HTE#_07-5-18411

Ha....t County Department of Public nealth 19609

PERMIT # 29121	<u>Operation Permit</u>	
	New Installation Septic Tank Repair Mitrification Line	Expansion
	PROPERTY LOCATION: SR 1452	
Name: (owner) _Scottlee Honer		# 8
System Installer: Batters Backhoe Service		
Basement with plumbing: Garage Number of Bedrooms		
Type of Water Supply: Community Public Well	Distance from well feet	
System Type: G-	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.	
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 Author	rization.
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PERMIT CONDITIONS:	JACOB Street	
I. Performance: System shall perform in accordance with Rule		
II. Monitoring: As required by Rule .1961.		
III. Maintenance: As required by Rule .1961. Other:		_
Subsurface system operator required? Yes \square		
If yes, see attached sheet for additional opera	ation conditions, maintenance and reporting.	
IV. Operation:		- 1
V 04		_
V. Other:		-
Following are the specifications for the sewage disposal system on the	e above cantioned property	
Type of system: Conventional Other E2 6/6 w	Size of tank: Septic Tank: 1000 gallons Pump Tank:	gallons
Subsurface No. of exact leng	ngth width of depth of	- 0
Drainage Field ditches 2 of each d	ditch 120 feet ditches 3 feet ditches 18	inches
French Drain Required: Linear feet		
Authorized State Agent Sugar Mywas R.	.). Date 1/15/2008	