Ha ett County Department of Public nealth 18917 HTE# 06-5-15366 Operation Permit PERMIT # 23/// PROPERTY LOCATION: SRI452 Truelove RD Name: (owner) Brian JOHNSON Ben SUBDIVISION TAYLOR POTNE System Installer: DIS GARDIS Registration # Basement with plumbing: Garage Mumber of Bedrooms Type of Water Supply:

Community Public Well Distance from well System Type: 25% Red Syetter Type III 6 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. 5R14 0 SALVES TRUBUNEIDS

PERMIT CONDITIONS: Performance: System shall perform in accordance with Rule .1961. As required by Rule .1961. II. Monitoring: 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. 1 Other 25% REDUCTION System Type of system:

Conventional Size of tank: Septic Tank: 1000 gallons Pump Tank: Subsurface No. of exact length width of depth of of each ditch _ 120 Drainage Field ditches ditches ditches inches French Drain Required: Linear feet Markontona

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Authorized State Agent_

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