HTE# 09-5-22209RR

Harne.. County Department of Public I.....th

21300

Name: (owner)		
(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 St	tatutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authoriz	ation.
PRINT CONDITIONS	Hoose 4' 54' 12' 58' 12570 Reduction Sys. Repair Area To no Dr. V.	
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: Subsurface system operator required? Yes □ If yes, see attached sheet for additional oper		
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 Drainage Field ditches / of each of		inches U.t.
	differ a foot difference is took difference is	inches W. 4