HTE# 07-5-18438

Harmett County Department of Public malth 19595

PERMIT	#	24318

Operation Permit

PERMIT # 07318	Operation Fernit	
	New Installation Septic Tank Repair Nitrification Line Expa	ansion
	PROPERTY LOCATION: STOCKYDED RD	
Name: (owner) Byes	SUBDIVISION STOCKHARD RD. EST. LOT # 44	11111
System Installer: MIKE Ray	Registration #	
Basement with plumbing: Garage Number of Bedrooms		
Type of Water Supply: Community Public Well		
System Type:	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 course has been installed in constitute with continue New Courses Course (Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
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PERMIT CONDITIONS:		
I. Performance: System shall perform in accordance with Rule	e .1961.	
II. Monitoring: As required by Rule .1961.		
III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes 🗆	No Z	
If yes, see attached sheet for additional opera-	ration conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
Following are the specifications for the sewage disposal system on the		
Type of system: 🗖 Conventional 🗆 Other		gallons
Subsurface No. of exact len		
	ditch <u>GO</u> feet ditches <u>3</u> feet ditches <u>24</u> inch	nes
French Drain Required:Linear feet		-
Mall: 1 M	. 1	
Authorized State Agent	RS Date 10/23/07	10