HTE# 16-5-14499

## Half t County Department of Public Halth 19087

PERMIT # _2289	<u>2 Operation Permit</u>
	New Installation 🖂 Septic Tank 🗀 Repair 📈 Nitrification Line 🗀 Expansion
	PROPERTY LOCATION: SR 1415 RAWLS CH ROS
Name: (owner) 🔏	restley Built INC Howk MYHAHA4 SUBDIVISION (expense Name) LOT # 8
System Installer:	
Basement with plumbin	
Type of Water Supply:	
	S NEOUTO Systems expire in 5 years.  Owner must contact Health Department 6 months prior to expiration for permit renewal.
(In accordance with Tal	the Y a) Owner must contact Health Department 6 months prior to expiration for permit renewal.
This system has been installe	d in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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	50 SFIP     1
	40.
	E SO REPARK
	SO ROPAEL 28'S
	STREET
PERMIT CONDITIONS:	
I. Performance:	System shall perform in accordance with Rule .1961.
II. Menitoring:	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.
ir. operation.	
Y. Other:	
	MANITEE
	ifications for the sewage disposal system on the above captioned property.
Type of system:   Subsurface	· · · · · · · · · · · · · · · · · · ·
Drainage Field	No. of exact length width of depth of max inches depth of max inches depth of max inches depth of max inches
French Drain Required:	
· · · · · · · · · · · · · · · · · · ·	
Authorized State Agent Amer Markan forms  Date 2-70-07	