HTE# 07-5-16826

Harnest County Department of Public scalth 19750

PERMIT # 23726	Operation Permit	
	✓ New Installation ✓ Septic Tank ☐ Repair ✓ Nitrification Line ☐ Expan.	ion
	PROPERTY LOCATION: DR 1565 SELAS HAYES	
Name: (owner) SHC HOIDINGS INC		T
System Installer: STANCE I Bulch	Registration #	_
Basement with plumbing: Garage Number of Bedr		
	Well Distance from well feet	
System Type: 25% TEDOCTION Syster Type	17.4.	
(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 Gene	eral 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:		
Subsurface system operator required? Yes		
	operation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
Following are the specifications for the sewage-disposal system o	n the above cantioned property	
Type of system: Conventional Other 25% 126D		llons
Subsurface No. of exac	t length width of depth of	. 0113
Drainage Field ditches 4 of e	ach ditch 7^{5} feet ditches 3 feet ditches 2^{2} inches	