| HTE# 06-5-159 TORRE Hameit County Department of Public nealth 19869 | |
|--|--------|
| PERMIT # 24443 Operation Permit | |
| ✓ New Installation ✓ Septic Tank □ Repair ✓ Nitrification Line □ Expanse PROPERTY LOCATION: Hugg 47 | sion |
| Name: (owner) Dt D Homes Co INC SUBDIVISION JOE DICKENS LOT # | |
| System Installer: Registration # | |
| Basement with plumbing: Garage Mumber of Bedrooms | |
| Type of Water Supply: Community Public Well Distance from well feet System Type: 15% (Astrocard) System Types V and VI Systems expire in 5 years. | |
| System Type: 75% (Advisors) System 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 Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. | 12 |
| 213 | |
| | |
| Report F. Same | |
| WEEDS 21 PD 21 PD 21 PD | |
| NELDS W/L REMOVED TO OPP System 3-13-08 TROPS Whether TROPS Whether TROPS Whether Trops | |
| HWY 42 | |
| PERMIT CONDITIONS: 1. Performance: System shall perform in accordance with Rule .1961. 11. Monitoring: As required by Rule .1961. 11. Maintenance: Subsurface system operator required? Yes \(\sqrt{N} \) No \(\sqrt{N} \) 11. If yes, see attached sheet for additional operation conditions, maintenance and reporting. | |
| V. Other: | |
| The state of the s | |
| Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other 154000000000000000000000000000000000000 | allons |

Authorized State Agent Janes El

__ Date

-13-08