HTE# 17-500 Warnett County Department of Public Health 19371
PERMIT # 23616 Operation Permit
Name: (owner) System Installer: Garage Number of Bedrooms Type of Water Supply: Shew Installation Septic Tank Repair Nitrification Line Expansion PROPERTY LOCATION: SUBDIVISION Supply: Registration # Basement with plumbing: Garage Number of Bedrooms 3 Type of Water Supply: Gommunity Public Well Distance from well Supply: Get
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.
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.
25' 10 18' 18' 18' 18' 18' 18' 18' 18' 18' 18'
PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule .1961. II. Monitoring: As required by Rule .1961. Maintenance: Subsurface system operator required? Yes \(\sigma\) No \(\sigma\) If yes, see attached sheet for additional operation conditions, maintenance and reporting.
V. Other:
Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other Conventional Other
Authorized State Agent Date 07-7-07