HTE# 07-5-1835512

## Harnest County Department of Public nealth 19854

PERMIT	#	24238
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Operation Permit

PERMIT # 24238	<u>Uperation Permit</u>	
	✓ New Installation ✓ Septic Tank □ Repair ✓ Nitrification	line   Evnansion
	PROPERTY LOCATION: SICING TOWNS CO	Line Lapansion
Names (summer) MASS 11		107 44 47
Name: (owner) MOSS HomeBuriocas	SUBDIVISION JEHNSON GARRING	LOT # _23
System Installer: LONNEL TOHNSON,	Registration #	
Basement with plumbing: Garage Number of Bedrooms		
Type of Water Supply: ☐ Community ☑ Public ☐ Well	Distance from well feet	
System Type: 15% REDIXTION System Type III G		
(In accordance with Table V a)	Owner must contact Health Department 6 months prior to expiration for permit rene	!wal.
This system has been installed in compliance with applicable North Carolina General Sta	tutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construct	tion Authorization
This system has occur instance in compilance with applicable north caronna seriera sta	totes, holes for sewage treatment and bisposal, and all conditions of the improvement remit and construct	ion Addiorization.
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40'	118'	
Įč	STREET	
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 🗆 N		
If yes, see attached sheet for additional operation	tion conditions, maintenance and reporting.	
IV. Operation:		
V Osham		
V. Other:		
Following are the specifications for the sewage disposal system on the	above cantioned property	
Type of system:  Conventional  Other 25% PREDUCTION		gallons
Subsurface No. of exact length		Kanons
9	tch 80 feet ditches 3 feet ditches	24 inches
French Drain Required: Linear feet		
Authorized State Agent & Marchan +6	Des 227.00	
AUGUSTEED STATE Agent Janes C / LANNAZ 4	Date 2^21-08	