HTE# 08.500-19304RR	lett County De	epartment of F	'ub₁ Health	20420	)
PERMIT # 24 655	New In	eration Permit	Tank □ Repair □ Ni	itrification Line $\Box$	Expansion
Name: (owner) Kenneth Comm.	PROP	PERTY LOCATION: 112		10T #	227
System Installer: O, STRIZK	18>	BDIVISION LOS	Jh.ne	LOT # 3	201
Basement with plumbing: Garage W Nur	have of Radmanns 7	Registration #			
Type of Water Supply:  Community Put		n well feet	•		
System Type: E. 2 Flow	Well Distance from		tems expire in 5 years.		
(In accordance with Table V a)	Owner must	contact Health Department	6 months prior to expiration for	r permit renewal.	
This system has been installed in compliance with applicable Nor	h Carolina General Statutes, Rules for Sev	Znon Lot 219	all conditions of the Improvement Perm	nit and Construction Authorizat	ion.
This system has been instance in compinance with applicable nor	r caronna deneral statutes, notes for sev	rage readilent and Disposal, and	an conditions of the improvement remi	it and construction Authorizati	/
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PERMIT CONDITIONS:					
I. Performance: System shall perform in acc	rdance with Kule .1961.				
II. Monitoring: As required by Rule .1961.  III. Maintenance: As required by Rule .1961.	Other				
Subsurface system operator					
	r additional operation conditions,	, maintenance and reporting			
IV. Operation:	**************************************				
V 04					
V. Other:					
Following are the specifications for the sewage dispo			1001		
" '	9-2 Flow	Septic T		Pump Tank:	gallons
Subsurface No. of	exact length	widt		depth of ditches 18 24	
Drainage Field ditches French Drain Required:	of each ditch\S> inear feet	feet ditch	nes feet	ditches 1824	_ inches
Trench brain nequireu.	mear reet				
Authorized State Agent	A25		Date 10-30-	08	
Authorized State Agent	- 1		vale to	- 0	