HTE#	08-5-	19934 nett County Department of Pul Health 202	82
PERM	IT # 246	Operation Permit	
		New Installation Septic Tank Repair Nitrification Line	☐ Expansion
		PROPERTY LOCATION: 3/ 1448 ATVITUS RS	
Nam	e: (owner)	7 1 1 11	# 7
		FISh Brothers Registration #	
	nent with plumbir		
Туре	of Water Supply:	: Community Public Well Distance from well feet	
Syster	n Type: 259	PORTOURIED System Type To Brun Types V and VI Systems expire in 5 years.	
(In a	ccordance with Ta	able V a) Man Itale. Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This sv	stem has been installe	lled in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Aut	thorization
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		$\int_{S}^{S} \int_{S}^{S} \left(\frac{R}{2} \right)$	
		MOONLIGHT DRIVE	
		Drive	
PERM	IT CONDITIONS:		
l.	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 \(\sime\) No \(\sime\) If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV.	Operation:	yes, see accepted sheet for additional operation conditions, maintenance and reporting.	_
v	Oakan		_
٧.	Other:		-
Folloy	ving are the spec	cifications for the sewage disposal system on the above captioned property.	
		Conventional Other Manufect to 25% DED System Septic Tank: 1000 gallons Pump Tank: 10	gallons
Subsu		No of exact length width of denth of	
	age Field	ditches 3 of each ditch 80 feet ditches 3 feet ditches $30 \rightarrow 1$	inches inches
renc	h Drain Required:	l: Linear feet	

E Marhantens Authorized State Agent Jam

Date