| HTE# 07-5-17755RR Har t County Department of Public mealth 19490 | |
|--|----------------------|
| PERMIT # _ Z39 88 Operation Permit | |
| New Installation Septic Tank Repair Nitrification Line Ex | pansion |
| Name: (owner) CHOO/CHOO RODNEY DENT SUBDIVISION CIASSE CONC LOT # 6 System Installer: Garage Number of Bedrooms Subdivision Feet System Subdivision Feet | |
| Name: (owner) CHOO/CHOO /RODNEY DENT SUBDIVISION CIASSECONC LOT # 6 | |
| System Installer: Anny Stage Registration # | |
| Basement with plumbing: Garage Number of Bedrooms | |
| Type of Water Supply: Community Public Well Distance from well feet Type of Water Supply: Type of Water Supply: | |
| System Type: 250 Red System Type III C 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. | |
| | |
| | |
| | |
| | |
| | |
| CIASSIC COUR COURT | |
| 1 1 | |
| | |
| 152 | |
| < 61' > 76. | |
| 1 1 1 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| S Show 42' | |
| 98 | |
| 1 | |
| 18 de 38 | |
| W | |
| 2661 | |
| | |
| | |
| | |
| 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 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 2596860 VCTO SO Size of tank: Septic Tank: 1000 gallons Pump Tank: | _ gallons |
| Subsurface No. of exact length width of depth of | - 5 ^{unon3} |
| 7 / / / / / / / / / / / / / / / / / / / | nches |

Authorized State Agent Date

Linear feet

French Drain Required: