HTE# 07-5-16633 Hari	nett County Department of Public Health	21025
PERMIT # 23748	Operation Permit	
	■ New Installation ■ Septic Tank ■ Repair ■ Nit PROPERTY LOCATION: 511440 Times work	io
Name: (owner) <u>Tom</u> <u>Developens</u>	SUBDIVISION Autumn Pozut	LOT # _/9
System Installer: Franklin STANKEL	Registration #	
Basement with plumbing: Garage Mumber of Type of Water Supply: Community Public	Of Bedrooms	
System Type: 25% REDICTION	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 Carol	lina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit	and Construction Authorization.
*FUN STONAGE		
ON MUTALTIMES.		
*TUIL STORAGE  ON DRIVENUTIONS.  *UIL + PIL INSTANCED  ON SEPTIL FINE.	P- 10 75% Repair	
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NEW	er \	
PERMIT CONDITIONS:		
I. 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 If yes, see attached sheet for additi	is tes in No in including the maintenance and reporting.	
IV. Operation:	onal operation conditions, maintenance and reporting.	
V. Other:		
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Following are the specifications for the sewage disposal syste	em on the above captioned property.	
Type of system: Conventional Other 25%	Networzon Septic Tank: 1006 gallons Pum	p Tank: gallons
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French Drain Required: Linear fe	The state of the s	thes <u>24</u> inches
- A	1 10 100	
Authorized State Agent	Date 4-19.	-10