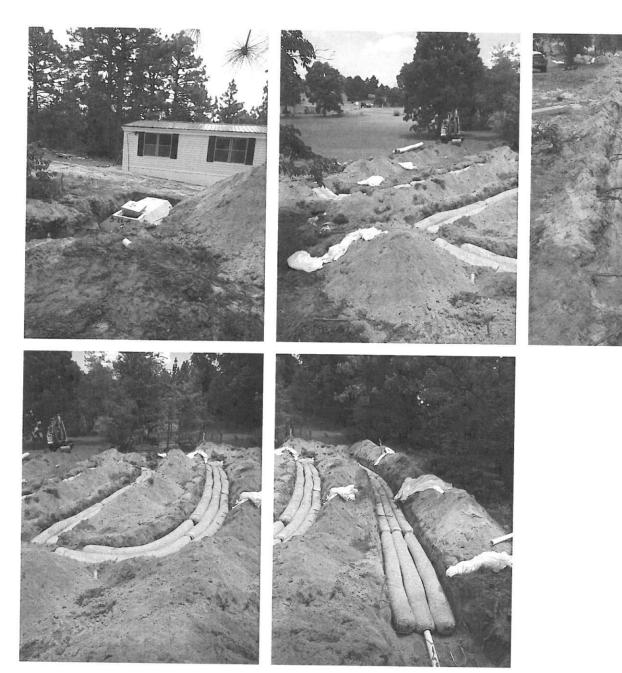
Authorized State Agent\_

HTE# 18-5-L	<u> </u>
PERMIT # 295	Operation Permit
	New Installation Septic Tank Nitrification Line  Repair  Expansion
	PROPERTY LOCATION: McDUFFYE &
Name: (owner)	4 NOREA SABELLASTELLANDS SUBDIVISION ANDREA / CASTELLANDS LOT # 4
System Installer: _	REGINALO CASTER Registration #
Basement with plumbi	ng:  Garage  Number of Bedrooms   S
System Type:	Community Public  Well Distance from well feet
(In accordance with Ta	Types I and It systems expire in 5 years.
This system has been install	ed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
	<u> </u>
	13.
	5
	270
	DRAIN @ 193
	Line
	25-4-25 B
	1 · B · / H
	ACCESS,
	EASCING NT
30 No. 20	30
PERMIT CONDITIONS:	
I. Performance:	System shall perform in accordance with Rule .1961.
II. Monitoring: III. Maintenance:	As required by Rule .1961. Other:
m. namenance.	Subsurface system operator required? Yes \( \subseteq \text{No} \)
	If yes, see attached sheet for additional operation conditions, maintenance and reporting.
IV. Operation:	
V. Other:	
	PUMP        Alarm
Type of system:	
Subsurface	No. of exact length width of depth of
Drainage Field	ditches of each ditch $280$ feet ditches feet ditches inches
French Drain Required:	Linear feet

REHO



18-5-43477R