FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER: [redacted] DATE:

APPLICANT: BRITT MILTON
9325 SKULS RD
RALEIGH NC 27603
772-7248
TELEPHONE:

OWNER: BOATWRIGHT KIP L.

COMMENT: LAKE ROYALE #1552

DESCRIPTION: 5 YEAR ☑ LIFETIME: ☐

LOCATION / DIRECTIONS:

100.00 3706

FEE:

SIGNATURE OR OWNER OR AUTHORIZED AGENT:

TOPO PS EROSION PS STRUCTURE PS DEPTH

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

R. HOR PS SOIL. WET PS AVAIL. SP PS OTHER ____

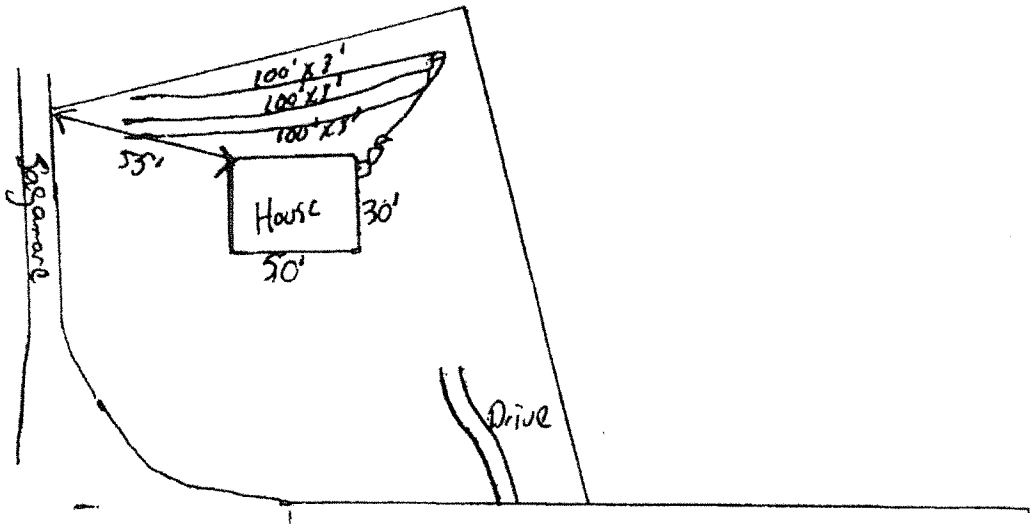
MINRL PS OVERALL PS LTAR .4

#BEDRMS 3 GPD 360 DISPOSAL ____ TYPE. SYS Pump Conv

SZ. TANK 900 SZ. CHAMB 1000 NITRIFI 300'x3' TYPE. WAT Private

SITE. LOC ____ MAX TRENCH DEP 24" TYP. FAC SFD

REMARKS: 1) Pump system 2) Stay 5' off prop. lines
minimum



IMPROVEMENT PERMIT DATE: 11/26/96 ENV HEALTH SPEC: Gene Aston

CONSTRUCTION AUTHORIZATION DATE: 11/26/96 ENV HEALTH SPEC: Gene Aston

OPERATION PERMIT DATE: ____ ENV HEALTH SPEC: ____