

WAKE COUNTY HEALTH DEPARTMENT SEPTIC TANK LAYOUT AND PERMIT

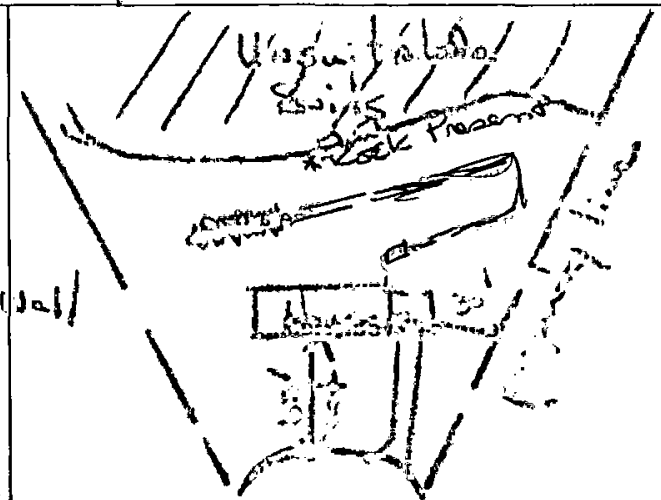
TAX MAP NO. 50 PARCEL NO. 0167 PERMIT NO. _____
 CONTRACTOR W. H. H. H. Co.
 OWNER _____ DATE 7-20-79
 LOCATION _____

S. R. NO. 10-19
 SUBDIVISION NAME Broadway Station LOT NO. 4b SECTION OR BLOCK NO. _____

REPAIR ☐ ORIGINAL PERMIT NO. _____
 GARBAGE DISPOSAL UNIT YES ☐ NO ☒
 HOUSE ☒ MOBILE HOME ☐ BUSINESS ☐
 NO. BEDROOMS 3 LOT AREA 50,000 sq. ft.
 SIZE OF TANK 1000 gal.
 NITRIFICATION LINE (16' x 6') 1000 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 James R. Brown



DATE 10-23-79 INSTALLED BY A. H. Atkins APPROVED BY James R. Brown

NO
pump

~~Access risers in place yes no~~
~~Describe type of access risers: _____~~
~~Describe condition of tank lids _____~~
~~Location of control panel: _____~~
~~Condition of control panel: _____~~
~~Audible and visible alarms (as applicable) work~~
~~Pump turns on and effluent is delivered to next component~~
~~Unable to operate pump due to lack of electricity at site at~~
~~time of inspection~~

Dispersal field: Type of system: Conventional Accepted Innovative Experimental Controlled
Demonstration Pretreatment; Type of

Pretreatment None

Brief Description of System Type Appears to be a drainfield Bed

none ft. from property line if property lines are known

none ft from septic/pump tank

160' # of lines - Bed

- length of lines - per permit

- Evidence of past or current surfacing at time of inspection

None Describe None observed

none Evidence of traffic over the dispersal field

none Vegetation, grading and drainage that may affect the system or components

x Effluent is reaching the dispersal field

Appears to be functioning.
low water levels makes difficult
to determine.

~~Conditions present that prevented or hindered the inspection.~~

Adverse conditions warrants further evaluation by the _____ health department.

Description of adverse condition: Could not uncover inlet side of tank. due to proximity
of brick walk way.

Consequences of the adverse condition: -

Other pertinent facts noted during inspection: line from House to tank located
under brick walkway. Inlet side of tank very close
to brick walkway. May need to remove brick to access
inlet side of tank.

Inspector Name: mark woody Certification # 111191

Address 6850 Flyway Run Burlington, NC 27217

Phone 984-260-8335

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on date of inspection

Inspector Signature: Mark J. Woody Date 5/10/2024