FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER	CONST IMPROVE PERMIT	DATE: 11-98	29660	SIZE: 2.05A

APPLICANT:
WIGGINS GUY
1097 FLAT ROCK CHURCH RD
LOUISBURG NC 27549
TELEPHONE: 556-1763

OWNER:
WINTERS MELVIN

COMMENT: SFD

DESCRIPTION: 5 YEAR ☑ LIFETIME: ☐

LOCATION / DIRECTIONS: SR 1107 Winter Woods Lot #2

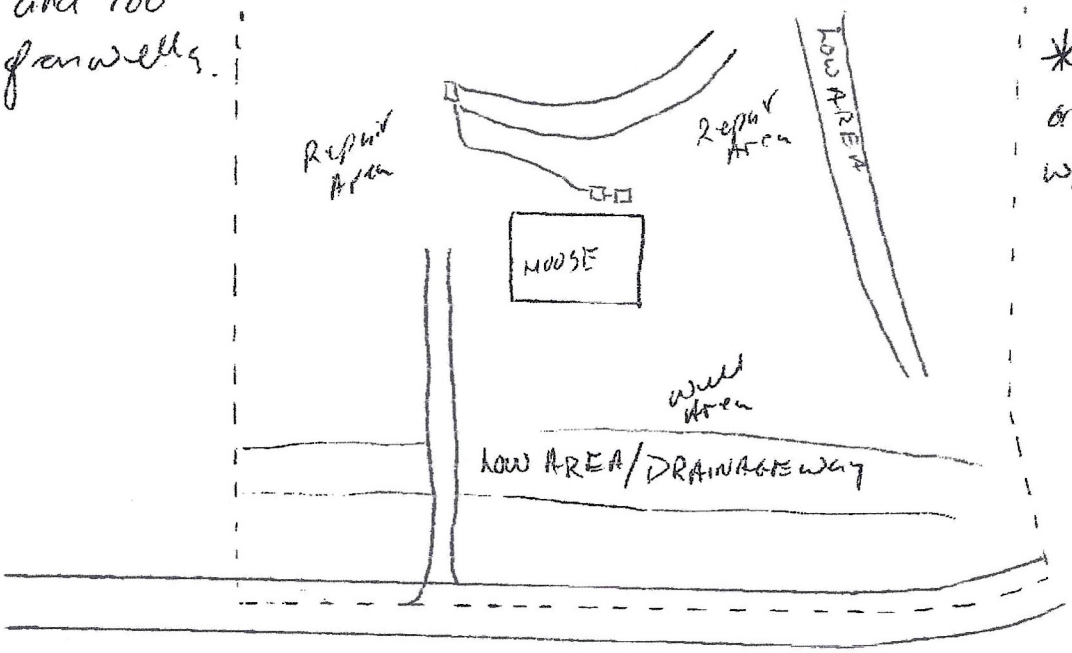
FEE: 125.00 7571

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 /	SOIL.WET /	AVAIL.SP /	OTHER /
MINRL NEXP	OVERALL PS	LTAR .35 5/01	
#BEDRMS 3	GPD 360	DISPOSAL /	TYPE.SYS PtoC
SZ.TANK 900	SZ.CHAMB 1000	NITRIFI 3x265' w/25% reduction	TYPE.WAT Pub
SITE.LOC /	MAX TRENCH DEP 30"	TYP.FAC SFD	

REMARKS: Stay 10' from property lines, 5' from building foundation and 100' from wells.



* MUST USE CHAMBER OR EZ lay SYSTEM W/25% reduction

IMPROVEMENT PERMIT DATE: 11/9/98 ENV HEALTH SPEC:

CONSTRUCTION AUTHORIZATION DATE: 11/9/98 ENV HEALTH SPEC:

OPERATION PERMIT DATE: _____ ENV HEALTH SPEC: _____