Name: (owner) Name: (owner) Name: (owner) Name: (owner) System Installer: LACT (Name) Garage Number of Bedrooms Type of Water Supply: System Type: (In accordance with Table V a) County Department of Publicalth 19404 Operation Permit New Installation Septic Tank Repair Nitrification Line PROPERTY LOCATION: NC24 Registration # SubDIVISION Registration # Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for permit renewal.	Expansion G-30
This was a basic control of the Improvement Parmit and Control of the	ntion
This system has been installed in compliance with applicable Morth Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization Authoriza	
150 M	-
PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule .1961. II. Monitoring: As required by Rule .1961. III. Maintenance: Subsurface system operator required? Yes \(\square\) No \(\square\) If yes, see attached sheet for additional operation conditions, maintenance and reporting. V. Other:	
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other Other	gallons