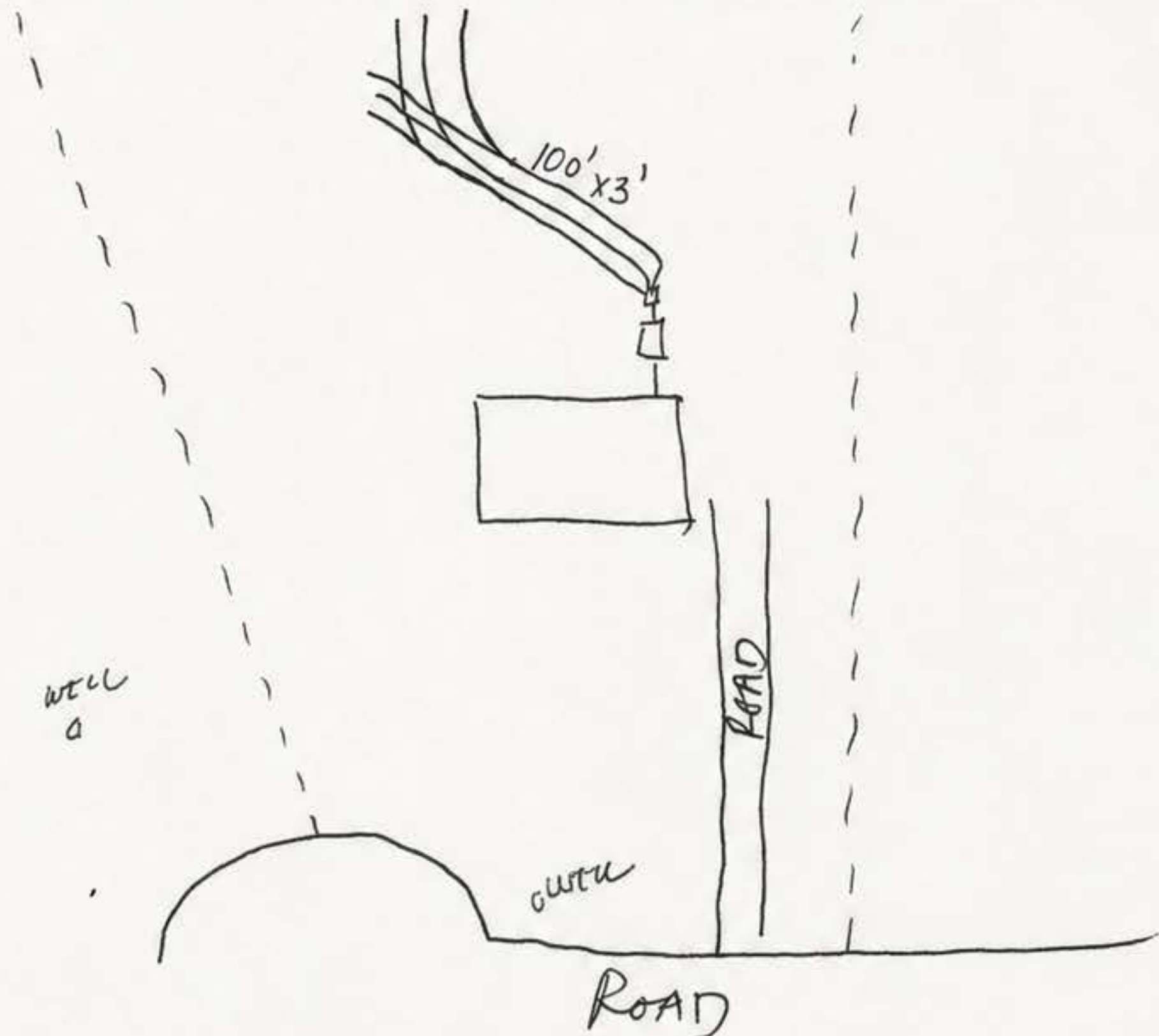


# FRANKLIN COUNTY HEALTH DEPARTMENT

|                                                                                                  |                                                       |                                                                  |              |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------|--------------|
| PERMIT NUMBER:<br>19181 IMPROVEMENTS PERMIT                                                      | DATE:<br>03.26.90                                     | 25003                                                            | SIZE: 1.0 BA |
| APPLICANT:<br>LESHER & ASSOCIATES<br>P/O BX 1123<br>WAKE FOREST N C 27587<br>TELEPHONE: 556-4167 |                                                       | OWNER:<br>SHERWOOD GROUP<br>P O BX 1123<br>WAKE FOREST N C 27587 |              |
| COMMENT:<br>SINGLE FAMILY DWG                                                                    |                                                       |                                                                  |              |
| LOCATION / DIRECTIONS:<br>MAP B5B P 10 SHERWOOD FOREST LOT 10                                    |                                                       |                                                                  |              |
| FEE:<br>50.00                      19655                                                         |                                                       | SIGNATURE OF OWNER OR AUTHORIZED AGENT:                          |              |
| CONFIRMED BY PLANNER:<br><div style="text-align: center;">YES</div>                              | PLANNER:<br><div style="text-align: center;">FM</div> | DATE:<br><div style="text-align: center;">3/26/90</div>          |              |

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 <u>3</u>            | DISPOSAL <u>NO</u> | OTHER <u>—</u>         | TYPE. SYS <u>C</u> |
| SZ. TANK <u>900</u>         | SZ. CHAMB <u>—</u> | NITRIFI <u>3'x300'</u> | OPER. REQ <u>N</u> |
| SITE. LOC <u>          </u> |                    |                        |                    |
| REMARKS: <u>          </u>  |                    |                        |                    |



Contractor C. Edwards

DATE. ISSUED 5/16/90  
DATE. APPROVED 6-28-90

SANITARIAN  
Enw H/lt. Spec.  
SANITARIAN

*Al Peoples*  
*Edgar T. L. Dade RS*