HTE# 08-500-20780 Hett County Department of Pub Health 20417	,
Name: (owner) System Installer: System Installer: System System Installer: System Ins	Expansion
System Type: C. Z. F. D. Types V and VI Systems expire in 5 years. (In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization	on.
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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: Subsurface system operator required? Yes \Box No Solutions If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
V. Other:	
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other 22612 Septic Tank: Subsurface No. of exact length width of depth of Drainage Field ditches feet ditches feet ditches feet ditches feet ditches Linear feet	gallons _ inches
Authorized State Agent On LADI Date 10-20-08	