Heariett County Department of Pub. Health 18790

| PERMIT # _23159 | <u>Operation Permit</u> | |
|--|--|--|
| | New Installation 🖾 Septic Tank 🗆 Repair 🖂 | Nitrification Line Expansion |
| | PROPERTY LOCATION: BYRO POND RO | |
| Name: (owner) RBC Homes INC | SUBDIVISION BYRD POND EST. | LOT # 3 |
| System Installer: GERALO TEMPLE | | |
| Basement with plumbing: Garage Number of Bedroo | Registration # | |
| Type of Water Supply: Community Public We | | |
| System Type: | Types V and VI Systems expire in 5 years. | |
| (In accordance with Table V a) | Owner must contact Health Department 6 months prior to expiration | for permit renewal |
| (| omes made contact reader peparatient o mondo prior to expiration | perme renewal. |
| This system has been installed in compliance with applicable North Carolina Genera | Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement P | 'ermit and Construction Authorization. |
| | Ho' | |
| | | |
| | 1 bomb 14401. | |
| | REPAIR AREA | |
| | (16 | |
| | 000 70 TO 20 | |
| | | <u>.</u> |
| | 7 | (4) |
| | | |
| 2 | 7 | 1,000 |
| 20 | | |
| | | |
| | | - P MA 25 |
| | | 7074 |
| | Far. Par. | |
| | 7 | |
| | 46 | - The contract of the contract |
| | × 44′] | |
| | € 35 → | |
| | | ne! |
| | R | |
| | 56' | |
| | | |
| | | |
| PERMIT CONDITIONS: | | |
| I. Performance: System shall perform in accordance with R | ule .1961. | |
| II. Monitoring: As required by Rule .1961. | | |
| III. Maintenance: As required by Rule .1961. Other: | | *** |
| Subsurface system operator required? Yes [| | |
| March 1975 In the Company of the Com | peration conditions, maintenance and reporting. | |
| IV. Operation: | | |
| V Other | | |
| V. Other: | | |
| Following are the specifications for the sewage disposal system on | the above cantioned property | |
| Type of system: Conventional Other Power Type | ENE Ass. Tremon Size of tank: Septic Tank: 1000 gallon | s Pump Tank: gallons |
| Subsurface No. of exact | | depth of |
| | h ditch feet ditches 3 feet | ditches 18-16 inches |
| French Drain Required: Linear feet | | mules |
| 111111 | | |
| Authorized State Agent | Date 11 2 ∞ | |
| MUTHOLISER STATE WASHIT | Vate 11 2 06 | LI KIN |