	Operation Permit
	New Installation Septic Tank Repair Nitrification Line Expansio
	FRUFFRII IUI AIIUN' CO (UN TO 2 YA S C COMA S A C S
Name: (owner) <u>Service</u> Vanisca System Installer: <u>Skarny + 8025</u>	SUBDIVISION <u>FIEldsfore</u> LOT # 9
System Installer: SKEWING + SONS	
Basement with plumbing: 🗌 ' Garage 🖼 Num	ber of Bedrooms 3
Type of Water Supply: Community Publ	ic 🗆 Well Distance from well feet
System Type: 25 16 REDuction System 7 (In accordance with Table V a)	
(in accordance with Table 4 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:	LICOLDE D LICOLDE D
I. Performance: System shall perform in accorda	nce with Rule 1961
II. Monitoring: As required by Rule .1961.	
III. Maintenance: As required by Rule .1961. Other	r
Vilhsurface system operator room	ired? Yes 🗆 No 🗀
If was can assist the contract of	ditional operation conditions, maintenance and reporting.
If yes, see attached sheet for ac	
If yes, see attached sheet for ac IV. Operation:	
If yes, see attached sheet for ac IV. Operation:	
If yes, see attached sheet for ac V. Other:	attern on the above and
If yes, see attached sheet for ac V. Other: Following are the specifications for the sewage disposal s	ystem on the above captioned property. Size of tank: Septic Tank: gallons Pump Tank: gallons

Authorized State Agent James & MANHARTORS Date ____5-11-07

Linear feet

French Drain Required:

inches