HTE# <u>14-5-3</u> 6	<u> </u>	Department of Public Health	23245
PERMIT # <u>277</u>	☑ New PRC	peration Permit Installation Septic Tank Mitrification PERTY LOCATION: 11 Locar Rel	
, , -	Sill Clark Homes Joner Septic ng: Garage Number of Bedrooms Public Well Distance from TIL 9	UBDIVISION Coder Registration # feet Types V and VI Systems expire in 5 years.	LOT # <u>/9</u>
	,	t contact Health Department 6 months prior to expiration	,
This system has been instal	ed in compliance with applicable North Carolina General Statutes, Rules for S	iewage Treatment and Disposal, and all conditions of the Improvement Pe	rmit and Construction Authorization.
DEDMIT COUNTY	1 to 1 to 2 to 3	Repair Area 29' - 15' Howe 7' 4	
PERMIT CONDITIONS: I. Performance:	System shall perform in accordance with Rule .1961.		
II. Monitoring: III. Maintenance:	As required by Rule .1961. As required by Rule .1961. Other: Subsurface system operator required? Yes \(\subseteq \text{No } \subseteq \)		
IV. Operation:	If yes, see attached sheet for additional operation conditions	, maintenance and reporting.	
V. Other:			
	D-Box	Alarm □ H20Line	PWR Line
Type of system: Subsurface Drainage Field	No. of exact length ditches / of each ditch 200	ed property. Septic Tank: /COO gallons width of	Pump Tank: gallons depth of ditches inches
trench Drain Required:	Linear feet		

Authorized State Agent Suy

Date 7/24/244