HTE# 07-5-17009

## Harmet County Department of Public malth 19760

| 11114 0:3 7:00                    | Therefore the state of the stat |           |
|-----------------------------------|--|-----------|
| PERMIT # 23975                    | Operation Permit   |           |
|                                   | New Installation Septic Tank Repair Nitrification Line Exp   | ansion    |
|                                   | PROPERTY LOCATION: 5/2/565 Silas Hayes RD  |           |
| Name: (owner) Bene                | dley Built IIc SUBDIVISION HUNKERS POWY LOT # 4  | 3         |
| System Installer:                 |  |           |
| Basement with plumbing:           | Garage Mumber of Bedrooms  |           |
| Type of Water Supply:             |  |           |
| / //                              | Types V and VI Systems expire in 5 years.  V a)  Owner must contact Health Department 6 months prior to expiration for permit renewal.   |           |
| (In accordance with Table         | owner must contact health beparament o months prior to expiration for permit renewal.  |           |
| This system has been installed in | n compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.  |           |
|                                   |  |           |
|                                   |  |           |
|                                   | 2502 RED REPART  |           |
|                                   | 75 25 TASP 100   | 1         |
|                                   | To to  | 19        |
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|                                   | 1 10 Rant  |           |
|                                   | 13 / 10 Rap  |           |
|                                   | 1 40 KB/20   |           |
|                                   | Roy  |           |
|                                   |  |           |
|                                   | ITC4P  |           |
|                                   | HEGH STANDANS LN   |           |
| PERMIT CONDITIONS:                |  |           |
|                                   | ystem shall perform in accordance with Rule .1961.   |           |
| 0                                 | ls required by Rule .1961. Other:  |           |
|                                   | Subsurface system operator required? Yes \( \square\) No \( \square\)  |           |
|                                   | f yes, see attached sheet for additional operation conditions, maintenance and reporting.  |           |
| IV. Operation:                    |  |           |
| V. Other:                         |  |           |
| . vuiei                           |  |           |
|                                   | cations for the sewage disposal system on the above captioned property.  |           |
| Type of system:  Con              |  | _ gallons |
|                                   | No. of exact length width of depth of ditches 3 feet ditches 28~118 in   | nches     |
| French Drain Required:            | Linear feet  |           |
|                                   |  |           |
| Authorized State Ages             | nt ames Manhan forms Date 10-22-07   |           |