## · County Donartment of Public

HTE#_//-5-27583	narnett county bepartment of rubit health	
PERMIT # _ 26868-	Operation Permit	22278
	New Installation Septic Tank Mitrification Line	Repair Expansion
	PROPERTY LOCATION: SC/548 Mondryman	
Name: (owner) FARL Z But	SUBDIVISION	LOT # _
System Installer: Mike RAY	Registration #	
	Number of Bedrooms	
"	Public Well Distance from well ypes and W systems expire in 5 years.	
System Type: 25% TO VOTO (In accordance with Table V a)	Owner must contact Health Department 6 months prior to expiration for perm	nit renewal.
	PL	
This system has been installed in compliance with applicable	e North Carolina General Statutes, Rules for wage Treatment and Disposal, and all conditions of the Improvement Permit and O	Construction Authorization.
	10 morb  10	
PERMIT CONDITIONS:		
I. Performance: System shall perform in II. Monitoring: As required by Rule .1	accordance with Rule .1961.	
III. Maintenance: As required by Rule .1	/	540 mostague RI
	ator required? Yes 🗆 No 🗆	
If yes, see attached shi	eet for additional operation conditions, insintenance and reporting.	
iv. Operation.	×	
V. Other:		
□ D-Box □	Pump	PWR Line
	ther 25% 764000000 captioned property.  Septic Tank: 1200 gallons Pump	Tank: gallons
Subsurface No. of	exact length width of depth	of
Drainage Field ditches 4		es 30-24 inches
French Drain Required:	Linear feet	
Authorized State Agent One	E Manhant & 1805 Date 5-29-12	L