Name: (owner)		itrification Line Expansio Lot # _/03
System Installer: Jeff Thompson Basement with plumbing: Garage Number of Bedr Type of Water Supply: Community Public System Type:	Registration #	t Ld. LOT # _/03_
System Installer: Jeff Thompson Basement with plumbing: Garage Number of Bedr Type of Water Supply: Community Public System Type:	Registration #	LOT # _/03
Basement with plumbing: Garage Number of Bedr Type of Water Supply: Community Public System Type:	Registration #	
Type of Water Supply: Community Public System Type:	ooms	
System Type: ## G-	Well Distance from well feet	
	Types V and VI Systems expire in 5 years.	5
(· · · · · · · · · · · · · · · · · · ·	Owner must contact Health Department 6 months prior to expiration fo	r permit renewal.
This system has been installed in compliance with applicable North Carolina Gene	eral Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Perm	it and Construction Authorization.
	Tig	
XTANKTLines OK	MI	
6/2/2009 BM		
•	LIP Repair Arec	
	2/0/0-1 Resid	
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	House	
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PERMIT CONDITIONS:		
. Performance: System shall perform in accordance with I	Rule .1961.	
I. Monitoring: As required by Rule .1961.		
II. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes	니 No 니 peration conditions, maintenance and reporting.	
f. Operation:	peration conditions, maintenance and reporting.	
VIIIC		
Other Hold tor HOLL	2_	

Authorized State Agent

/OG G gallons Pump Tank:

feet

depth of

ditches _

__ gallons

inches

Septic Tank:

width of

ditches

Linear feet

exact length

of each ditch $_{230}$

Subsurface

Drainage Field

French Drain Required:

No. of

ditches