ť	HTE#_SFD-191	Bullic Health County Department of Public Health	05000
	PERMIT #	Operation Permit	25829
		New Installation Septic Tank Mitrification Line	
	Name: (owner)	ASWATURE HOMES DIDRS SUBDIVISION	LOT # <u></u>
	System Installer: Basement with plumbin	Genes Backbox Registration #	
	Type of Water Supply:	□ Community □ Public □ Well Distance from well feet	
	System Type: 259 (In accordance with Ta	Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for pe	emit ronoual
	(iii accordance with ra	owner must contact nearth bepartment o months prior to expiration for pe	mit renewal.
Г	This system has been installe	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.
	DEDMIT COURSEANS	25% REDUCTION RAPEA 18' SEPO SE'	
	PERMIT CONDITIONS: I. Performance:	System shall perform in accordance with Rule .1961.	
	II. Monitoring: III. Maintenance:	As required by Rule 1961.	
	iii. riaintenance:	As required by Rule .1961. Other:	
	IV. Operation:	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
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	V. Other:		
	Eallawine are the asset		PWR Line
	Type of system: (fications for the sewage disposal system on the above captioned property. Conventional Other Septic Tank: gallons Pump	Tank: gallons
	Subsurface Drainage Field	No. of exact length width of dept	-
	French Drain Required:		es Inches
	Authorized State 42	ent some & Manhan fore 76HS Date 10-9-1	4