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HTE# <u>06-5-15897</u> Hari	nett County Department of Public Health 19075
PERMIT # 23324	<u>Operation Permit</u>
	🗹 New Installation 🗹 Septic Tank 🗆 Repair 🗹 Nitrification Line 🗀 Expansion
	PROPERTY LOCATION: 481 N
Name: (owner) N.C. Custon Homes UC	
System Installer: JASUS Matthews	Registration #
Basement with plumbing: Garage Number	
Type of Water Supply: Community Public System Type: 25% (NED) System Type: It is	☐ Well Distance from well feet Types V and VI Systems expire in 5 years.
(In accordance with Table V a)	Owner must contact Health Department 6 months prior to expiration for permit renewal.
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This system has been installed in compliance with applicable North Caro	plina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
PERMIT CONDITIONS:	112' 25% REPT. Repair 168 DET. SED SH ABT. LET ST. REPAIR SHERMAN PENES DA
I. Performance: System shall perform in accordance	e with Rule .1961.
II. Monitoring: As required by Rule .1961.	
III. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator require	tional operation conditions, maintenance and reporting.
IV. Operation:	aconal operation conditions, maintenance and reporting.
V. Other:	

Following are the specifications for the sewage disposal system on the above captioned property. Type of system:

Conventional Other 15% OFF DUCTION System Size of tank: Septic Tank: 1700 gallons Pump Tank: 1000 Subsurface exact length width of depth of Drainage Field ditches of each ditch 100 ditches ditches _ inches French Drain Required: Linear feet James & Marshart II as Authorized State Agenc Date 1-25-07