11.30

## 50.0

## DAVIE COUNTY HEALTH DEPARTMENT IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

Sanitary Sew	mpliance With Article II o vage Systems <i>Foster Rt 7 Aax 57</i>	\$		91	Permit Nº	Number 5809
	lo Rd - lotte					
				·		
Subdivision Name		Lot N	No	Sec. or Bloc	k No	
Lot Size /onc	House	_ Mobile Home _	Busir	ness S	peculation	
No. Bedrooms 3	No. Baths <del>Z</del>	_ No. in Family		•		
Garbage Disposal	YES NO	. [	Specifications	for System:		
Auto Dish Washer Auto Wash Machine	YES NO D		30015	PX13 %		
	wy-lo			· ·		ÿ.
	ewage system described t to revocation if site pla			ears from date of	issue.	•
N.						
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	7	1				
	$\smile$	F		• •		
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		lmpr	ovements perm	nit by <u>Ha</u>	//	
*Contact a representat 9:30 A.M. or 1:00-1:3	tive of the Davie County 30 P.M. on day of com	Health Departme	ent for final ins e Number: 704-	pection of this s 634-5985	ystem betw	/een 8:30-
Final Installation Diagra	am:	Syst	em Installed by	Sukarla	most	3
	*					
	· `					
en e	o (I					
N	MD"					
20 X3					•	
		F				
					2/1	1/90
	Cartifi	icate of Completio	( Invil	Date	ATI	

\*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.

11.30

## DAVIE COUNTY HEALTH DEPARTMENT IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

*NOTE: Issued in Compliance With Article II of G.S. Sanitary Sewage Systems  Name <u>Tennie Foster R17Kox5K</u>	Dille Date		Nº	Number 5809
ocation Jerde Rd - lett (1)	Aure Mad -	DASS 2 SMAIL	Suldi	sipier-
		<u></u>		
Subdivision Name	Lot No	Sec. or Blo	ock No	
ot Size /BAC House / Mo	obile Home	Business	Speculation	
No. Bedrooms No. Baths No.	. in Family	<u>-</u>		
Garbage Disposal YES NO	Spec	ifications for System:		Į.
Auto Dish Washer YES MO M	5	00 XPX/13 19		
Type Water Supply Well - Co.				<u>.                                    </u>
This permit Void if sewage system described belong the permit is subject to revocation if site plans of the p	ow is not installed wor the intended use	vithin 5 years from date change.	of issue.	
		ents permit by <u>Ha</u>	//	
Contact a representative of the Davie County Hea 9:30 A.M. or 1:00-1:30 P.M. on day of completic	alth Department for on. Telephone Num	tinal inspection of this ber: 704-634-5985.	system betv	veen 8:30
Final Installation Diagram:	System Ins	talled by Sladen	and	
			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.