HTE# <u>67-8-</u>	16664R Harr	nett County Department of Public Health 19055	
PERMIT # 237'		Operation Permit	
		New Installation Septic Tank Repair Nitrification Line PROPERTY LOCATION: 56 1440	□ Expansion
Name: (owner) _	IOM Developer, In	/	128
•	Stancil Bldg	Registration #	
Basement with plum	· · /		
Type of Water Supp System Type:		Well Distance from well	
(In accordance with		Owner must contact Health Department 6 months prior to expiration for permit renewal.	
•	,		
This system has been ins	talled in compliance with applicable North Caroli	ina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authori	zation.
PERMIT CONDITIONS:		257 Achartea Repair Area Planting Tout Topsail Dr.	
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	? Tes ∟ No ∟ onal operation conditions, maintenance and reporting.	
IV. Operation:	- Jes, see attached sheet for addition	опат орегации сопитионя, тапненансе ани герогинд.	
V. Other:			
Type of system:		Size of tank: Septic Tank: 1000 gallons Pump Tank:	gallons
Subsurface	No. of	exact length width of depth of	0
Drainage Field	ditches	of each ditch 80 feet ditches 9 feet ditches 22	_ inches

Date \$ 6/1/2007

French Drain Required:

Authorized State Agent

Linear feet