HTE# 06.500 14627

Harriett County Department of Public Health 19181

Operation Permit

| operation remit | |
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| New Installation Septic Tank 😽 Repair 😂 Nitrification Line 🗆 Expa | insion |
| PROPERTY LOCATION: 1 \ 2 \ \ 2 | |
| Name: (owner) Kent Benez SUBDIVISION Yorkihim Plantation LOT # 12 | 7 |
| System Installer: BROWN Registration # | |
| | |
| Basement with plumbing: Garage Number of Bedrooms Type of Water Supply: Community Public Well Distance from well feet | |
| | |
| System Type: 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. | |
| (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, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. | |
| Dr. v.c. 105 107 107 107 107 107 107 107 | |
| 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 D No | |
| If yes, see attached sheet for additional operation conditions, maintenance and reporting. | |
| IV. Operation: | |
| | |
| V. Other: | |
| | |
| Following are the specifications for the sewage disposal system on the above captioned property. | |
| | gallons |
| Subsurface No. of exact length width of depth of ditches feet ditches | |
| | es |
| French Drain Required: Linear feet | |
| 211.02 | |
| Authorized State Agent Date 2.16.07 | _ [|