	HTE#_06-50	00 16093	Har t County	Department of	Publicaltl	h 19314	1
	PERMIT # 236	03		Operation Permi	t		
	Name: (owner)		Isal Home	New Installation	tic Tank  Repair		e □ Expansion
	System Installer: Basement with plumbin	((( () nou	Number of Bedrooms	Registration #		8	
		Community C	Public Well Distar	r must contact Health Departme	Systems expire in 5 years.		I.
r	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.						
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		In John	[4]				
	PERMIT CONDITIONS:  I. Performance:	System shall perform in	accordance with Rule .1961.	Rel	1	41	
	II. Monitoring:	As required by Rule .1	961.				
	III. Maintenance:		ator required? Yes 🗆 No 🗆				
	IV. Operation:	If yes, see attached sh	eet for additional operation con	ditions, maintenance and repor	rting.		
	V. Other:						
			disposal system on the above	captioned property.	1000	1	Ca
	Type of system:  Subsurface	No. of	exact length		tic Tank: 1000	gallons Pump Tank:	gallons
	Drainage Field French Drain Required:	ditches	of each ditch\ Linear feet	feet	ditches fe	eet ditches \\ \forall \( \forall \)	inches
	Authorized State Ag	$\bigcap$	AM.		DateD	6-05-0	7