HTE# 08-5-20236

Ha tt County Department of Publ lealth

20212

PERMIT # 24950

Operation Permit

1 EMIN #	× /	operation remit		
	X Ne	ew Installation 🔀 Septic Tan	k 🗆 Repair 📈 Nitrificatio	on Line Expansion
	1	PROPERTY LOCATION: 🔾 💪 🕻	1542)	
Name: (owner) 1NSTALL INC		*****		LOT #
	PLE	Registration #		
		92 TRANSFER FACILITY		
Type of Water Supply: Community P		e from well LOO feet		
System Type:		Types V and VI Systems	expire in 5 years.	
(In accordance with Table V a)	Owner	must contact Health Department 6 m	•	renewal.
This case has been included in the state of				
This system has been installed in compliance with applicable N	orth Carolina General Statutes, Rules	for Sewage Treatment and Disposal, and all co		truction Authorization.
	1	574	\odot	
	1	00' 6021		
		<u> </u>		
		4.7.		
		REPAIR	.	
		- AROA!		
		&UILDING /		
		+ PAOS	FENCE	
			1 5	
812		'		
		10		
		(27,5)		
		(4)	4	
PERMIT CONDITIONS:				
	ccordance with Rule .1961.			
II. Monitoring: As required by Rule .1961 III. Maintenance: As required by Rule .1961				
, ,	r required? Yes 🗆 No 🔀			
		itions, maintenance and reporting.		
IV. Operation:	ioi additional operation condi	mons, maintenance and reporting.		
V. Other:				
Following are the specifications for the sewage dis	posal system on the above ca	ptioned property.		
Type of system: 🔾 Conventional 🗆 Othe			1000 gallons Pump Tanl	k: gallons
Subsurface No. of	exact length	width of		-
Drainage Field ditches	of each ditch 5	feet ditches		36-24 inches
French Drain Required:	tinear feet			
	della		, ,	
Authorized State Agent	WILLER	\ RS	Date 2 21 08	
U U	4 11 14			