FRANKLIN COUNTY HEALTH DEPARTMENT

karenhacutt@yahoo.com

PERMIT NUMBER:	DATE:		
40A1I IMPROVEMENTS PERMIT	06.25.92	ELEC2217	SIZE: 3.A7A

APPLICANT:	OWNER:
ELMORE ROBERT E RT 2 BOX 366 ZEBULON NC 27597 TELEPHONE: 496-3613	
COMMENT: MH	CONTRACTOR:
LOCATION / DIRECTIONS: SR 1001	
FEE: 25.00 24445	SIGNATURE OF 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 - OTHER - TYPE.SYS C

SZ.TANK 900 SZ.CHAMB - NITRIFI 3'x30' OPER.REQ N

SITE.LOC -

REMARKS: ~~Existing system is approved~~ Contact inspections dept. 496-3109

original permit

Rufus Tant

4072

D. Brantley (

POC 10/29/85 David Thompson

DATE.ISSUED _____ EH SPECIALIST _____

DATE.APPROVED 10/30/92 EH SPECIALIST Christie