HTE# 08-5-1	19898 Hamett County Department of Pub. Health 2029	)
PERMIT # <u>2462</u>	Operation Permit  ✓ New Installation ✓ Septic Tank □ Repair ✓ Nitrification Line □  PROPERTY LOCATION: //www. 401 m	Expansion
Name: (owner)		9
System Installer:	T.C. Wood Campscaped Registration #	
Basement with plumbin		
Type of Water Supply:		
(In accordance with Tal	ble V a)  Owner must contact Health Department 6 months prior to expiration for permit renewal.	
(		
This system has been installe	ed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authoriza	tion.
	* System INSTALLED AS permit  * Full Stonage Not Obtained of    15T + ZNOR PRAENCENES,	N N
PERMIT CONDITIONS:	SHEADON SON	
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:	
	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
	No. of exact length width of depth of ditches feet ditches 3 feet ditches 24-718	gallons inches
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Authorized State Agent James & Manhantons

9-3-08 Date