PERNIT # >>>>       Operation Permit       22789         Name: (owner)       Server Homes       SubDivision Kenner       Repair Expansion         Name: (owner)       Server Homes       SUBDIVISION       Veneral       New Installation       Image: Repair I Expansion         System Installer:       Hacon       Server       SubDivision       Veneral       Repair I Expansion         Type of Water Supply:       Garage       Number of Bedrooms       Image: Registration       Image: Registration #       Image: Registration       Image: Registration #       Image: Reg
Name: (owner)       Server Homes       SubDivision       Numer Lank X Nitrification Line       Repair       Expansion         System Installer:       Heacon       Server       Registration       #
Name: (owner)       SAXY HOMES       SUBDIVISION       KENLAN FRAMS       LOT # 39         System Installer:       HARDIN SERIC       Registration #
System Installer: HAQDIN SECTIC Registration #
Basement with plumbing: Garage Number of Bedrooms Type of Water Supply: Community Public Well Distance from well 100 feet System Type: Types V and VI Systems expire in 5 years. (In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal. This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
System Type:Types V and VI Systems expire in 5 years. (In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal. This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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SHIEPHARD ORL PERMIT CONDITIONS:
I. 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 $\Box$ No $\boxtimes$
If yes, see attached sheet for additional operation conditions, maintenance and reporting.
IV. Operation:
V. Other:
□ D-Box □ Pump □ Alarm □ H20Line □ PWR Line
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: 🗆 Conventional 🕱 Other <u>PumpTo EZ FLow</u> Septic Tank: <u>1000</u> gallons Pump Tank: <u>1000</u> gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch $240$ feet ditches 3 feet ditches $18-12$ inches
French Drain Required: Linear feet
Authorized State Agent 12 101 2010 Date 3 13 13