HTE# 06-500 16246
PERMIT # 23470

## Hamett County Department of Public Health 19195

TEMINI # U	operation remit	
	Mew Installation Described Septic Tank Depair New Nitrification Line Depair	xpansion
N /	Mennet & Commings SUBDIVISION Lossed Share LOT # 1	- 7
Name: (owner)	MICHAEL COMMINS SUBDIVISION LOSS Shire LOT # 1	20
Basement with plumbing	19: Garage Number of Bedrooms Registration #	
Type of Water Supply:		
System Type: F. 2 Flow Types V and VI Systems expire in 5 years.		
(In accordance with Tab	Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This system has been installed in compliance with applicable North Country Country Country and Discountry of Discountry of the Language Design of the Language D		
inis system has been installed	ed 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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PERMIT CONDITIONS:		
	System shall perform in accordance with Rule .1961.	
	As required by Rule .1961.	
	As required by Rule .1961. Other:	
	Subsurface system operator required? Yes \( \subseteq \text{ No } \( \subseteq \)  If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:	7-5, 500 accepted street for additional operation conditions, maintenance and reporting.	
V. Other:		
Fallowing are the specifications for the sawage disposal system on the above serviced		
	fications for the sewage disposal system on the above captioned property.  Conventional Other 5.7 Flour Size of tank: Septic Tank: 100 gallons Pump Tank:	gallons
Subsurface	No. of exact length width of depth of	_ gallons
Drainage Field	1 0 1	nches
French Drain Required:		
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Authorized State Age	ent Date D3-05-07	