| HTE# D9.500-22383 Ha tt County Department of Publi ealth 2 | 0976 |
|---|----------------------|
| PERMIT # 25 289 Operation Permit | |
| New Installation Septic Tank Repair Nitrification Line Expansion | |
| Name: (owner) D. Walsh Const. SUBDIVISION Tingen Place | LOT # 47 |
| System Installer: L. Shape Registration # | |
| Basement with plumbing: Garage Number of Bedrooms Type of Water Supply: Community Public Well Distance from well Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for permit response to the supplement of the supplement | AND O |
| 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 | ction Authorization. |
| Room And And | |
| 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 No If yes, see attached sheet for additional operation conditions, maintenance and reporting. | |
| IV. Operation: | |
| V. Other: | |
| Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other Conventional Other | Pallons gallons |
| Authorized State Agent Date DG - 09 - 09 | 1 |