| HTE# |)n الآلار - |
|--|-------------------|
| (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. | - |
| PERMIT CONDITIONS: 1. Performance: System shall perform in accordance with Rule .1961. | |
| II. Monitoring: As required by Rule .1961. | |
| III. Maintenance: As required by Rule .1961. Other: | |
| V. Other: | |
| □ D-Box □ Pump □ Alarm □ H20Line □ PWR Li | ne |
| Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other Image Flags Subsurface No. of exact length width of Drainage Field ditches Linear feet Linear feet | \$ |
| Authorized State Agent State Agent State Agent State Agent State Agent State Agent State Date 06/08/2017 | |