	~		•	<u> </u>
"I hereby certify that the construction described in this Construction Arthorization will be done in accordance with this and the Union County Reality Permited in the Permit Prepared by:	Type of System:  Modified Conventional : Pump to Conventional:    LPP: Mound: At-Grade Mound: Other(Describe)  Other(Describe)    LPP: Mound: At-Grade Mound: Other(Describe)  Describe)    Experimental/Innovative: Pre Treatment: Sand: Bio-Filter:  Design by: Soil Scientist: Engineer:    Design by: Compartments: If Site Built: L:  W:    Septic Tunk: Capacity: [500_gal. Compartments: If Site Built: L:  W:	<u>New Installation</u> Design Waste Flow: <u>460</u> (G.P.D.)	Owner: Thomas J. Caldwell Mailing Address: 103 Farest HillSTY Manna. 78/12 Phone: (h) (764) 789-41167 (*) 764) 789-4577 Fax: ( ) Location: Stack Ed Subdivision Phase Section: Lot # Directions: 707 - 14/1 an Stack Ed - Property on 14/1-	Tax Code: <u>OU-114-024</u> Union County  Number: <u>O</u> System Type: <u>TILb</u> On-Site Wastewater Disposal System  Date Issued: <u>3</u> Zoning: <u>KA-40</u> Construction Authorization  Expiration Date: <u>3</u> This Construction Authorization is issued by the Union County Health Department to construct and install the work hereby-described- The construction Authorized changes to the sile or system design shall void this Construction Authorization.
by the type Construction full origination will be done in accordance with this permit and with the Ordinances, State Laws, Rules and Regulations of the State of North Carolina NOTICE Indexange of this permit does not relieve the property owner of his responsibility for checking his proposed development with applicable zoning requirements.	Repair Components:  Septic Tank:  Capacity:  gal.    Pump Tank:  Capacity:  gal.    Pump Tank:  Capacity:  gal.    Pump Tank:  Capacity:  gal.    Pump Tank:	<u>Addition / Repair:</u> Previous On-Site Wastewater Permit Number:	Installation for:  House:  Mobile Home:  Duplex:    Number of Bedrooms:  Image Disposal (y/n) :  Y    Water Supply to be:  Individual Well:  Public Water:  Other:    Commercial:  Industrial:  Public Water:  Other:    Other:  (Describe:  Industrial:  Number of Employees:    Church:  Seating Capacity of Sanctuary:  Church:    Kitchen Facilities in Church:  (y/n)  Day Care (y/n):	sal System ation fat

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