HTE#_17-5-26	470 R.R. F	larnett County Do	epartment of Pu	blic Health		
PERMIT # 263		•	eration Permit		2273	\ 1
PERIII #			nstallation Septic Tan	k Nitrification		
		PROF	PERTY LOCATION: Doc	5 RD	inc in hepan	LAPANSION
Name: (owner)		STRUCTION SU			LOT #	10
System Installer: _			Registration #			
Basement with plumbin	ng: 🗆 Garage 🗷 Nui — Community 🖳 Pul	mber of Bedrooms <u>\</u> blic \to Well Distance fron	n well feet			
System Type:			Types V and VI Systems	expire in 5 years.		
(In accordance with Ta	ble V a)	Owner must	contact Health Department 6 m	onths prior to expiration	for permit renewal.	
This system has been installe	ed in compliance with applicable No	rth Carolina General Statutes, Rules for Se	wage Treatment and Disposal, and all co	nditions of the Improvement Pe	rmit and Construction Authoriza	tion.
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PERMIT CONDITIONS:				, "3000		THE STATE OF THE S
I. Performance: II. Monitoring:	System shall perform in acc As required by Rule .1961.	ordance with Rule .1961.				
III. Maintenance:	As required by Rule .1961.	Other:				
	Subsurface system operator					
IV. Operation:	If yes, see attached sheet for	or additional operation conditions,	maintenance and reporting.			
ii. Operation.						
V. Other:	bomb & YTHEN	1 STILL TO BE (Shecked			
	D-Box	Pump 🗆	Alarm 🗆	H20Line		PWR Lin
	fications for the sewage dispo	osal system on the above captions	ed property.	1000 "	Down Tall 1000	k n
Type of system: Subsurface	Conventional 🔼 Other No. of	PumpTo EZFLON exact length	Septic Tank: width of	-	Pump Tank: 1000 depth of	gallons
Drainage Field	ditches	of each ditch 100		3 feet	ditches 24-18	_ inches

Linear feet

French Drain Required:

Authorized State Agent

Date

2011