

PERMIT #: 001717

5546253081 PIN#:

OP DATE: 08/12/71

SYSTEM USE:

SEWAGE TYPE:

PUMP/SIPHON?

PRESSURE MANIFOLD: ☐ Yes

☒ House
☐ Mobile Home

☒ Domestic ☐ Industrial

Yes ☒ No ☐

ON ☒
YES ☐

SYSTEM TYPE:

SUB TYPE:

NBR BEDROOMS:

MAINT. SCHEDULE: ☐ Yes ☒ No

Other	☐
VI	☐
V	☐
IV	☐
III	☒
II	☐
I	☐

☐	A
☒	B
☐	C
☐	D
☐	E
☐	F
☐	G

Other	☐
6	☐
5	☐
4	☐
3	☒
2	☐
1	☐

☒ Yes
☐ No

CERT. OPERATOR ☐ Yes ☒ No

GT ST PT

SIZE

DRAINFIELD SIZE(SQ. FT.)

DRAIN TYPE:

[illegible]

SIZE	DR	Other	None/NA GT or PT
750	0	10,000	
900	0	8,000	
1,000	0	5,000	
1,200	0	4,000	
1,500	0	3,000	
1,800	0	2,500	
2,100	0	2,100	
2,500	0	1,800	
3,000	0	1,500	
4,000	0	1,200	
5,000	0	1,000	
8,000	0	900	
10,000	0	750	

STONE DEPTH (IN.):

TRENCHES:

TRENCH WIDTH (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

☐ 8 in. or less
☒ 12 in. or less
☐ 18 in. or less
☐ 24 in. or less
☐ Other

☐ 12 in. or less
☐ 18 in.
☐ 24 in.
☒ 36 in.
☐ 6 ft. or less
☐ 9 ft. or less
☐ Other

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 or that the water supply will remain potable.

Individual	☒	Fee Paid:	☒ Yes ☐ No	Construction Compliance	☒ Yes ☐ No	Site Approved	☒ Yes ☐ No	Well Head Approved	☒ Yes ☐ No	Grouting Approved	☒ Yes ☐ No	Date Inspected	6-16-93	Bacteriological Results	Sanitarian	11710 RS													
Well System	☒	Replacement	☒ Yes ☐ No	Public	☒ Yes ☐ No	Repair	☒ Yes ☐ No	Final Inspection	☒ Yes ☐ No	Required Slab	☒ Yes ☐ No	Chlorinated	☒ Yes ☐ No	Required Certificate	☒ Yes ☐ No	Variance (Explain)	☒ Yes ☐ No	WCHD I.D. Affixed #3784	☒ Yes ☐ No	Sample Collected	☒ Yes ☐ No	Comments:		Well Installed By:	RS/JS	Date System Finalized	8-26-93	Sanitarian	11710 RS

Initial Sample: _____
 Re-Sample #1: _____
 Re-Sample #2: _____
 Re-Information as required: ☐ Yes ☐ No
 Fees for all resamples: _____
 All checks payable to: Wake County Health Department

[illegible]