

1735 28 1621 1100

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Tax Map No. 439 Parcel No. 26

Improvement Permit

Well Permit No. **C 16429**Zoning RAL Township _____

Operation Permit []

Owner/Contractor: KENNETH WATKINSDate: 2-19-93Location/Address: 5004 BUFFALO RD.

S.R. # _____

Subdivision Name: FOX CROFTLot No. 9Section or Block No. 1

Tax Map No.

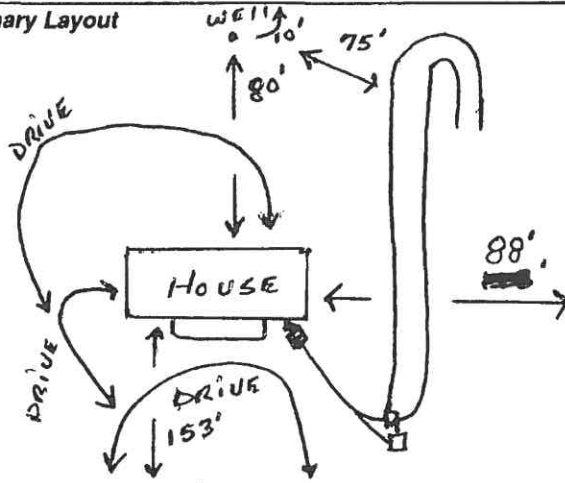
Parcel No.

439

26

Preliminary Layout

* SEE COMMENTS

BUFFALO RD
Sewage System Specifications

Repair [] Original Permit No. _____

Garbage Disposal Unit Yes [] No [✓]

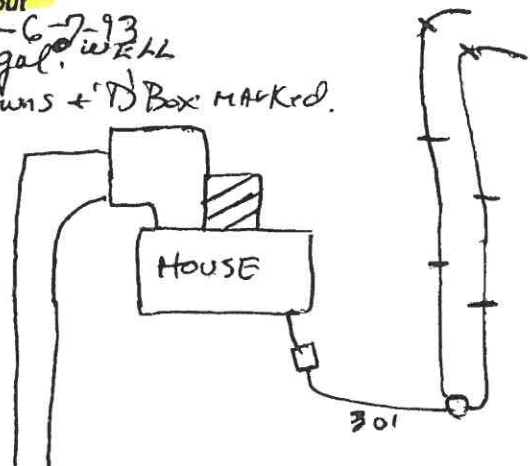
House [✓] Mobile Home [] Business []

No. of Bedrooms 3 Lot Area 1.72Size of Tank 1200 gal.

Comments: ① SITE PLAN REVISED NO DRIVE ON RT SIDE ② NO GARBAGE DISPOSAL ③ CONTACT RON DUDLEY BEFORE INSTALLING SYSTEM

Date: 7-19-93 Installed By: David Brantly Approved By: Vincent J. May Jr. R.S.

Final Layout

Mills-6-2-93
1200gal.
steps down + D Box MARKED.Nitrification Line 2 (200' x 3') 1200 sq. ft.Depth of Stone: 12" [✓] Max Depth of Trenches: 24 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: Ron Dudley R.S.

Individual [✓] Well System

Semi-Public [] Public []

New [] Replacement [] Repair []

Fee Paid: Yes [] No []

Construction Compliance Yes [] No []

Site Approved [] []

Well Head Approved [] []

Grouting Approved [] []

3-15-93

Date Inspected

U. J. D. R.S.

Sanitarian

Bacteriological Results

Initial Sample: REF Date: 9-27-93

* 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 #3869 [✓] []

Sample Collected [] []

Comments: FLUORIDEWell Installed By: H.W. / DONALD POORE

9-28-93

Date System Finalized

U. J. D. R.S.

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 or that the water supply will remain potable.

COPY TO HEALTH DEPARTMENT

3002.017 — 3/31/92

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0016429

PIN #: 1735281621

OP DATE: 0912811993

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

DRAINFIELD SIZE(SQ. FT.)

01200

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