HTE# 07.50	17745 Harriett Coun	ty Department of	Public Health 15	9778
PERMIT # 241		Operation Permit		
PENNII # O TT				cation Line  Expansion
	7	PROPERTY LOCATION:	ic Tank 🗆 Repair 🗵 Nitrifi	tation time in Expansion
Name: (owner)	Ferris (Jams)	SUBDIVISION _ Itas	simon H.II	LOT # 66
System Installer:		Registration #		
Type of Water Supply:	Community Public Well Dist	tance from well 50		
System Type:			Systems expire in 5 years. nt 6 months prior to expiration for per	rmit renewal
		10 mm	4.84	
This system has been installed	d in compliance with applicable North Carolina General Statutes, I	Rules for Sewage Treatment and Disposal, a	and all conditions of the Improvement Permit and	Construction Authorization.
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	6)	or to of		
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n	DAIR		10	
	Pair			
1	1200		1	
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		13		
PERMIT CONDITIONS:		11.		
	System shall perform in accordance with Rule .1961	I.		
II. Monitoring:	As required by Rule .1961.			
III. Maintenance:	As required by Rule .1961. Other:		A.	
IV. Operation:	If yes, see attached sheet for additional operation of	conditions, maintenance and report	ing.	
IV. Operation:				
V. Other:				
	ications for the sewage disposal system on the abov		In the	
Type of system: (	Conventional Sother QUICK 4  No. of exact length	Size of tank: Septi		Tank: gallons
Drainage Field	ditches of each ditch _	71	itches feet ditch	1 \
French Drain Required:	Linear feet			
Authorized State Age	ent for LAN		Date 10.18.0	7