| | HTE# 01533-19794A Ha ett County Department of Publ. Health 20244 |
|-------------|--|
| | PERMIT # _ 24854 Operation Permit Mame: (owner) _ Wynn Cont. New Installation & Septic Tank □ Repair Nitrification Line □ Expansion Name: (owner) _ Wynn Cont. SUBDIVISION _ NC27 System Installer: _ Core, Collect Registration # Basement with plumbing: □ Garage # Number of Bedrooms Subblivision # Type of Water Supply: □ Community \$ Public □ Well Distance from well feet System Type: |
| | (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 Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. |
| F Sward at. | The speen has been include in compare with appreade north cathing deleted scales, have or service induced and an advances to be improvement. Fernit and consultation advance and a construction advance advance and a construction advance adv |
| | 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: |
| | V. Other: Following are the specifications for the sewage disposal system on the above captioned property. Type of system: □ Conventional ○ Other ○ Subsurface No. of Prainage Field ditches Of each ditch ○ French Drain Required: |
| | Authorized State Agent Q - UARY Date 09. 26-68 |