HTE# 07-500-16818

Ha...tt County Department of Public ..ealth 19792

2	36	14	
	2	234	23664

Operation Permit

PERMIT # 2 3 4	<u>Operation remit</u>	
	New Installation 🔀 Septic Tank 🗆 Repair 😡 Nitrification Line 🛭	Expansion
	PROPERTY LOCATION: 1210	
Name: (owner)	Cumbarland Homes SUBDIVISION Personnen H.II LOT #	# 70_
System Installer:		
Basement with plumb	oing: Garage M Number of Bedrooms	
Type of Water Supply	y: Community Public Well Distance from well feet	
(In accordance with I	Coltantor Quick H TTG Types V and VI Systems expire in 5 years. Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.	
(iii accordance with i	owner must contact nearly bepartment o months prior to expiration for permit renewal.	
This system has been insta	alled in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Author	rization.
	1 12:	
	18 Repair s	
	Al line	15' 8
	11 145	13
	123'	
6		
	92	
	17. 15	
	90	
	t t	
PERMIT CONDITIONS:		
I. Performance:	System shall perform in accordance with Rule .1961.	
II. Monitoring: III. Maintenance:	As required by Rule .1961. Other:	
III. Haintenance.	Subsurface system operator required? Yes \(\square\) No \(\square\)	-
	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:		_
		_
V. Other:		- 15-15
Following are the sne	ecifications for the sewage disposal system on the above captioned property.	
Type of system:		gallons
Subsurface	No. of exact length width of depth of	100
Drainage Field	ditches of each ditch feet ditches feet ditches S	inches
French Drain Require	d: Linear feet	
Authorized State A	Agent Jo WACI Date 1.07.07	