FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER:	DATE:		
118860 CONST IMPROVE PERMIT	11.09.98	2398-6	SIZE: 1.469A

APPLICANT:
AEGEAN LAND CO
PO BOX 1859
WAKE FOREST NC 27588

OWNER:
AEGEAN LAND CO
PO BOX 1859
WAKE FOREST NC 27588

TELEPHONE: 556-2146

COMMENT:
SFD

DESCRIPTION: 5 YEAR ☐ LIFETIME: ☐

LOCATION / DIRECTIONS:
SPENCER'S GATE #6

FEE:
125.00 10159

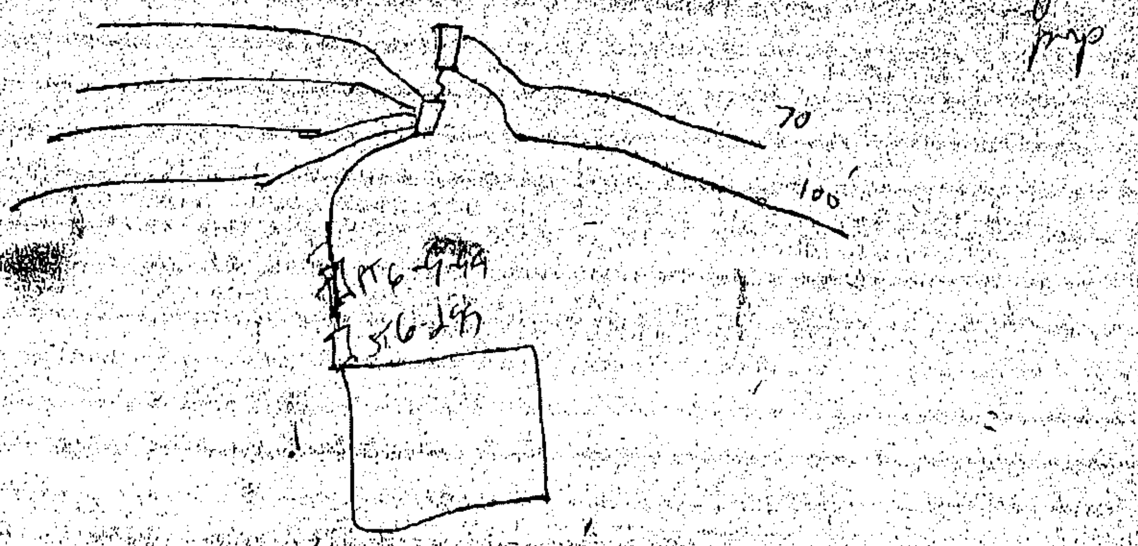
SIGNATURE OF OWNER OR AUTHORIZED AGENT:

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	S	TEXTURE	PS	STRUCTURE	PS	DEPTH	PS
R. HOR	S	SOIL. WET	S	AVAIL. SP	S	OTHER	
MINRL	PS	OVERALL	PS	LTAR	.35		
#BEDRMS	3	GPD	360	DISPOSAL	N	TYPE. SYS	[illegible]
SZ. TANK	1000	SZ. CHAMB	1000 [illegible]	NITRIFI	2 X 180'	TYPE. WAT	[illegible]
SITE. LOC		MAX TRENCH DEP	21"	TYP. FAC	50		

REMARKS: [illegible]
Pressure manifold [illegible] valves

[illegible]



IMPROVEMENT PERMIT DATE: 12.03.98 ENV HEALTH SPEC: CMH

CONSTRUCTION AUTHORIZATION DATE: 5-26-98 ENV HEALTH SPEC: [signature]

OPERATION PERMIT DATE: 9/24/99 ENV HEALTH SPEC: [signature]