

FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER: <u>17364 IMPROVEMENT PERMIT</u>	DATE: <u>5/2/03</u>	
APPLICANT: <u>MATT & Jamie McKee</u> <u>25 MISTY WAY</u> <u>FRANKLINTON NC</u>		OWNER: <u>"SAME"</u>
TELEPHONE: _____		DESCRIPTION: 5 YEAR ☒ LIFETIME: ☐
COMMENT: _____		
LOCATION / DIRECTIONS: <u>MISTY Hollow Subd.</u>		
FEE: <u>"NO CHARGE"</u>		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

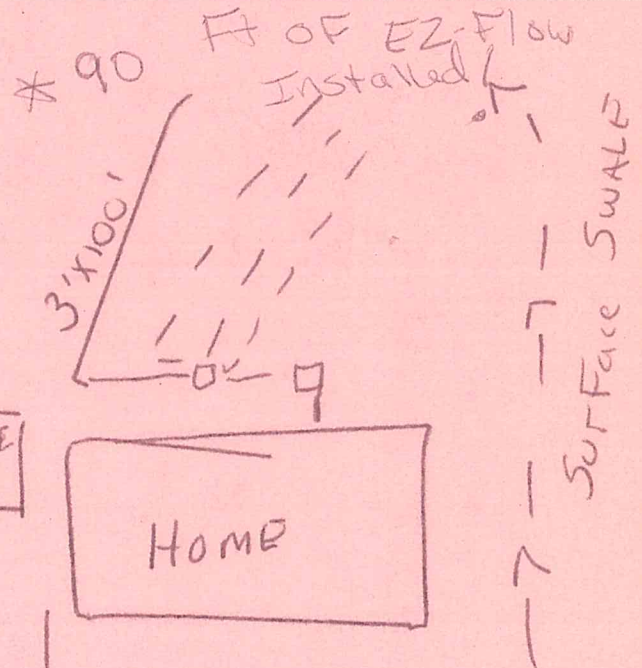
#BEDRMS 3 DISPOSAL N/A OTHER NITRIFI TYPE. SYS Conv.
 SZ. TANK EXIST SZ. CHAMB N/A NITRIFI 3'x100' OPER. REQ NO
 SITE. LOC _____
 REMARKS: *DRAWING Not to Scale

CONTRACTOR: James Madden
 TANK MANUF: EXIST
 MANUF DATE: 1

* Install New Line
along Contour
AS MUCH AS POSSIBLE

* Install IN DRY
Conditions

* Do Not PARK or
Drive over SYSTEM



DATE. ISSUED 5/2/03
 DATE. APPROVED 5/9/03

Misty WAY
 SANITARIAN Andy Smith, RS
 SANITARIAN Andy Smith, RS

FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER: <u>17364T</u> IMPROVEMENT PERMIT		DATE: <u>5/2/03</u>	
APPLICANT: <u>MATT & Jamie McKee</u> <u>25 MISTY WAY</u> <u>FRANKLINTON NC</u>		OWNER: <u>"SAME"</u>	
TELEPHONE: _____		DESCRIPTION: 5 YEAR ☒	LIFETIME: ☐
COMMENT: _____			
LOCATION / DIRECTIONS: <u>MISTY Hollow Subd.</u>			
FEE: <u>"NO CHARGE"</u>		SIGNATURE OR OWNER OR AUTHORIZED AGENT: _____	
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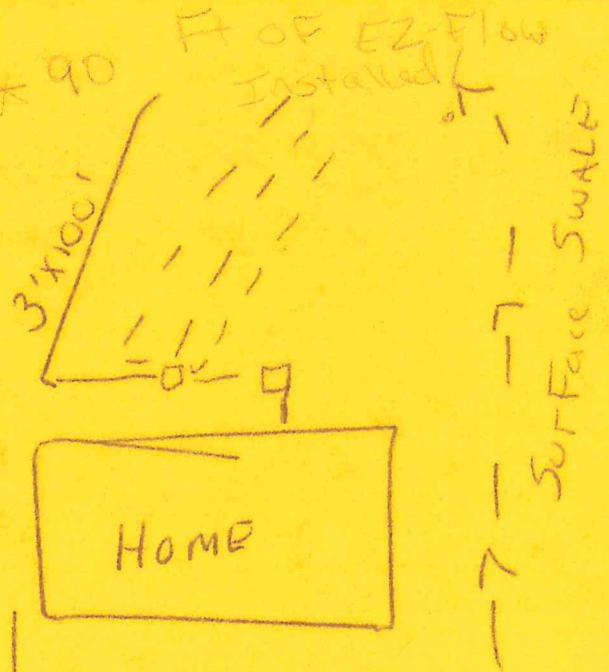
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 SITE. LOC _____
 REMARKS: * DRAWING Not to Scale

CONTRACTOR: James Madden
 TANK MANUF: EXIST
 MANUF DATE: _____

* Install New Line
 along Contour
 AS Much AS Possible

GARAGE

HOME



* Install IN DRY
 Conditions

* Do Not PARK or
 Drive over SYSTEM

MISTY WAY

DATE. ISSUED 5/2/03
 DATE. APPROVED 5/6/03

SANITARIAN Andy Smith, RS
 SANITARIAN Andy Smith, RS