

WAKE COUNTY HEALTH DEPARTMENT WELL AND SEWAGE SITE, LOCATION PERMIT

ALL PERMITS VOID 60 MONTHS FROM DATE OF ISSUANCE

Tax Map No. 331 Parcel No. 174

Improvement Permit

Well Permit No. **C 15417**

Zoning Wake Township Wake Forest

Operation Permit []

Owner/Contractor: Nancy Watkins

Date: 8-13-92

Location/Address: (Behind 4305 Mitchell Mill Rd) 401 N (R) on Mitchell Mill Rd

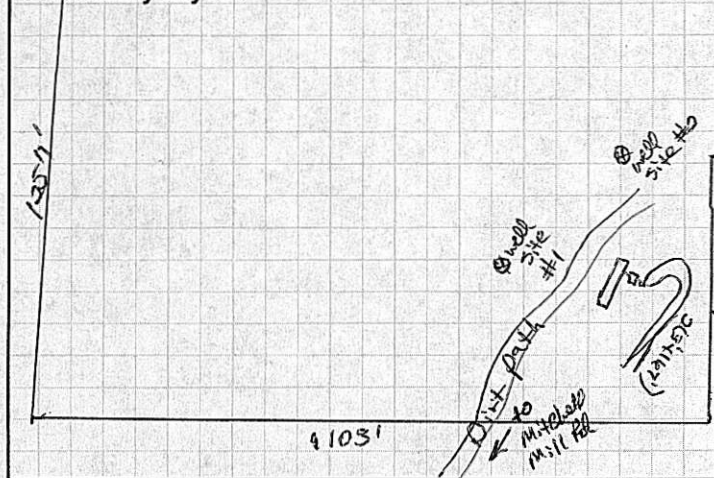
S.R. # 2225

Subdivision Name:

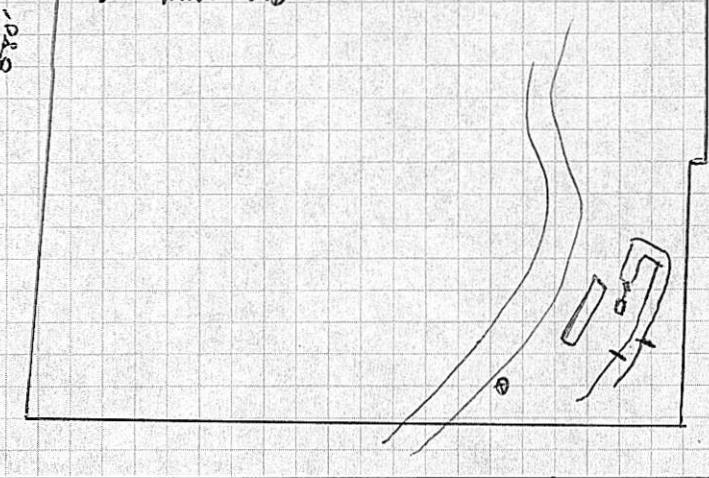
Lot No.

Section or Block No.

Preliminary Layout



Final Layout



Sewage System Specifications

Repair [] Original Permit No.
 Garbage Disposal Unit Yes [] No [X]
 House [X] Mobile Home [] Business []
 No. of Bedrooms 2 Lot Area 31.0 Ac
 Size of Tank 1000 gal.

Nitrification Line 1000 ft ± 2(3'x16') sq. ft.
 Depth of Stone: 12" [X] Max Depth of Trenches: 30' in.
 Riser and Baffle Required [X] 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: Terry D. Chappell R.S.

* Comments: Keep system shallow, stay 10' min from prop. line Keep well 50' min from MH, 10' from prop. line, 100' from septic tank

Date: 8-24-92 Installed By: J.C. High Approved By: Terry D. Chappell R.S.

Well System

Individual [X] Semi-Public [] Public []
 New [X] Replacement [] Repair []
 Fee Paid: Yes [X] No []

Construction Compliance

Yes No
 Site Approved [X] []
 Well Head Approved [X] []
 Grouting Approved [X] []

8-18-92

Date Inspected

T.D. Chappell R.S.
 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**

Final Inspection

Yes No

Required Slab	[]	[]
Chlorinated	[]	[]
Required Certificate	[]	[]
Variance (Explain)	[]	[]
WCHD I.D. Affixed	[]	[]
Sample Collected	[]	[]

Comments:

Well Installed By: ESTES

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

ROBERT HEDRICK

I certify that the location of this structure is accurately shown,
and to locate the structure in accordance with this plot plan
I require release of the structure regardless of its
state of completion.

* Marcy Watkins 8/10/92
Signature Date
Check one: ☐ Owner ☒ Builder/Contractor ☐ Other

