HTE# Ha ett County Department of Publ. Health 20436
PERMIT # <u>25123</u>
Name: (owner) Beth Young Subdivision # Registration # Registration #
Basement with plumbing: Garage Mumber of Bedrooms S
Type of Water Supply: Community Public Well Distance from well 50' feet System Type: 25% Reference System Type: V and VI Systems expire in 5 years.
System Type: 25% (In accordance with Table V a) System Type To Ezrong Types V and VI Systems expire in 5 years. 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: SR 1551 COVATY LINE RD 1. Performance: System shall perform in accordance with Rule .1961.
II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other:
Subsurface system operator required? Yes No
If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation:
V. Other:
Following are the specifications for the sewage disposal system on the above captioned property.
Type of system: Conventional Other 25% REDUCTON Septic Tank: Extstangallons Pump Tank: gallons Subsurface No. of exact length width of depth of
Drainage Field ditches 2 of each ditch 100 feet ditches 3 feet ditches 36-18 inches French Drain Required: Linear feet
Linear rect
Authorized State Agent mas I Manhon fanos