

PERMIT # _____

Operation Permit

By JT McNeill LN

- New Installation
- Septic Tank
- Nitrification Line
- Repair
- Expansion

PROPERTY LOCATION: 2145 Mac RD

Name: (owner) DONALD MANGEN SUBDIVISION _____ LOT # _____

System Installer: YELLOW DOG Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

Type of Water Supply: Community Public Well Distance from well _____ feet

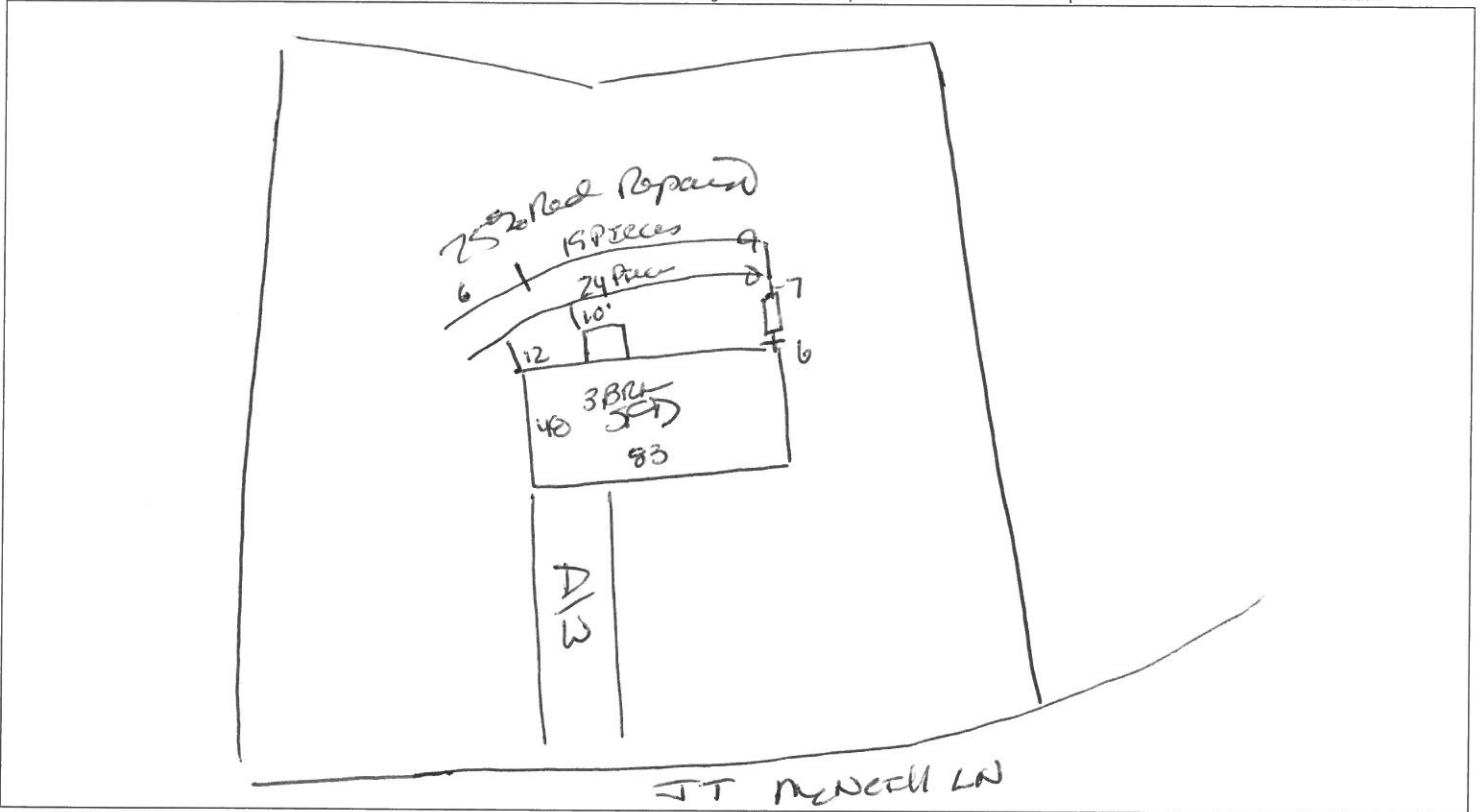
System Type: 25% Reduced System Type III Types V and VI Systems expire in 5 years.

(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 Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.



PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1961.
- II. Monitoring: As required by Rule .1961.
- III. Maintenance: As required by Rule .1961. Other: _____

Subsurface system operator required? Yes No

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

- IV. Operation: _____
- V. Other: _____

D-Box Pump Alarm H2O Line PWR Line

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

Type of system: Conventional Other 25% reduced Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 2 exact length of each ditch 160 feet width of ditches 3 feet depth of ditches 30-14 inches

French Drain Required: _____ Linear feet

Authorized State Agent James E. Marshall Date 10-23-20