HTE#15-5-3666

Hallett County Department of Publ Health

23823

PERMIT # 28524

Operation Permit

| Name: (owner) System Installer: | | | ₩ Ne | w Installation 🗷 Septic Tank | Nitrification L | ine 🗆 Repair 🗆 | Expansion |
|--|-----------------------|----------------------------|--------------------------------|----------------------------------|------------------|---------------------|-----------|
| System Installer: Garage Number of Bedrooms Type of Water Supply Community Public Well Distance from well Type V and VI Systems expire in 5 years. Type V and VI Systems expire in 5 years. Type V and VI Systems expire in 5 years. Type V and VI Systems expire in 5 years. This system has been installed in compliance with applicable North Carolina General Stanters. Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. PERMIT CONDITIONS: Type V and VI Systems shall perform in accordance with Rule 1.961. Reference V Systems shall perform in accordance with Rule 1.961. Registration Tope V Andrew V A | " () (| ~ m. | | | | LOT # | + |
| Basement with plumbing Garage Number of Bedrooms Types of Water Supply: Community Public Well Distance from well Types V and VI Systems expire in 5 years. | | EBGORN I'C | "CIEY | ZORDIAIZION | | L01 # | + |
| Type of Water Supply: Community Public Well Distance from well 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 intalled in compliance with applicable Much Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. PERMIT CONDITIONS: 1. Performance: System shall perform in accordance with Rule .1961. 1. Monitoring: As required by Rule .1961. Monitoring: As required by Rule .1961. Monitoring: As required by Rule .1961. Monitoring: Manuteance: Subsurface system operator required? Yes Noy If yes, see attrached sheet for additional operation conditions, maintenance and reporting. | | | | Kegistration # | | | |
| System Type: Types Yand W 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, Roles for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Contraction Authorization. PERMIT CONDITIONS: System shall perform in accordance with Rule .1961. Reformance: II. Performance: Nonitoring: As required by Rule .1961. As required by Rule .1961. To PAGE RO To PAGE RO Report Conditions, maintenance and reporting. | Type of Water Supply | ing: Garage Nu | imber of Bedrooms | from well 150 feet | | | |
| Owner must contact Health Department 6 months prior to expiration for permit renewal. This system has been installed in compliance with applicable Morth Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. PERMIT CONDITIONS: I. Performance: Nonitoring: As required by Rule . 1961. As required by Rule . 1961. As required by Rule . 1961. To Parison and Construction Authorization. PERMIT CONDITIONS: System shall perform in accordance with Rule . 1961. As required by Rule . 1961. The Monitoring: System shall perform in accordance with Rule . 1961. The Monitoring of the Improvement Permit and Construction Authorization. To Parison Rule . 1961. To Parison Rule . 1961. The Monitoring of the Improvement Permit and Construction Authorization. | | | DILC WEIL DISTAILCE | | rnire in 5 years | | |
| PERMIT CONDITIONS: 1. Performance: 1. Performance: 1. Monitoring: 1. Monitoring: 1. Monitoring: 1. Monitoring: 1. Performance: 2. System shall perform in accordance with Rule .1961. 3. As required by Rule .1961. 4. The required by Rule .1961. 4. The required by Rule .1961. 4. The required by Rule .1961. 5. Subsurface system operator required? Yes 1. No. As required by Rule .1961. 6. The required by Rule .1961. 7. The required by Rule .1961. 8. The required | | | Owner | | | for permit renewal. | |
| PERMIT CONDITIONS: I. Performance: II. Monitoring: III. Maintenance: Subsurface system operator required? Yes Subsurface system operator required? If yes, see attached sheet for additional operation conditions, maintenance and reporting. | | | | | | | |
| I. Performance: System shall perform in accordance with Rule .1961. II. Monitoring: As required by Rule .1961. III. Maintenance: Subsurface system operator required? Yes □ No □ If yes, see attached sheet for additional operation conditions, maintenance and reporting. | | | | HOUSE POOL ALGO | | | |
| III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes \(\subseteq \) No If yes, see attached sheet for additional operation conditions, maintenance and reporting. | | | | | | | |
| Subsurface system operator required? Yes \(\square\) No \(\square\) If yes, see attached sheet for additional operation conditions, maintenance and reporting. | 0 | | | | | | |
| If yes, see attached sheet for additional operation conditions, maintenance and reporting. | III. Maintenance: | | | | | | |
| | | If was see attached sheet | for additional operation condi | tions maintenance and reporting | | | |
| | IV. Operation: | ii yes, see attached sheet | ior additional operation condi | nons, maintenance and reporting. | | | |
| V. Other: | | | | | | | |
| □ D-Box □ Pump □ Alarm □ H20Line □ PWR Line | | D-Rox | Pumn | ∆larm □ | H201 ine | П | PWR Line |
| Following are the specifications for the sewage disposal system on the above captioned property. | | | | | | | |
| Type of system: Conventional Conventional Other 1286 Captioned property. Septic Tank: 1600 gallons Pump Tank: gallons | | Conventional Other | Ties CAIPS | | gallons | Pump Tank: | gallons |
| Subsurface No. of exact length width of depth of | | No. of | | | | denth of | - 0 |
| Drainage Field ditches a of each ditch 120 feet ditches 3 feet ditches 18-24 inches | Drainage Field | ditches | of each ditch 12 | .O feet ditches | | ditches 18-24 | inches |
| French Drain Required: Linear feet | French Drain Required | d: M | Linear feet | | | | |
| Authorized State Agent Date 1) 32 15 | | | The state of | CV | Data Wilsa | , S | |