head Approved	[✓]	[ ]
Grouting Approved	[✓]	[ ]

9/16/94 [signature] [signature]

Date Inspected Sanitarian

Bacteriological Results

Initial Sample: Neg Date: 10/21/95

* Re-Sample #1 _____ Date: _____
* Re-Sample #2 _____ Date: _____
* Re-chlorination as required [ ] Yes [ ] No
* Fees for all resamples

All checks payable to: Wake County Health Department

Final Inspection	Yes	No
Required Slab	[✓]	[ ]
Chlorinated	[✓]	[ ]
Required Certificate	[ ]	[ ]
Variance (Explain)	[ ]	[✓]
WCHD I.D. Affixed 4347	[✓]	[ ]
Sample Collected	[✓]	[ ]

Comments: _____

Well Installed By: Brady Pool

10/26/94 [signature] [signature]

Date System Finalized Sanitarian

This report is based in part on information provided by the homeowner or his/her representative in the application submitted for this permit. The sanitarian is not responsible for false or misleading information contained in the application. The sanitarian is also not responsible for concealed conditions on the property or for statements in this report that may have resulted from false or misleading statements provided to him in the application. Neither Wake County nor the sanitarian warrants that the septic tank system will continue to function satisfactorily in the future.

INSPECTION RECORD - MASTER INQUIRY WIS014
PERMIT#: 0943837 STATUS: C APP DATE: 06/09/1994 FINALIZED: 10/24/1994 BY: WGM
APPL: ANDERSON, LEON TYP: G LIC#: 0 9112 ELEC TICKT#: CARY
PERMIT TYPE: LAND Y BLDG Y SUBD GRAD DEED REF: FARM EXMPT:
TWP: 15 PANTHER BRANCH MAP-PARCEL: 697 PIN#: 0697.02 88 0046 000
CITY: ZONING DIST: R30 OWNER: ANDERSON, LEON &DAVIS A D
SUBD FILE#: 043 093 PHASE: 01 SUB NAME: WORTHINGTON LOT-SEC: 33
SUBD IMPROVEMENT#: 232 PLAT REF: 1994 71 ACRES: 0.69
CENSUS TR: 529 00 TOPFLR: F MASFIR: Y TEMP POLE: Y IMPROV VAL: 125000
USE CODE: 101 ONE-FAMILY HOUSE SQ-FT: 1958 STORY: 2 STORY
EXIST USE: ORIG PERMIT#:
RECPT: 7180 FEE: 563.00 RECOVRY FUND: Y FEE EXEMPT: ROOMS: 09 BDRMS:
HEALTH# C020239 WATER: I PRIV SEWER: I PRIV PUMP: N COC: 10/26/1994 BY: SES
BSMT: N GARB DISPOSAL: N # OF EMPLOYEES: FOOD HANDLING:
MAKE/MODEL SERIAL# UL/HUD# YR SIZE COLOR
MB/HOME DATA: X
BD/ADJ REQUIRED: DATE: CASE#: ACTION:
LOCATION: 809 KINSMAN CT
COMMENT: 401S L1006 R2736 RR INTO SUB ONTO ELHRIDGE DR R
DAHLBERG DR R KINSMAN CT LOT ON CORNER SFD
2 ST FT STOOP DECK SCUTTLE MASONRY FP
ENTER IN YOUR NEXT REQUEST
NEXT REQUEST PERMIT# MAP-PARCEL# BUILDER OR OWNER (LST, FST MI)