HTE# 67-5-16834	Department of Fublic Saith	174/0
PERMIT # 23477	Operation Permit	
	ew Installation 🗆 Septic Tank 🗆 Repair 🛭	
	PROPERTY LOCATION: <u>SN 1447 RAWLS</u> C	
Name: (owner) DONATO BUSTENE.	SUBDIVISION Migables Cost	LOT # 16
System Installer: Advock Exception	Registration #	
Basement with plumbing: Garage Number of Bedrooms 5  Type of Water Supply: Community Public Well Distance	e from well feet	
System Type: 25% RAD OUTION Softer Type III 6 926	Types V and VI Systems expire in 5 years.	
(In accordance with Table V a) Owner	must contact Health Department 6 months prior to expira	ation for permit renewal.
This system has been installed in compliance with applicable Morth Carolina General Statutes, Rules	for Sewage Treatment and Disposal, and all conditions of the Improvem	ent Permit and Construction Authorization.
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PERMIT CONDITIONS:		* 25 A 18 B 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1
<ol> <li>Performance: System shall perform in accordance with Rule .1961.</li> <li>Monitoring: As required by Rule .1961.</li> </ol>		
III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes $\square$ No $\square$		
If yes, see attached sheet for additional operation cond  IV. Operation:	itions, maintenance and reporting.	
IV. Operation:	1,00	
V. Other:		
Collegian are the excitention for the source diseasel autom or the above or		
Following are the specifications for the sewage disposal system on the above can be		allons Pump Tank: gallons
Subsurface No. of exact length	width of	depth of
Drainage Field ditches of each ditch	BD feet ditches 3 feet	t ditches 24 inches
French Drain Required: Linear feet		
Authorized State Agent and Markon &	Date	-6-07
numorized state agent forms I have a	Date	