Ha tt County Department of Public .. ealth

20819

PERMIT # 05343

Operation Permit

PENIII # SSS . S		operation remit	
		📈 New Installation 🛛 Septic Tank 🗆 Repair 📈 Nitrificatio	on Line 🗆 Expansion
		PROPERTY LOCATION: LOGATER RO	
Name: (owner) STERHENSON	BUILDERS IN	4C SUBDIVISION WALNUT GOOVE	LOT # 10
System Installer: Jay Aococ		Registration #	
•	Number of Bedrooms		
	Public Well	Distance from well feet	
	IT D	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 system has been installed in compliance with applicable	e North Carolina General Sta	tutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Cons	truction Authorization.
	598	PARTIAL PORTE PORT IN L PRE TOKAT NO 126TERATI NO 126TERATI DR ES CS8 CS8 CS8	
PERMIT CONDITIONS:		14/1	
I. Performance: System shall perform in Monitoring: As required by Rule . I		.1701.	
III. Maintenance: As required by Rule .19			
Subsurface system open	The court of the c	No 🔀	
		ation conditions, maintenance and reporting.	
IV. Operation:			
V. Other: SYSTEM, PUMP	& ALARM CHEO	KEO BY OT, WATER ! POWER LIVE SCILL TO BE VER	21 10 19/09
Following are the specifications for the sewage	disposal system on the	above captioned property.	a,
Type of system: Conventional 0	ther Pume To	EZFLow Septic Tank: 1000 gallons Pump Tan	k: 1000 gallons
Subsurface No. of	exact leng	th width of depth of	
Drainage Field ditches	_ of each d	itch 300 feet ditches 9 feet ditches	12 inches
French Drain Required:	Linear feet		
Authorized State Agent Oliver 1	elkodorf, k	PENS ses Date 10/20/09	
The House	Thall	20/20/09	