HTE# 11-5-26	5475	larment County	Department	of Public B	ealth		
PERMIT # 263 9	14	☑ Ne	Operation Per	Septic Tank 🗹 Ni	itrification Line \Box	22154 Repair 🗆 Ex	
Name: (owner) System Installer: Basement with plumbing Type of Water Supply: System Type: (In accordance with Tabl	The Fear Pl Garage Nu Community Pu TIL G	truction unbing mber of Bedrooms H blic Well Distance	ROPERTY LOCATION: SUBDIVISION	feet d VI Systems expire in 5 artment 6 months prior to	years. to expiration for permit	renewal.	04
inis system has been installed	in compliance with applicable No	rui carolina General Statutes, Kules	ior sewage treatment and Disp	usan, and an conditions of the	improvement remait and con	Justion Audio/Izacoli.	
PERMIT CONDITIONS: I. Performance: II. Monitoring: III. Maintenance:	As required by Rule .1961 As required by Rule .1961 Subsurface system operator		DR IVE	House House reporting.]PWA		
IV. Operation:	2						
V. Other:							
	D-Box	Pump 🗆	Alarm		H20Line 🗆 _		PWR Lir
Type of system: Subsurface Drainage Field	Conventional 🗹 Othe No. of ditches 2	exact length of each ditch	there is a second of the secon	Septic Tank: 100 width of ditches	gallons Pump Ta depth o	of a	_ gallons
French Drain Required:	-	Linear feet					

Authorized State Agent