| HTE# 07-5-18 | Hai t County Department of Public ealth 19857 |
|--|---|
| PERMIT # 2422 | Operation Permit |
| | New Installation Septic Tank Repair Nitrification Line Expansion |
| | PROPERTY LOCATION: = 1434 Johnson 10 |
| Name: (owner) Ma | on Home benders SUBDIVISION JOHNSON FARMS LOT # 27 |
| | CONNEC Johnson Registration # |
| Basement with plumbin | |
| Type of Water Supply: | |
| (In accordance with Ta | Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for permit renewal. |
| (iii accordance iiiiii ia | one ray |
| This system has been installed | ed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. |
| | * FULL STORAGE ON NETHERINATURE |
| | FULL STORAGE ON NITHEFELATURES. |
| | * DITCHES 24" to 20" |
| | X DITCHES 24 to 20 |
| | |
| | 1 69, 200 repair ! * P.I. |
| | 23 |
| | 7450 |
| | 3 |
| | 155' |
| | 10 12 / 12 / |
| | |
| | |
| | 28. 26D |
| | 50' |
| | 32' 30 32' |
| | A A A A A A A A A A A A A A A A A A A |
| | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| | DERBY LANG 60' PLW |
| | DE143Y UHAR GO TIL |
| 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 No |
| | If yes, see attached sheet for additional operation conditions, maintenance and reporting. |
| IV. Operation: | |
| V 0.1 | |
| V. Other: | |
| Following are the speci | ifications for the sewage disposal system on the above captioned property. |
| Type of system: | Conventional Other 25% N=DUCTION System Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons |
| Subsurface Desired Field | No. of exact length width of depth of 24 |
| Drainage Field French Drain Required: | ditches 3 of each ditch 100 feet ditches 3 feet ditches 18 inches |
| Trendi Diani Required. | Linear rect |

Authorized State Agent James EManhantons

Date _