HTE# 09-5-21793R

Ha ett County Department of Publi Health

20677

PERMIT # 25258

Operation Permit

	New Installation Septic Tank Repair Nitrification	on Line Expansion
P. O.		- Expansio
Name: (owner) Jason Price Contral,	ion SUBDIVISION Asheford	LOT # <u>/</u> //
system installer: 1 < d Brown	Registration #	
Basement with plumbing: Garage Wumber of Bedrooms	<u> </u>	
Type of Water Supply: Community Public Well System Type:	Distance from well feet	
(In accordance with Table V a)	Types V and VI Systems expire in 5 years.	
(and the factor of the factor	Owner must contact Health Department 6 months prior to expiration for permit r	enewal.
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.		
	Constitutions of the Improvement Permit and Consti	ruction Authorization.
PERMIT CONDITIONS:	10 Deck 1 30'	
I. Performance: System shall perform in accordance with Rule .19	61.	
II. Monitoring: As required by Rule .1961.		
III. Maintenance: As required by Rule .1961. Other: No		
If yes, see attached sheet for additional operation	conditions maintenance and a conditions	
IV. Operation:	conditions, maintenance and reporting.	
Y. Other:		
[allowing and the state of the		
Following are the specifications for the sewage disposal system on the about the system: Conventional Other Other		
Subsurface No. of exact length	Septic Tank: _/OSO gallons Pump Tank: _	gallons
Drainage Field ditches 2 of each ditch	60 feet ditches depth of depth of) c/
French Drain Required: Linear feet		inches
Authorized State Agent Buyon M.S. Date \$ 6/10/2009		