HTE	#_ <i> 4-5-3</i>	<u>الاس</u> الم	ariat County Dep		licealth	23423
PERI	111 # <u>279</u>	80		ation Permit		
				•	and the second s	☐ Repair ☐ Expansion
M	()	Atlantic Con		TY LOCATION: <u>いいり</u> IVISION <u>Juaetu</u>		LOT # 29
	ne: (owner) em Installer: _			gistration #		LUI # <u>~ 1</u>
	enn mistaner ment with plumb		per of Bedrooms	gistration #		
		: 🗆 Community 🗹 Publi		ell feet		
	m Type:		0	Types V and VI Systems e		
(In a	accordance with 1	able V a)	Owner must con	tact Health Department 6 mon	tns prior to expiration for p	ermit renewai.
This s	ystem has been insta	lled in compliance with applicable North	Carolina General Statutes, Rules for Sewage	Treatment and Disposal, and all cond	itions of the Improvement Permit a	nd Construction Authorization.
				De Tore	- water Cine	
PERM I.	IIT CONDITIONS: Performance:	System shall perform in accor	dance with Rule .1961.			
II.	l. Monitoring: As required by Rule .1961.					
III.	Maintenance:	As required by Rule .1961. Other:				
		If yes, see attached sheet for additional operation conditions, maintenance and reporting.				
IV.	Operation:		,			<del></del>
٧.	Other:					
ı. □	Juici.	D-Box □	Pump □	Alarm □	H20Line □	PWR Line
	wing are the see		I system on the above captioned p		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 THE LIST
	of system:			Septic Tank: _	∕∞∿ gallons Pump	Tank: gallons

French Drain Required: Linear feet Date Authorized State Agent

feet

exact length of each ditch 200

Subsurface

Drainage Field

No. of

ditches

width of

ditches

inches

feet

depth of ditches 65