DAVIE COUNTY HEALTH DEPARTMENT

IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

*NOTE: Issued in Compliance with [illegible] Sewage Treatment and Disposal [illegible]

Permit Number [illegible]377

Name JOHN GAITING Date 8-20-87

Location [illegible] Subdivision Name [illegible]

Subdivision Name [illegible] Sec. or Block No. [illegible]

Lot Size 1/1 Acre Specification [illegible]

No. Bedrooms 2 No. Baths [illegible]

Garbage Disposal [illegible]

Auto Dish Washer [illegible]

Auto Wash Machine [illegible]

Type Water Supply [illegible]

1000 gallon tank

[illegible] 12" stone

[illegible] of concrete

*This permit Void if sewage [illegible]

[illegible] Width of Ditt

[illegible] Minimum

Proposed Well

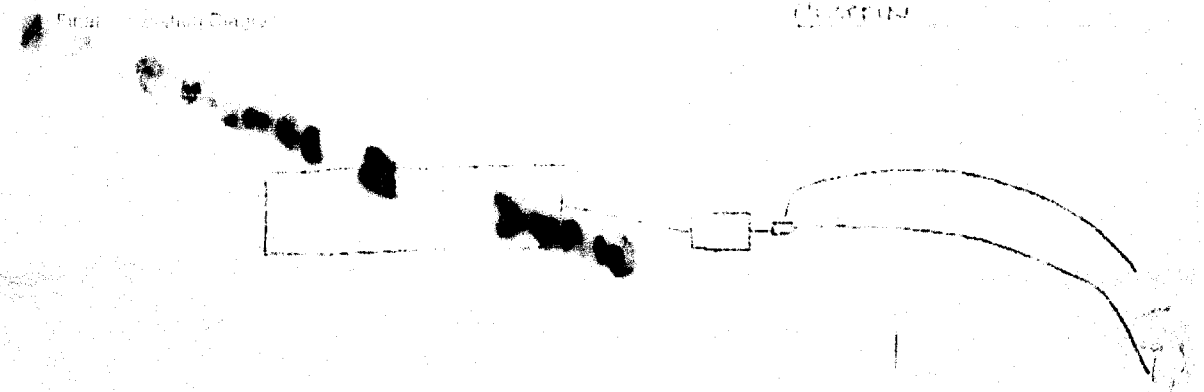


"POOR QUALITY"

*Contractor [illegible]

Signature [illegible]

Final [illegible] Date



Date 8-27-87

*The [illegible] the standards set forth [illegible] satisfactorily for any given period [illegible]

[illegible] does not guarantee that the system will [illegible]