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PERMIT # 25452	unty Department of Public Health Operation Permit	20675
Name: (owner) <u>Blackwell Homer Inc</u> System Installer: <u>Ott.s Strickland</u> Basement with plumbing: Garage Number of Bedrooms _ Type of Water Supply: Community Public Well System Type: <u>II A</u> (In accordance with Table V a) This system has been installed in compliance with applicable North Carolina General Statu	New Installation Septic Tank Repair PROPERTY LOCATION:	LOT # <u>200</u> for permit renewal.
	House House Rown Conventioned Conventioned L	
PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule .19 II. Monitoring: As required by Rule .1961. 1961. III. Maintenance: As required by Rule .1961. Other:	₩	
Following are the specifications for the sewage disposal system on the ab Type of system: Subsurface No. of exact length Drainage Field ditches ditches linear feet French Drain Required: Linear feet	Septic Tank: gallons P width of	Pump Tank: gallons depth of ditches 4 inches
Authorized State Agent Suyan M. Swim R.	<u>.</u> Date <u>6/4/2</u>	7 35 ĝ