08-500-20508 Garage HTE# 06-500-15303R

H: ett County Department of Publ Health 20489

PERMIT # 24 8°	<u>Operation Permit</u>
	New Installation Septic Tank Repair Nitrification Line Expansion
	PROPERTY LOCATION: 1201
Name: (owner)	ISRAEL Lucas SUBDIVISION CAROLINA SPASONS LOT # F-9
	- 1 1
System Installer:	
Basement with plumbin	0 0
Type of Water Supply: System Type:	
(In accordance with Ta	ble V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.
(iii accordance with ra	one va)
This system has been installe	ed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
	55
	1 2 5
	l'aller de
	9-
	5. B.
	-
	· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
DEBMIT CONDITIONS.	
PERMIT CONDITIONS: I. Performance:	Sustann shall perform in accordance with Bule 1061
I. Performance: II. Monitoring:	System shall perform in accordance with Rule .1961. As required by Rule .1961.
III. Maintenance:	As required by Rule .1961. Other:
iii. Haiiiteilaiice.	Subsurface system operator required? Yes \(\sigma \) No \(\sigma \)
	If yes, see attached sheet for additional operation conditions, maintenance and reporting.
IV. Operation:	in joy, see analyse short for analysis consistent, manifestation and reprinting
2000 No Bassassassa	
V. Other:	
	ifications for the sewage disposal system on the above captioned property.
Type of system:	
Subsurface	No. of exact length width of depth of
Drainage Field	ditches of each ditch 180 feet ditches 3 feet ditches 1824 inches
French Drain Required:	Linear feet
	() 12/06
Authorized State Ag	gent