

50.0

11.30

DAVIE COUNTY HEALTH DEPARTMENT

IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

\*NOTE: Issued in Compliance With Article II of G.S. Chapter 130a  
Sanitary Sewage Systems

Permit Number  
No 5809

Name Jennie Foster Rt 7 Box 512 Miller Date 1-9-90  
Location Jericho Rd - left (Davie Road) - PASS 2 small subdivisions

Subdivision Name \_\_\_\_\_ Lot No. \_\_\_\_\_ Sec. or Block No. \_\_\_\_\_

Lot Size 10ac House  Mobile Home \_\_\_\_\_ Business \_\_\_\_\_ Speculation \_\_\_\_\_

No. Bedrooms 3 No. Baths 2 No. in Family 1

Garbage Disposal YES  NO

Auto Dish Washer YES  NO

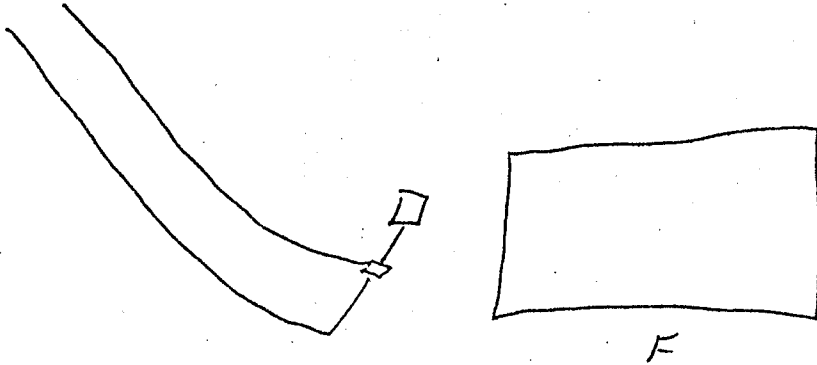
Auto Wash Machine YES  NO

Type Water Supply well - 10'

Specifications for System:

300 X 3 X 12"

\*This permit Void if sewage system described below is not installed within 5 years from date of issue.  
This permit is subject to revocation if site plans or the intended use change.

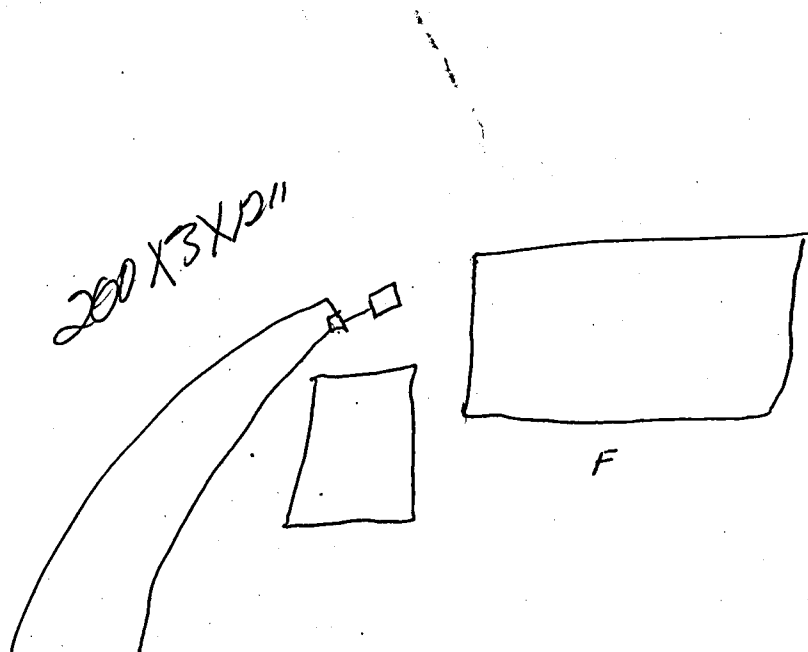


Improvements permit by Hall

\*Contact a representative of the Davie County Health Department for final inspection of this system between 8:30-9:30 A.M. or 1:00-1:30 P.M. on day of completion. Telephone Number: 704-634-5985.

Final Installation Diagram:

System Installed by Stacy Conarty



Certificate of Completion [Signature] Date 2/1/90

\*The signing of this certificate shall indicate that the system described above has been installed in compliance with the standards set forth in the above regulation, but shall in NO way be taken as a guarantee that the system will function satisfactorily for any given period of time.

50.0

1130

DAVIE COUNTY HEALTH DEPARTMENT  
IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

\*NOTE: Issued in Compliance With Article II of G.S. Chapter 130a  
Sanitary Sewage Systems

Permit Number  
No 5809

Name Jennie Foster Rt 7 Box 52 Miller Date 1-9-90

Location Jericho Rd - left (Davie Blvd) - PASS 2 small subdivisions

Subdivision Name \_\_\_\_\_ Lot No. \_\_\_\_\_ Sec. or Block No. \_\_\_\_\_

Lot Size 10ac House  Mobile Home \_\_\_\_\_ Business \_\_\_\_\_ Speculation \_\_\_\_\_

No. Bedrooms 3 No. Baths 2 No. in Family 1

Garbage Disposal YES  NO

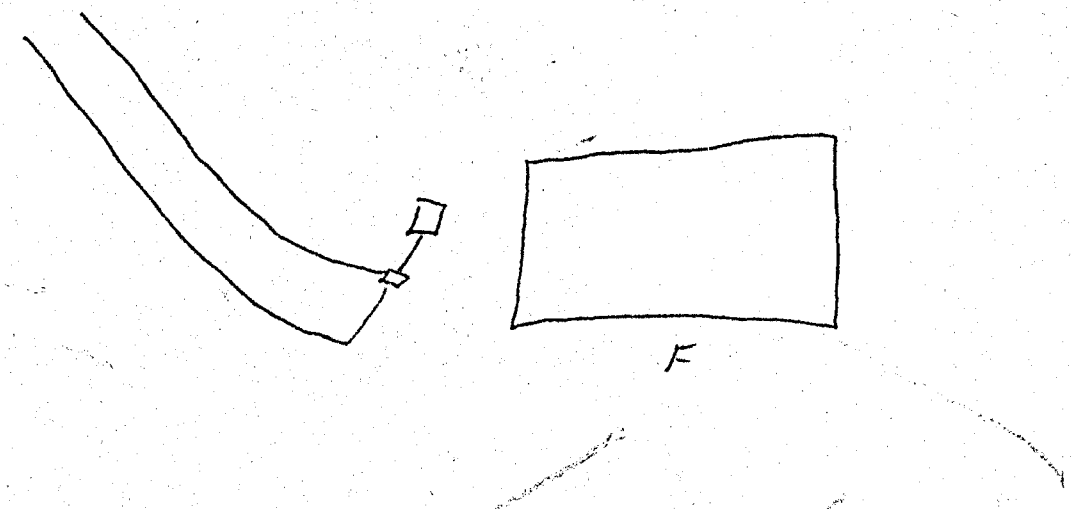
Auto Dish Washer YES  NO

Auto Wash Machine YES  NO

Type Water Supply well - Co.

Specifications for System:  
300 X 3 X 10"

\*This permit Void if sewage system described below is not installed within 5 years from date of issue.  
This permit is subject to revocation if site plans or the intended use change.

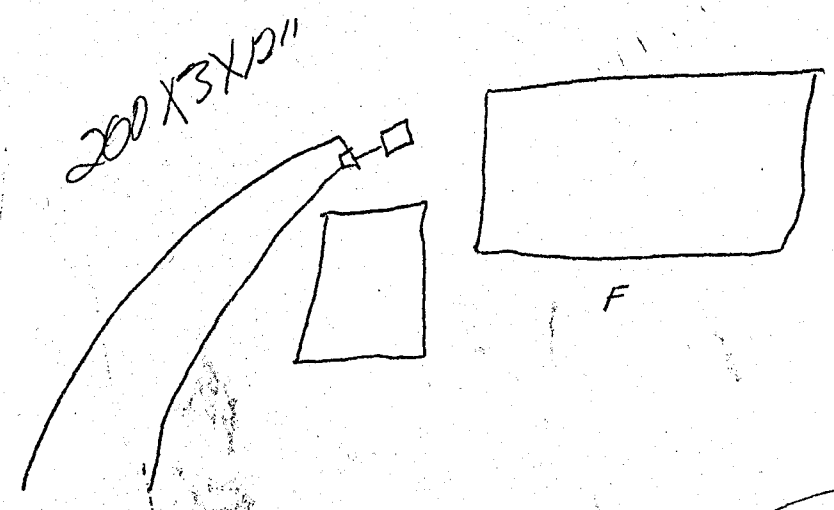


Improvements permit by Hall

\*Contact a representative of the Davie County Health Department for final inspection of this system between 8:30-9:30 A.M. or 1:00-1:30 P.M. on day of completion. Telephone Number: 704-634-5985.

Final Installation Diagram:

System Installed by Robert Conroy



Certificate of Completion [Signature] Date 2/11/90

\*The signing of this certificate shall indicate that the system described above has been installed in compliance with the standards set forth in the above regulation, but shall in NO way be taken as a guarantee that the system will function satisfactorily for any given period of time.