HTE#_	07-5-18150
PERMIT	# 24221

## Harmen County Department of Public alth 19510

HIE# 01-5-/	11ameti County Department of Fubic Saith	7310
PERMIT # 24221	Operation Permit	
	✓ New Installation ✓ Septic Tank ☐ Repair ✓ Nitr	rification Line   Expansion
	PROPERTY LOCATION: 50/463 Calasking RD	
Name: (owner) £	FAM G CIACK SUBDIVISION WOODIAND	LOT # 59760
	Tommy Colony Registration # Registration #	
	Community Public Well Distance from well feet	
System Type: 25%2E	EDUCTION System Types III G Types V and VI Systems expire in 5 years.	
(In accordance with Ta	able V a) Owner must contact Health Department 6 months prior to expiration for	permit renewal.
This system has been installed	lled in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit	and Construction Authorization.
	2	
	Post Cont	
	ZEZILED	
	10	
	112'	
•	Force Et Force	
_	DROVE Force EN DWMI+	
*		
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 □	
IV. Operation:	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
iv. Operation.		
V. Other:		
	cifications for the sewage disposal system on the above captioned property.	
Type of system:		
Subsurface Drainage Field		lepth of
Drainage Field French Drain Required		litches 30~18 inches
Trenen brain nequired		
Aushaniand Contra	Agent James MANHANT Date 6-28-0	7
Authorized State A	ABBUT ALANA DE C. C. ALANA A DATE C. C. C. C.	1