

# JACKSON COUNTY DEPARTMENT OF PUBLIC HEALTH

7529-71-3398 416105 FS

REFERENCE NUMBER J406340 OPERATIONS PERMIT	DATE 08.27.01	PIN <del>7539-04-9419</del>	Peak, John
APPLICANT <del>TRIPLE EAGLE ENTERPRISES I</del> PO BOX 5 SYLVA NC 287797771 506-5348	OWNER TRIPLE EAGLE ENTERPRISES INC PO BOX 5 SYLVA NC 287797771		

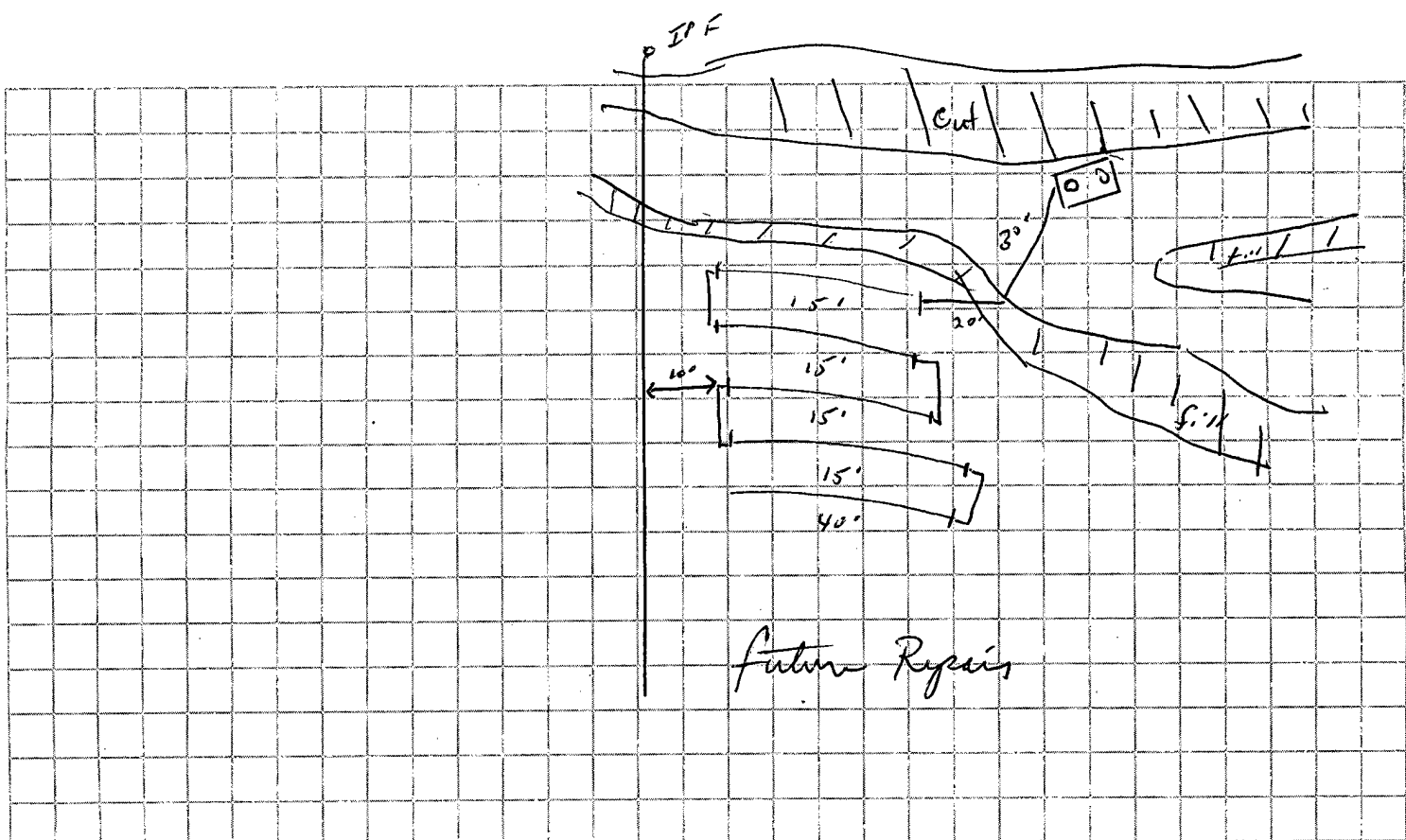
SPECIFICATIONS: 2 1.94 acres

LOCATION/DIRECTIONS: ABOVE SAVANNAH MEADOWS.....LOT # 12

FEE:	RECEIPT:	SIGNATURE OF OWNER OR AUTHORIZED AGENT: <i>+ Rick Stillwell</i>
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The above signature indicates that I have read, understood and concur with all provisions and information as outlined on the back.

#BEDRMS 2 TYPE.SYS IF  
 SZ.TANK 1000 SZ.CHAMB NA NITRIFI 480 syff OPER.REQ yes  
 REMARKS: Installed by Rick Stillwell



OWNER/INSTALLER RESPONSIBLE FOR COMPLIANCE WITH ALL APPLICABLE STATE RULES

DATE ISSUED \_\_\_\_\_ ENV HEALTH SPEC \_\_\_\_\_  
 DATE APPROVED 10/3/01 ENV HEALTH SPEC Sam Buchanan RS