

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 16665**

Zoning Wake Township Wake Forest

Operation Permit []

Owner/Contractor: Nancy Watkins

Date: 4-27-93

Location/Address: (4142 Still Dr.) 401N, (R) Mitchell Mill Rd, (L) 4325 Mitchell Mill Rd, follow path beside house, lot on left.

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 [☒]

House [] Mobile Home [☒] Business []

No. of Bedrooms 3 Lot Area 1.0

Size of Tank 1000 gallons - 1000 gallons

* Comments: Keep system shallow, follow contours, Keep well 50' min from MH & 10' from prop. line.

Date: 4-18-93 Installed By: Joel Powell Approved By: Edward J. [Signature]

Well System	
Individual [☒]	Semi-Public []
New [☒]	Replacement []
Fee Paid: Yes [☒]	No []
Construction Compliance	Yes [] No []
Site Approved	[]
Well Head Approved	[]
Grouting Approved	[]
Date Inspected <u>9-8-93</u>	Sanitarian <u>[Signature]</u>

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