HTE# 06.500-162304 | nett County Department of Put Health 19883 **Operation Permit** PERMIT # 23631 New Installation Septic Tank Repair Nitrification Line Expansion PROPERTY LOCATION: 1108 Name: (owner) Regency Hames SUBDIVISION YORKShine Plantation System Installer: TED BROWN Registration # Basement with plumbing:
Garage
Number of Bedrooms Type of Water Supply: Community Public Distance from well 5 System Type: Cump t Quick 4 Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for permit renewal. (In accordance with Table V a) 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 On not Dave or Cark on any part of septer system EAKN PERMIT CONDITIONS: Performance: System shall perform in accordance with Rule .1961. I. II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes \(\square\) No \(\square\) 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. Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 Type of system:

Conventional B Other Wanto Quick 4 exact length width of depth of Subsurface No. of of each ditch ditches inches Drainage Field ditches French Drain Required: Linear feet Date 01-15-08 Authorized State Agent_