FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER:	DATE:		SIZE:
3942C CONST IMPROVE PERMIT	12.27.96	23221	

APPLICANT:	OWNER:
SINKINSON PAUL PO BOX 1266 SPRING HOPE NC 27882 TELEPHONE: 478-7536	THOMPSON LILLIAN
COMMENT: SFD	DESCRIPTION: 5 YEAR ☐ LIFETIME: ☐
LOCATION / DIRECTIONS: LAKE ROYALE 269	
FEE: 100.00 3928	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

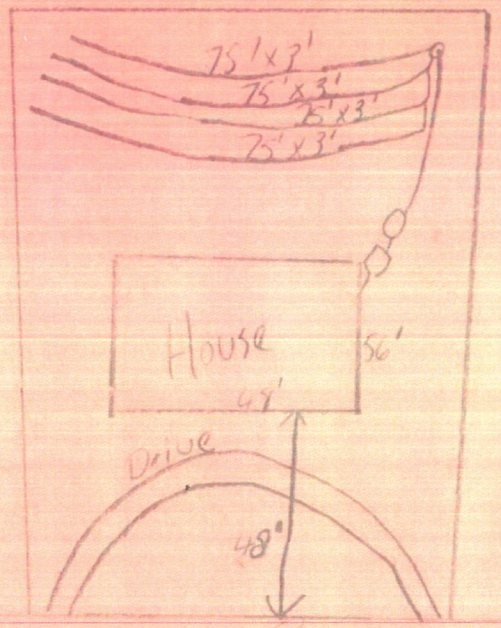
TOPO PS	TEXTURE PS	STRUCTURE PS	DEPTH PS
R.HOR PS	SOIL.WET PS	AVAIL.SP 5	OTHER
MINRL PS	OVERALL PS	LTAR .4	
#BEDRMS 3	GPD 360	DISPOSAL	TYPE.SYS Comp
SZ.TANK 100	SZ.CHAMB 1000	NITRIFI 300 ft	TYPE.WAT Private
SITE.LOC	MAX TRENCH DEP 24"	TYP.FAC SFD	

REMARKS: 1) Run lines on contour 2) Dist dump to drainfield
3) Keep min 5' o-c prop. lines with septic sys.

Mill-900
STB-870
6-27-97

Mills-1600
PT-72

Johnson Backhoe



Shawnee

- ALARM INSTAL LATER.

IMPROVEMENT PERMIT DATE: 12/30/96 ENV HEALTH SPEC: [illegible]

CONSTRUCTION AUTHORIZATION DATE: 12/30/96 ENV HEALTH SPEC: [illegible]