| HTE# 08-500 -20782 | I nett County Department of Pub | Health 2041 | 9 |
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| PERMIT # <u>24 981</u> | Operation Permit New Installation Septic Tank PROPERTY LOCATION: YCC | ☐ Repair ➢ Nitrification Line ☐ | Expansion |
| Name: (owner) System Installer: Basement with plumbing: Garage | SUBDIVISION | Ponte LOT # | 50 |
| Type of Water Supply: System Type: (In accordance with Table V a) | Public Well Distance from well 100 feet Types V and VI Systems of Owner must contact Health Department 6 more | | |
| This system has been installed in compliance with applicable | North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all con- | ditions of the Improvement Permit and Construction Authoriza | tion. |
| DEDMIT CONDITIONS. | 725 | ISF I | |
| II. Monitoring: As required by Rule .196 III. Maintenance: As required by Rule .196 | | | |
| | for additional operation conditions, maintenance and reporting. | 1 | |
| V. Other: | | | |
| Following are the specifications for the sewage disposal system on the above captioned property. | | | |
| Type of system: Conventional Other | er Mrp 1. E-2 Flow Septic Tank: | gallons Pump Tank: \(\sum_{\infty} \) depth of | gallons |
| Drainage Field ditches French Drain Required: | of each ditch 210 feet ditches Linear feet | 3 feet ditches 18-24 | _ inches |
| Authorized State Agent | AR) | Date 01-12-29 | |