

86B-1
09-01263

6904-04-10-0101

87-1 89-09393

New# 1825

SEWAGE DISPOSAL RECORD

0001896

Stokes

County Health Department

5171 Nc 66 Hwy S

Name of Occupant *Fester Bennett* C. Location of Building *King B-1*

Name of Owner *Same* W. C. Date of Installation *3-20-62*

Type of Privy Constructed _____ Number _____ New or Repaired _____

Septic Tank *Concrete* (Material and Shape) Date Inspected *3-20-62* Permit No. *62-556*

Number of Bedrooms *3* Capacity *120 gpd* F.H.A. Case Yes No

Type Secondary Treatment *Wram Field* 300-108-12

Source of Water Supply *well drilled* Distance From Nearest Pollution *60* Ft.

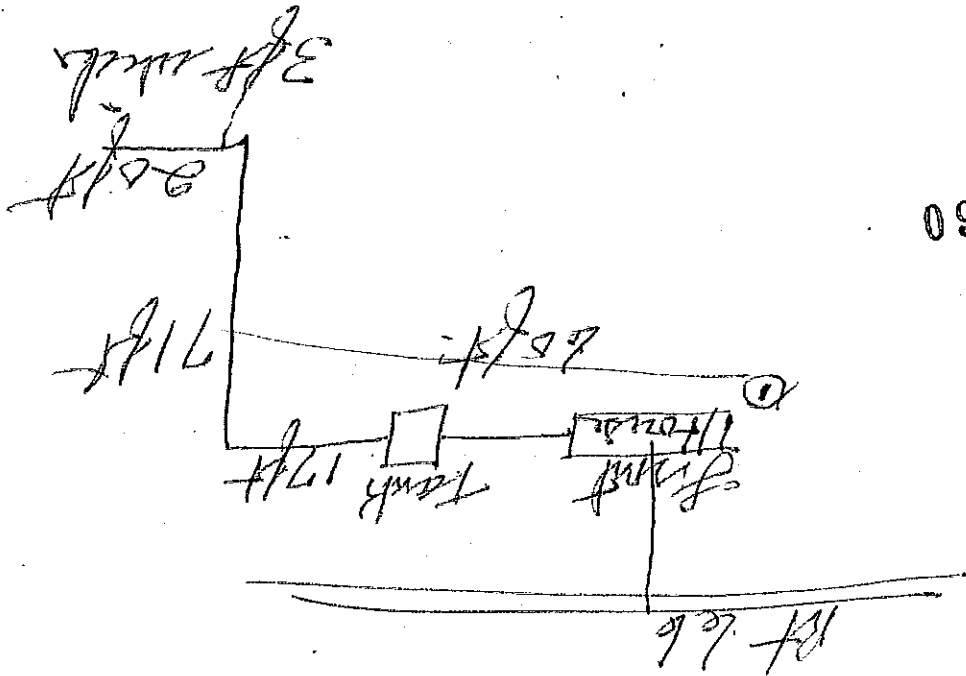
Contractor or Plumber *adams* Address *Rd 1st mt*

Approved by *Chas. B. Cole R.S.*

Remarks *Bt lck 5 from mickys garage house ft on (over)*

Curve about 1 mt past shell in this

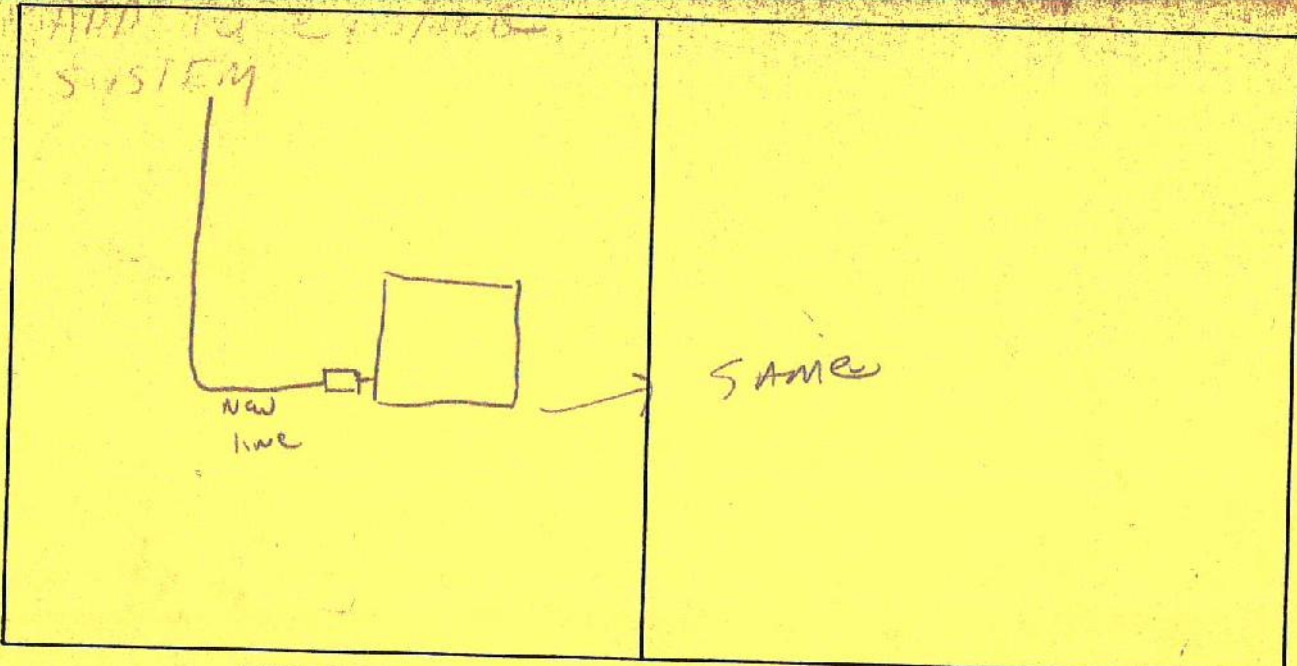
N. C. STATE BOARD OF HEALTH
Form No. 473—Rev. 4-57.



09-01263

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.

BENNETT, R. G.



SUGGESTED FRONT FINAL APPROVED Yes

3/15/91 DATE A McVee INSTALLED BY John Baker INSPECTED BY

THIS PERMIT VOID IF SYSTEM IS NOT INSTALLED AS INDICATED, OR IF ANY CHANGES ARE MADE TO LOT, OR HOUSE DESIGN BEFORE INSTALLATION. **PERMIT VOID AFTER 5 YEARS.**

HEALTH DEPARTMENT

SEPTIC TANK LAYOUT AND PERMIT
STOKES COUNTY HEALTH DEPARTMENT

New # 647
668

TAX MAP NUMBER 1 repair ISSUE DATE 3/15/91
OWNER R G Bennett
DIRECTIONS Hwy 665 2nd house on the part Jones Rd

HOUSE BUSINESS _____ NO. BEDROOMS _____
MOBILE HOME _____ OTHER _____ NO. PEOPLE _____
NEW INSTALLATION _____ REPAIR _____

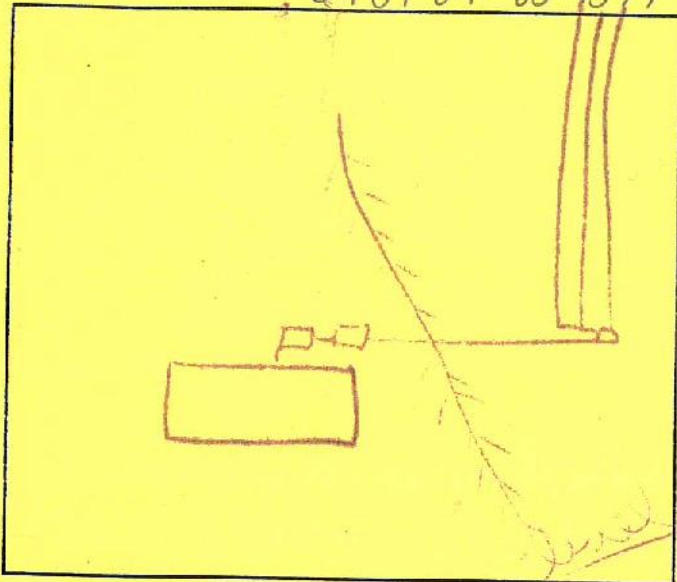
LOT SIZE _____ X _____ ACRES _____

SOIL EVAL. [1] _____ [2] _____ [3] _____ APPLICATION RATE _____

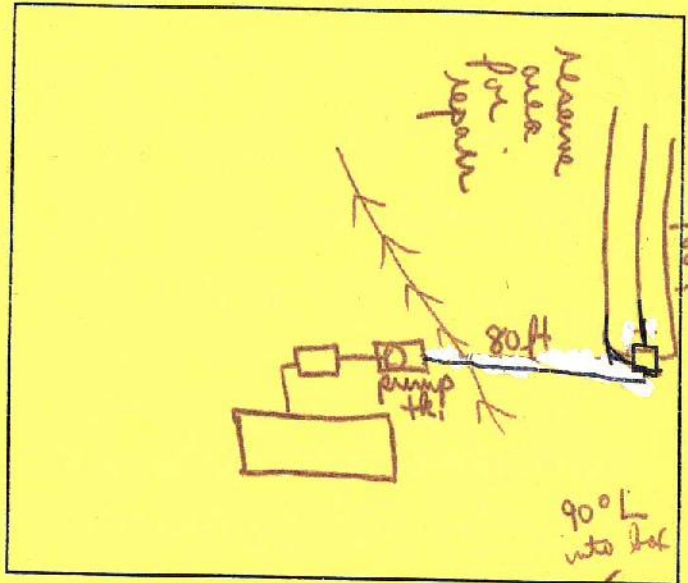
CONVENTIONAL SYSTEM LOW PRESSURE PIPE SYSTEM _____
SIZE OF TANK (S) 2 x 3 ft GALS. STONE DEPTH 12 INCHES
NITRIFICATION LINE 300 SQ. FT. 100 LIN. FT.
MAX. TRENCH DEPTH 36 INCHES WATER SUPPLY well

COMMENTS 6904-04-73-8159 87-1 99-09393
5171 DC 66 Hwy 5 has 9175 ac 66 Hwy 5 on Property

6904-04-83-1577



Layout



Front

Final Approved

6-21-93

Aldean McGee

B. Kilpatrick

Date

Installed By

Inspected By

This permit void if system is not installed as indicated or if any changes are made to lot, or house design before installation.

*** PERMIT VOID AFTER FIVE YEARS ***

6904-04-83-1577

99-09393

87-1 6904-04-83-8159

HEALTH DEPARTMENT

CONVENTIONAL SEPTIC TANK SYSTEM STOKES COUNTY HEALTH DEPARTMENT

Owner Dwyle D Smith

New # 4624

Tax Map Number 87-1 09-05104

Permit Number 0004800

Evaluated By J.O. a/b/c.

Issue Date 6/3/93

Directions Along 66 S behind 1st house on L EAST JONES RD

99-09393--

House _____	New <u>✓</u>	Septic Tank <u>1000</u> Gals.
Mobile Home <u>✓</u>	Addition _____	
Business _____	Repair _____	Pump Tank <u>1000</u> Gals.
Type _____	No. Bedrooms <u>3</u>	
Other _____	No. People <u>4</u>	Trench Depth <u>36</u> Ins.
Drain Line <u>900</u> Sq. Ft.	<u>300</u> Lin. Ft.	Stone Depth <u>12</u> Ins.
Lot Size _____ X _____ Acres	<u>2.6</u>	LTAR <u>.4</u> GPD/SF

Comments Lester Bennett

5175 N. 66 Hwy S King

Health Department Copy

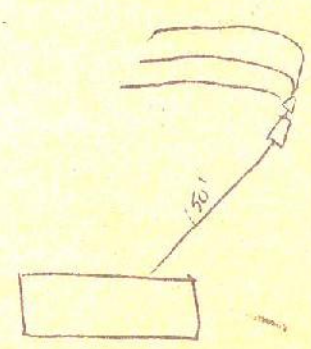
STOKES COUNTY HEALTH DEPARTMENT SEPTIC TANK LAYOUT AND PERMIT

0001855

Owner or Contractor Gray Bennett Date 10/16/89
Directions & S.R. Number Jones Rd off 66 on rt 4 mi
#2001

Permit No.:	House <input type="checkbox"/>	Business <input type="checkbox"/>
	Mobile Home <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
	New Installation <input type="checkbox"/>	Repair <input type="checkbox"/>
No. of Bedrooms	<u>3</u>	<u>360</u>
Lot Size	<u>farm</u>	
Soil Eval. (1)	<u>ps</u>	(2) _____ (3) _____
Size of Tank	<u>900</u>	Gal.
Nitrification Line	<u>900</u>	Sq. Ft./ <u>300</u> Lin. Ft.
Stone Depth	<u>12</u>	Inches
Water Supply	<u>well</u>	
Comments	_____	

Installation not indicated by Mr Hinton see back of permit



Suggested Front Final Approved

Date 10/23/89 Installed By A Mcbee Inspected By Jerry Oakley