HTE#_13-5	-31986	arnett County	Department of Public He	alth 230	149
PERMIT # 27	663	(Operation Permit		
			Installation 🗷 Septic Tank 🕱 Nit	trification Line 🗆 Repa	ir 🗆 Expansion
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PR	ROPERTY LOCATION: OMAMA DO	L	
Name: (owner)	WEAVER HO	MES	SUBDIVISION TINGEN POINT	TE LO	T # <u>213</u>
System Installer:	Omis STRIC	CKLAND	Registration #		
Basement with plui		mber of Bedrooms blic	from well 100 feet		
System Type:	ply: Community Pul	T & Well Distance	Types V and VI Systems expire in 5	years.	
(In accordance with	h Table V a)	Owner mi	ust contact Health Department 6 months prior to		•
This system has been in	nstalled in compliance with applicable No	th Carolina General Statutes, Rules fo	r Sewage Treatment and Disposal, and all conditions of the I	Improvement Permit and Construction I	Authorization.
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PERMIT CONDITION I. Performance		cordance with Rule 1961			
II. Monitoring:	, ,				
III. Maintenance	e: As required by Rule .1961.	Other:			
	Subsurface system operator	required? Yes L No	ions, maintenance and reporting.		
IV. Operation:	11 yes, see attached sheet i	or additional operation conditi	ions, manicinance and reporting.		
V. Other:					
	D-Box 🗆	Pump 🗆	Alarm 🗆	H20Line 🗆	PWR Line
Following are the	specifications for the sewage disp	osal system on the above cap	tioned property.		п
	Conventional Other	ovact langth	width of	danth of	_
Subsurface Drainage Field	No. of ditches 3	of each ditch	feet ditches 3	feet ditches 36	· K inches

Drainage Field
French Drain Required:

Authorized State Agent_

Date