HTE#_15-5-3	3535 <u>4</u> 12	larnett County De	partment of Public	Health 236	502
PERMIT # 283	88	√ <b>0</b> pe	ration Permit	/	Guan
Name: (owner) G System Installer: Basement with plumbi	SANY RODINSON FOLGUE GA ng: □ Garage ☑ Ni	PROPE PROPE SUB- PROPE SUB- PROPE Mber of Bedrooms 3	stallation	Tripp No	
Type of Water Supply:	Community Pu	blic Well Distance from	well feet 7/3 Types V and VI Systems expire	in 5) years.	
(In accordance with Ta	able V a)	Owner must c	Types V and VI Systems expire ontact Health Department 6 months p	prior to expiration for permit renewal	l.
This system has been install	ed in compliance with applicable No	rth Carolina General Statutes, Rules for Sewa	ge Treatment and Disposal, and all conditions	of the Improvement Permit and Construction	Authorization.
			77 B5	For A. + NEEDS PU 6-2-13	res nytAlAes S
		1300 41 / 2500 XX	PU 10:16:	10	
PERMIT CONDITIONS:  I. Performance:	System shall perform in ac	cordance with Rule .1961.			
II. Monitoring: III. Maintenance:	As required by Rule .1961. As required by Rule .1961. Subsurface system operator	Other:	maintenance and reporting.		
IV. Operation:	,	•			
V. Other:					
	D-Box	Pump 🗆	Alarm 🗆	H20Line 🗆	PWR Line
,		osal system on the above captioned  15% (74) exact length of each ditch	Septic Tank: _/🔾 width of	gallons Pump Tank: _/ Gepth of	_

Drainage Field French Drain Required: Linear feet

Date