	unty Department of Public Health 2069	93
PERMIT # 25-345	Operation Permit	
	New Installation Septic Tank C Repair Nitrification Line	Expansion
Name: (owner) _ Kenneth Commings	PROPERTY LOCATION: 014 421	
System Installer: Offis Strickland	SUBDIVISION Ross McRae Brae LOT :	#_ <u>/8</u>
Basement with plumbing: Garage Number of Bedrooms	Registration #	
Type of Water Supply: 🗆 Community 🔽 Public 🔲 Well	Distance from well feet	
System Type:	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 Stat	utes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Autho	rization.
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PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule .1	961.	<u></u>
II. Monitoring: As required by Rule .1961.		
III. Maintenance: As required by Rule .1961. Other:		
If yes, see attached sheet for additional operatio		
IV. Operation:		
V. Other:		
Following are the specifications for the sewage disposal system on the al	pove captioned property.	
Type of system: 🕑 Conventional 🗌 Other	Septic Tank: gallons Pump Tank:	gallons
Subsurface No. of exact length Drainage Field ditches of each ditch		inches
French Drain Required: Linear feet		
Authorized State Agent Super Mywin Rr.	Date 9/1/2009	