HTE# 07-5-18668 SHOP Harnest County Department of Public Salth 19837

		or and or	,,,,,,
PERMIT # 24404		Operation Permit	
		✓ New Installation ✓ Septic Tank ☐ Repair ✓ Nitr	rification Line Expansion
		PROPERTY LOCATION: SRIS42 OID BUTES OR	207
Name: (owner) Chr	List Amy Gaulk		LOT # 3
System Installer: JASON MATTHEWS		Registration #	
Basement with plumbing:	,		
Type of Water Supply:	☐ Community ☑ Public	☐ Well Distance from well feet	
	DUCTION System Typ	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	n compliance with applicable North Car	olina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit	and Construction Authorization.
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PERMIT CONDITIONS:		1 3	
I. Performance: System shall perform in accordance with Rule .1961.			
	Monitoring: As required by Rule .1961.		
II. Maintenance: As required by Rule .1961. Other:			
	ubsurface system operator requi		
	yes, see attached sheet for ad	ditional operation conditions, maintenance and reporting.	
IV. Operation: _			
V. Other:			
-			
		ystem on the above captioned property.	
Type of system: Cor			mp Tank: gallons
	lo. of itches 3	7.	epth of
French Drain Required:		of each ditch 50 feet ditches 5 feet di	itches 24 inches
Prain nequired.	Linea	1	
Authorized State Agen	i amos	Manhantans Date 1-9-0	8