HTE# 03-500- 8425 RL Ha It County Department of Publi ealth 20143 PERMIT # 24765 **Operation Permit** New Installation Septic Tank Repair Nitrification Line Expansion PROPERTY LOCATION: H, (k) SUBDIVISION Were have see Name: (owner) Registration # System Installer: 31.59 na Basement with plumbing: Garage Mumber of Bedrooms Distance from well Type of Water Supply:

Community Public 1∠ Well System Type: 9-7 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. 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: ١. 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: Other: Following are the specifications for the sewage disposal system on the above captioned property. Type of system:

Conventional Septic Tank: gallons Pump Tank: Subsurface No. of exact length width of depth of Drainage Field of each ditch ditches ditches inches French Drain Required: Linear feet Authorized State Agent