HTE#_/0-5-2	4385 H	arnet, Junty D	epartment of Public	He)	
PERMIT # 261			peration Permit		21522
PERMIT #				North Control Control	
			nstallation		Repair Expansion
N	MSP Coast	1	1 -		LOT # 82
Name: (owner)	101 CONT	51	JBDIVISION The John	1T	LUI #
System Installer:		ther of Redrooms 3	Registration #		
Basement with plumbin Type of Water Supply:		Del of Dealoonis	m well feet		
System Type:		G Well Distance IIV	Types V and VI Systems expire	in 5 years.	
(In accordance with Ta	ble V a)	Owner must	contact Health Department 6 months		renewal.
***************************************			Control Street December 200 Street St		
This system has been installed	ed in compliance with applicable Nort	h Carolina General Statutes, Rules for S	ewage Treatment and Disposal, and all conditions	of the Improvement Permit and Con	struction Authorization.
			Conventional Repair Area 12 13 15 15 15 15 15 15 15 15 15 15	30° Drainor	
PERMIT CONDITIONS:	C	undance with Bula 1041			
 Performance: Monitoring: 	System shall perform in accordance As required by Rule .1961.	ruance with rule .1701.			
III. Maintenance:	As required by Rule .1961.	Other:			
	Subsurface system operator				
	If yes, see attached sheet fo	r additional operation condition	s, maintenance and reporting.		
IV. Operation:					
V. Other:					
	D-Box 🗆	Pump 🗆	Alarm 🗆	H20Line 🗆	PWR Lin
		sal system on the above caption	ned property.	mó	
Type of system: Subsurface	Conventional Other No. of	exact length	Septic Tank: _/C	gallons Pump Ta	nk: gallons
Drainage Field	ditches	of each ditch	feet ditches	feet ditches	24-JC inches

2010 Authorized State Agent

Linear feet

Drainage Field French Drain Required: