

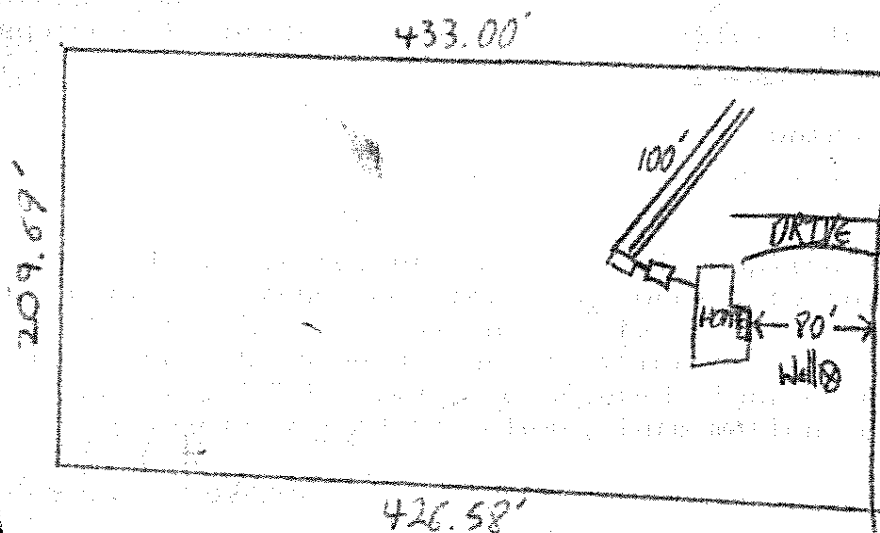
FRANKLIN COUNTY HEALTH DEPARTMENT

888 871 3061

PERMIT NUMBER 5375	CONST IMPROVE PERMIT	DATE 07.17.96	27225	SIZE: 2.01A
APPLICANT: TIMBERLANDS DEVELOPMENT PO BOX 372 CLAYTON NC 27520 TELEPHONE: 553-0697			OWNER: TIMBERLANDS DEVELOPMENT PO BOX 372 CLAYTON NC 27520	
COMMENT: SFD				
LOCATION / DIRECTIONS: TIMBERLANDS #54				
FEE: 100.00 2779			SIGNATURE OR OWNER OR AUTHORIZED AGENT:	

THE ABOVE SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREE WITH ALL PROVISIONS AND INFORMATION AS OUTLINED ON THE BACK SIDE OF THIS FORM

TOPO <u>PS</u>	TEXTURE <u>PS</u>	STRUCTURE <u>PS</u>	DEPTH <u>PS</u>
R. HOR <u>5</u>	SOIL. WET <u>5</u>	AVAIL. SP <u>5</u>	OTHER <u>-</u>
MINRL <u>5</u>	OVERALL <u>PS</u>	LTAR <u>.4</u>	
#BEDRMS <u>3</u>	GPD <u>360</u>	DISPOSAL <u>N</u>	TYPE. SYS <u>CONV</u>
SZ. TANK <u>900</u>	SZ. CHAMB <u>-</u>	NITRIFI <u>3x300'</u>	TYPE. WAT <u>PRIV</u>
SITE. LOC <u>-</u>	MAX TRENCH DEP <u>24"</u>	TYP. FAC <u>50</u>	

REMARKS: STAY 100' FROM WELL AND 10' FROM PROPERTY LINE.
FOLLOW CONTOURWELLS
STB 900
3-7-96IMPROVEMENT PERMIT DATE: 7-30-96ENV HEALTH SPEC: [Signature]CONSTRUCTION AUTHORIZATION DATE: 7-30-96ENV HEALTH SPEC: [Signature]OPERATION PERMIT DATE: 10-17-98ENV HEALTH SPEC: [Signature]