## Hai t County Department of Publi ealth

20827

PERMIT # 25460	<u>Operation Permit</u>	
	🗵 New Installation 🗵 Septic Tank 🗆 Repair 🗵 Nitrification Line 🗆	☐ Expansion
	PROPERTY LOCATION: JOE COLLINS RO	
Name: (owner) Arsonio Baker		1 1
System Installer: CHars Mizco	Registration #	
Basement with plumbing:  Garage Number of Bedrooms	3	
Type of Water Supply:   Community Public   Well	Distance from well 100 feet	
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.	
This system has been installed in compliance with applicable North Carolina General Stat	tutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authori	ization.
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PERMIT CONDITIONS:		
I. 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 $\Box$		
If yes, see attached sheet for additional opera	tion conditions, maintenance and reporting.	
IV. Operation:		- )
V. Other: TANK! LINES CIECKED ON 6	25 09 BY ST. PUMP : ALARY STILTO BE CHECKED	
3003000		
Following are the specifications for the sewage disposal system on the	above captioned property.	
Type of system:  Conventional Other Pume To E		gallons
Subsurface No. of exact leng	yth width of depth of	
Drainage Field ditches of each d	itch 300 feet ditches 3 feet ditches 2434	inches
French Drain Required: Linear Leet		
Authorized State Agent	es Date 8 1109	
4		