FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER:	DATE:		
11889C CONST IMPROVE PERMIT	11.09.98	2598-9	SIZE: .847A

APPLICANT:	OWNER:
AEGEAN LAND CO PO BOX 1859 WAKE FOREST NC 27588	AEGEAN LAND CO PO BOX 1859 WAKE FOREST NC 27588
TELEPHONE: 556-2146	

COMMENT:	DESCRIPTION: 5 YEAR ☐	LIFETIME: ☑
SFD		

LOCATION / DIRECTIONS:

~~SPENCER'S GATE #9~~

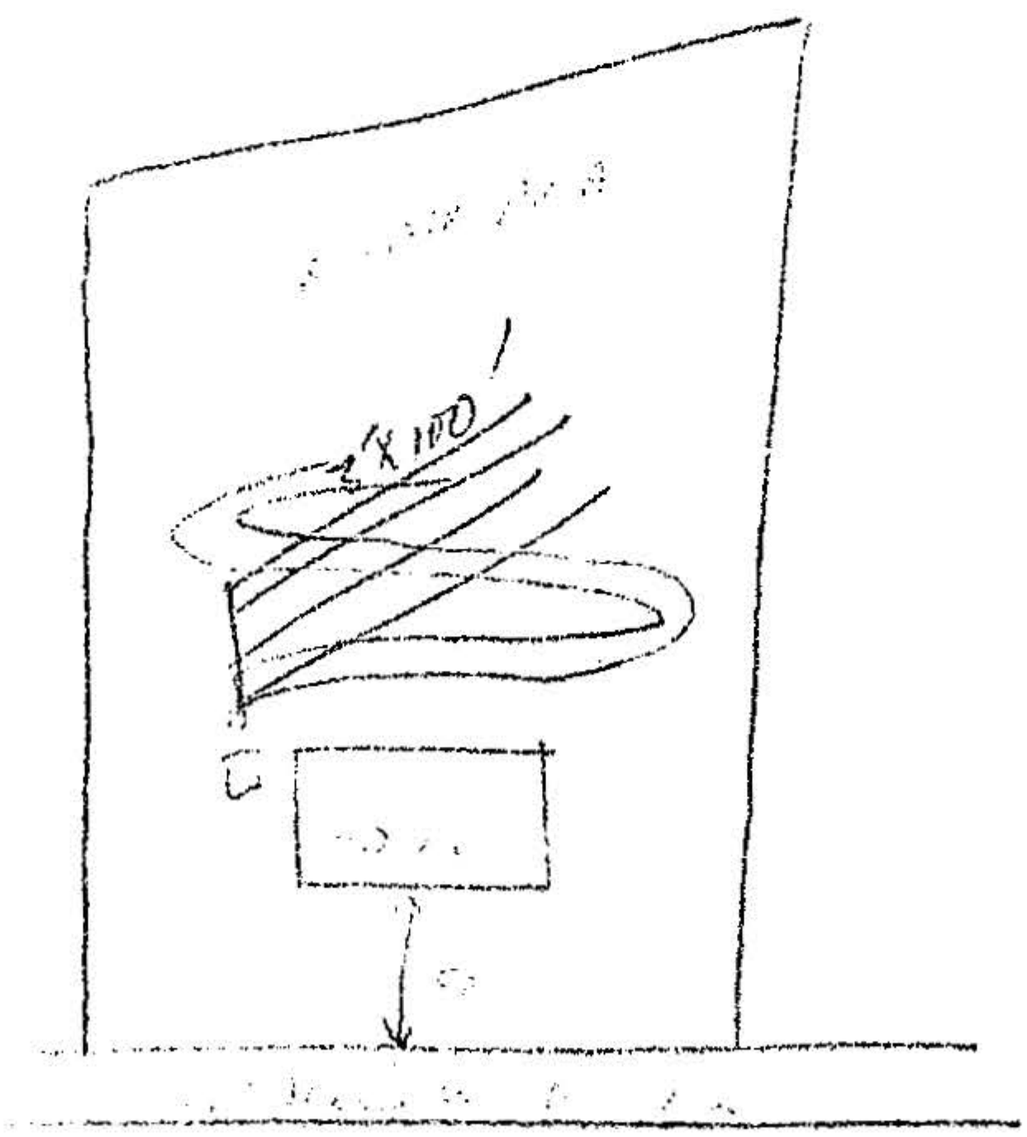
FEE:	SIGNATURE OR OWNER OR AUTHORIZED AGENT:
125.00 10159	

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 5	TEXTURE 5	STRUCTURE 5	DEPTH 4
R.HOR 5	SOIL.WET 4	AVAIL.SP 5	OTHER
MINRL 5	OVERALL 5	LTAR	
#BEDRMS 3	GPD 300	DISPOSAL 1	TYPE.SYS C
SZ.TANK 1000	SZ.CHAMB	NITRIFI 3.0	TYPE.WAT
SITE.LOC	MAX TRENCH DEP 24	TYP.FAC	

REMARKS:

Mills- 1000
STB-858
Tyler James



IMPROVEMENT PERMIT DATE:

ENV HEALTH SPEC:

CONSTRUCTION AUTHORIZATION DATE:

ENV HEALTH SPEC:

OPERATION PERMIT DATE: 2-25-99

ENV HEALTH SPEC: