	County Department of Public Health	
PERMIT # _ 25901	Operation Permit	21524
	New Installation Septic Tank Witrification	on Line 🗆 Repair 🗆 Expansio
Name: (owner) Wynn Construction	PROPERIT LOCATION: Macock Rd.	
System Installer: Randy Batten		LOT # <u>2</u> 3
Basement with plumbing: Garage Number of Bedroom	Registration #	
Type of Water Supply: 🗌 Community 🖊 Public 🔲 Well		
System Type:	Types V and VI Systems expire in 5 years.	
(iii decordance with fable 4 a)	Owner must contact Health Department 6 months prior to expirat	on for permit renewal.
This system has been installed in compliance with applicable North Carolina General S	Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvemen	t Permit and Construction Authorization.
	Di'	
	\	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	CONSUNT ALE	
	1 2 4	
	3-1 19'	
	174-1	
	purt House	
	1 1 16 I I	
	3, 1	
PERMIT CONDITIONS:		
1. 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 1	N	
If yes, see attached sheet for additional operation	tion conditions, maintenance and reporting	
IV. Operation:		
V. Other:		
Lou delia		
		e 🗷 BM 7/8/10 PWR Line
Following are the specifications for the sewage disposal system on the Type of system: 🗹 Conventional 🔲 Other		
Type of system: 🗹 Conventional 🗌 Other Subsurface No. of 3 exact lengt	Septic Tank: <u>/ ØS Ó</u> gallon width of	s Pump Tank: gallons
pustantiace No. of pyart lands	[N urrdéh - £	depth of ,

Date _

290

French Drain Required:

Authorized State Agent /

(EHS

Linear feet