PERMIT # _ 2640	54	Operation Permit	22469
		✓ New Installation ✓ Septic Tank ✓ Nitr	
		PROPERTY LOCATION: SALVYLI Challaba	to So
Name: (owner) 7	SciAN S Frankson	PROPERTY LOCATION: SAITH CLAYBO SUBDIVISION BUFFE Combin	LOT # _6_
		Registration #	<u> </u>
Basement with nlumbi	ADCKEL Exchangion ng: □ Garage □ Number of Bed	froms 3	
Type of Water Supply:	Community Public	Well Distance from well feet	
System Type: Perps	to 2502 NEDUUTA 30	to Type III B EZLO Types V and VI Systems expire in 5 ye	ears.
(In accordance with Ta	able V a)	COwner must contact Health Department 6 months prior to	expiration for permit renewal.
d:	alia amaliana aida - P. H. M. d. C. P. C.	If the block of the state of th	
inis system has been installi	ed in compliance with applicable North Carolina Gei	neral Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Im	provement Permit and Construction Authorization.
			*
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on r	navitec:	1.	185
DEDMIT COMPLETIONS		-	18/
PERMIT CONDITIONS: I. Performance:	Sustan shall northern in accordance with	. •	\&\
i. renormance. Il Monitoring:	System shall perform in accordance with As-required by Rule . 1961.	1 Rule .1961.	Street.
III. Maintenance:	As required by Rule .1961. Other:		
	Subsurface system operator required? Yes		
		operation conditions, maintenance and reporting.	
IV. Operation:			
V. Other:			
	D-Box	ump 🗆 Alarm 🗆	H20Line D PWR Line
Following are the speci	fications for the sewage disposal system o		
Type of system: 🗀 (gallons Pump Tank: gallons
Subsurface	No. of exac	ct length width of	denth of
Drainage Field		each ditch <u>250</u> feet ditches <u>3</u>	feet ditches /8 inches
French Drain Required:	Linear feet		