HTE# 07-5-180 62

H ett County Department of Pub Health

20216

PERMIT # 24113	Operation Permit
	New Installation Septic Tank Repair Nitrification Line Expansion
	PROPERTY LOCATION: CHOLVEENE RO
Name: (owner) ATKINS PLACE LLC	SUBDIVISION DEXTERFIELD LOT # 36
System Installer: Jay Apcock	
Basement with plumbing: Garage Mumber of Bedrooms	Registration #
Type of Water Supply: Community Number of Bedrooms Public Well	
System Type: Community Republic Well	Distance from well feet Feet 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.
(III accordance with rapie v a)	Owner must contact readin bepartment o months prior to expiration for permit renewal.
This system has been installed in compliance with applicable North Carolina General Sta	tatutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
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	CONTRECTION
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SECTIC EASEMENT FOR	2 SWEET SAMANTUA CET
Lot 36	SHREL SUMMING SI
PERMIT CONDITIONS:	
I. Performance: System shall perform in accordance with Rule	9 .1961.
II. Monitoring: As required by Rule .1961.	
III. Maintenance: As required by Rule .1961. Other:	
Subsurface system operator required? Yes 🗆 1	
If yes, see attached sheet for additional operation	ation conditions, maintenance and reporting.
IV. Operation:	
V. Other: SEE SUBOWISHIN MAP FOR	TO EXACT EASEMENT LOCATION
F. H. C. and C. C. C. al Proof of the control of the co	
Following are the specifications for the sewage disposal system on the	
Type of system: Conventional Other Pume To E. Subsurface No. of exact length	
6	3 10 11
French Drain Required:	ditch 100 feet ditches 5 feet ditches 18-27 inches
Trench brain required.	
Authorized State Agent	PS Date 8 27 08