HTE#_ 07.533	blash hamett County Department of Public Health 19977	
PERMIT # 235	Operation Permit	
	New Installation Septic Tank Repair Nitrification Line Expans	on
	PROPERTY LOCATION: 1/25	_
Name: (owner)	(Avinco) SUBDIVISION FORUT DAKO LOT # 165	5
System Installer:	DC Care Registration #	
Basement with plumbin		
Type of Water Supply:		
System Type: Q		
(In accordance with Tal	Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This system has been installe	led in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	_
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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? Yes \(\sum \) No \(\sum \) If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	in jes, see attached sheet for additional operation conditions, maintenance and reporting.	
V. Other:		
Following are the speci	cifications for the sewage disposal system on the above captioned property.	
		lons
Subsurface	No. of exact length width of depth of	
Drainage Field	ditches of each ditch feet ditches feet ditches inches	
French Drain Required:		

Authorized State Agent_

Date 1220-08