HTE# 5/7) 808	8-0030 Ha	rnett County Dep	artment of	Public Health	25317
PERMIT # _ 3018	31	Oper	ation Permit		5 - 1:1:27
TERRIT II	<u>:</u>			Tank Wittiffication Li	S ∠ L407 ne □ Repair □ Expansion
		PROPER	TY LOCATION: 7/9	-Cokeslava Los	Colsesson Lord
Name: (owner)	angle Home	Pros., LLC SUBD	IVISION CG	Kesbury Partic	Colholous Road)
System Installer:	Ideoek FEB	counting Re	egistration #	0	
basement with plumbing: L	J Garage La Numbe	r of Bedrooms			
Type of Water Supply: Community Public Well Distance from well MA feet System Type: Types V and VI Systems expire in 5 years.					
(In accordance with Table V				tems expire in 5 years.	r normit ronowal
(In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.					
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.					
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PERMIT CONDITIONS:		COKES	BURT ROT)
	em shall perfo rm i n accorda	nce with Rule .1961.			
	equired by Rule .1961.				
	equired by Rule .1961. Oth urface system operator requ				
		dditional operation conditions, ma	intenance and reporting	1	
IV. Operation:					
V Osh					1000 1000 1000
V. Other:	.	P ==		11001	

_____ Pump 🗆 __ _____Alarm \square H20Line □ Following are the specifications for the sewage disposal system on the above captioned property. Tother IEZ FLOW TILG Type of system:

Conventional Septic Tank: 1000 gallons Pump Tank: Subsurface No. of exact length width of depth of Drainage Field ditches __ ditches of each ditch _ ditches feet French Drain Required: Linear feet 01/31/2019 Authorized State Agent_ Date

coverby Porth Let 612 717 COVESTONY ALD. 5500-8081075







