PIN No. 448 904915 793000

Cherokee County Health Department Operation Permit

System Type: (In Accordance With Gable Va) Owner must contact healt	Types V and VI systems expire in 5 years. h department 6 months prior to expiration for permit renewal.
Sta Praces	The Strain Branch
Owner s Name	Authorized State Agent
7110.	9-9-03
System Installer	Date of Operation Permit Issuance
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.	,
Lot 14 Scottish woods	582 1500 gal
TOTAL STATE OF THE	38
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and the second s	
4	124
	120
	La Co Charles March
WHITE COPY FOR OWNER - CANARY COPY-FOR ELEC	CTRICAL NSPECTION - BLUE CORY FOR TAX OFFICE
PERMIT CONDITIONS:	
I Performance: System shall perform in accordance with Ru	le .1961.
II. Monitoring: As required by Rule .1961.	and the second s
III. Maintenance: As required by Rule .1961. Other:	, till as meded
Subsurface system operator required? Yes _	No
If yes, see attached sheet for additional opera	ation conditions, maintenance and reporting.
IV. Operation:	*
1	A .
V. Other.	2*