HTE# 06-505 14638 Har t County Department of Public ealth 18838
PERMIT # 23018 Operation Permit
New Installation Septic Tank Repair Nitrification Line Expansion
Name: (owner) Avines)  PROPERTY LOCATION: //25  SUBDIVISION Lood shue LOT # //2
System Installer: DC Contro Registration #  Basement with plumbing: Garage Number of Bedrooms 4
Type of Water Supply: Community Public Well Distance from well System Type: To Zach Inches Types V and VI Systems expire in 5 years.
(In accordance with Table V a) Quick Y Owner must contact Health Department 6 months prior to expiration for permit renewal.
This system has been installed in compliance with applicable Morth Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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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:
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.  Type of system:  Conventional Other 1000 gallons Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons
Subsurface No. of exact length width of depth of Drainage Field ditches feet ditches feet ditches feet ditches
French Drain Required: Linear feet dchambu
Authorized State Agent Out O