

WAKE COUNTY HEALTH DEPARTMENT
NO PERMIT(S) FOR CONSTRUCTION, LOCATION OR RELOCATION ACTIVITY SHALL BE ISSUED
UNTIL AN AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION HAS BEEN ISSUED

Pin # 1800.01381616 Project # 970867

Improvement Permit D 3795

Tax Map No. _____ Parcel No. _____

Well Permit No. _____

Zoning Wake Township Bartons Creek

Operation Permit ☒

Owner/Contractor: Herbert & Cheryl Marshall

Date: 9-25-96

Location/Address: 12624 Six Forks Rd. SR1005 N. on right off road
in woods past Janice Dr. S.R. # 1005

Subdivision Name: _____

Lot No. _____

Section or Block No. _____

Preliminary Layout

SEE ATTACHED PLOT PLAN FOR WASTEWATER DISPOSAL SITE.

SEE CONSTRUCTION AUTHORIZATION FOR WASTEWATER SYSTEM DESIGN.

*Mobile Home to use existing system while house is rebuilt. It must be removed once house is finished
* New Alarm must be installed. Hot Tub must be removed from top of Tanks*

Final Layout

Sewage System Specifications

Repair [] Original Permit No. C-23448
Garbage Disposal Unit Yes [] No ☒
House [] Mobile Home ☒ Business []
No. of Bedrooms 3 Lot Area 5.07
Size of Tank 1000 ST 1800 PT gal.
Wastewater: Sewage ☒ Industrial [] Comments: _____

Nitrification Line 1320 sq. ft.
Depth of Stone: 12" ☒ Max Depth of Trenches: 30-36 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: Ed Dufek

Date: _____ Installed By: _____ Approved By: _____

Existing Well System
Individual ☒ Semi-Public [] Public []
New [] Replacement [] Repair []
Fee Paid: Yes [] No []
Construction Compliance Yes No
Site Approved [] []
Well Head Approved [] []
Grouting Approved [] []

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

Comments: _____

Date Inspected _____ Sanitarian _____
Bacteriological Results
Initial Sample: _____ Date: _____
* 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**

Well Installed By: _____

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 or that the water supply will remain potable.

COPY TO HEALTH DEPARTMENT

3002.017 - 5/14/93

Tax Map No. 1800.01381616 Parcel No. _____

Print Key Output
5738SS1 V2R3M0 931217

WCDOH

Page 1
09/16/96 10:20:08

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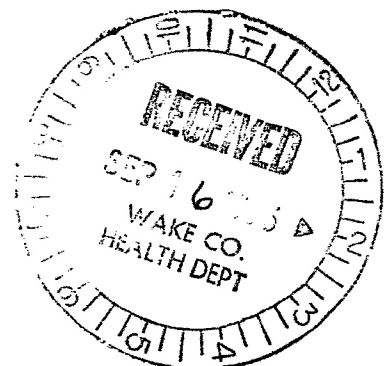
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HEALTH DEPT PERMIT

WIS039

PERMIT#: D003795 STATUS: A APP DATE: 09/13/1996 BLDG PERMIT#: 0970867
APPLICANT: *Marshall* CHERYL DAY PHONE: (919) 556 - 6111 740-85
ADDRESS: 12624 SIX FORKS RD FAX#: (000) 000 - 0000
CITY: RALEIGH STATE: NC ZIP: 27615
OWNER: MARSHALL, HERBERT K & CHE DAY PHONE: (919) 556 - 6111
ADDRESS: 12624 SIX FORKS RD FAX#: (000) 000 - 0000
CITY: RALEIGH STATE: NC ZIP: 27615
HD USE CD: 112 MOBILE HOME ORIG PERMIT#: REC?: Y
EXIST USE: 101 ONE-FAMILY HOUSE TAX MAP#: 0212 0022
BEDROOMS: 2 BSMT: N #EMPLOYEES: 0 WATER: I WASTEWATER: I GARB DISPOSAL: N
TOWNSHIP: 02 BARTON'S CREEK JURIS: WC ZON: BOW PIN: 1800.01 38 1616 000
SUBD#: S 000 000 00 SUBD NAME: LOT-SEC: ACRE: 5.07
IMPRV PRMT: ISSUED?: DATE: BY: TYPE SYSTEM: PUMP:
CNSTR AUTH: ISSUED?: DATE: BY: DATE EXPIRED:
RECEIPT#: FEE: OP DATE: BY:
WATR SAMPL: REQ?: APPROVED?: DATE: PROPRIETARY SYS:
ST#: 12624 MI: DIR: NAME: SIX FORKS DIR: TYP: RD
DIRECTIONS: GO TO 1005 L TOWARDS NC HWY 98 GO EAST JANICE
DR****REPLACEMENT ONLY DUE TO HURRICANE FRAN

PF1=BLDG PERMIT PF3=NOTES PF6=OTHER RECEIPTS CLEAR=MENU



WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Pin # 1800.01381616 Project # 953097

Tax Map No. 212 Parcel No. _____

Zoning W66 Township Bottom Creek

Owner/Contractor: Pearce Cheryl

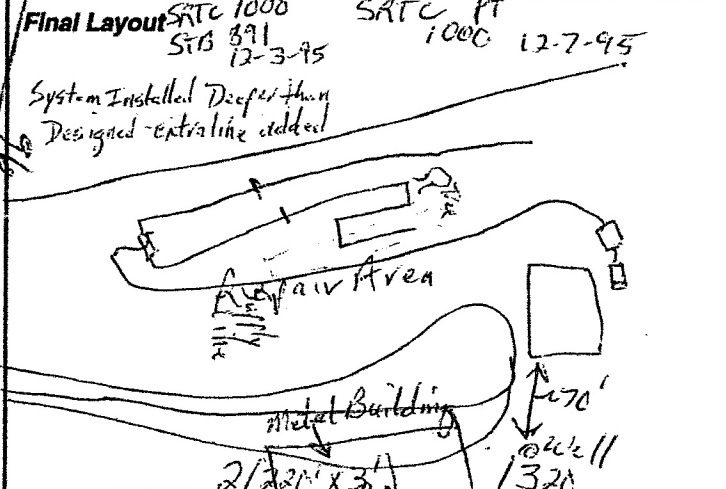
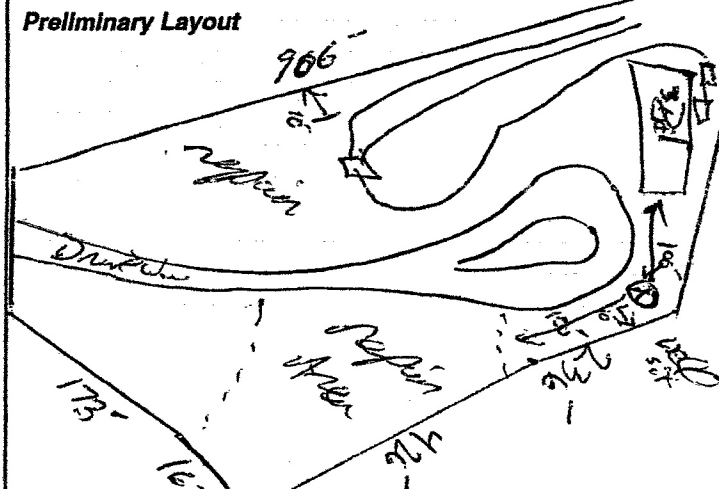
Location/Address: 12624 Six Forks Rd.

Six Forks to 98 on Right after Junction Dr.

Subdivision Name: _____

Lot No. _____

Section or Block No. _____



Sewage System Specifications

Repair [] Original Permit No. _____

Garbage Disposal Unit Yes [] No []

House [X] Mobile Home [] Business []

No. of Bedrooms 3 Lot Area 5.07 Ac

Size of Tank ST 1000 + PT 1000 gal.

Comments: Fallen container stay to off map lines 100' off well, deep shallow well to weather rock, use NEMA box 4444 Post Printed

Date: 3-18-96 Installed By: James Bailey Approved By: Ed Dufresne

Well System

Individual [X] New [X] Fee Paid: Yes [X]

Semi-Public [] Replacement [] No []

Public [] Repair []

Construction Compliance Yes [X] No []

Site Approved [X]

Well Head Approved [X]

Grouting Approved [X]

Date Inspected Time exempt

Bacteriological Results

Initial Sample: Neg Date: 3-22-96

* 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

Required Slab [X] []

Chlorinated [X] []

Required Certificate [X] []

Variance (Explain) [X] []

WCHD I.D. Affixed [X] []

Sample Collected [X] []

Comments: _____

Well Installed By: Goldston Well

3-22-96 Date System Finalized

Shay Bright Sanitarian

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