Hamett County Department of Public dealth 21149

PERMIT # 255	FI	Operation Permit	
		New Installation Septic Tank	☐ Repair ☑ Nitrification Line ☐ Expansion
	,	PROPERTY LOCATION: Mark	refer a manuation and a separation
Name: (owner) \$	lackwell Honer	SUBDIVISION Ashefor	
	011 (1 11		LUI # _7 %Z
System Installer:	Ottis Strickland	Registration #	
Basement with plumbir		<u> </u>	
Type of Water Supply: Community Public Well Distance from well feet			
System Type:	μ B	Types V and VI Systems ex	
(In accordance with Ta	DIE V a)	Owner must contact Health Department 6 mont	hs prior to expiration for permit renewal.
This system has been installed	d in compliance with applicable Noveth Carolina Convert Section	nos Bules for Courses Transmissed and Diseased and all sandi	since of the Immunity Density and Consequence Authorization
This system has been histane	o in compnance with applicable North Caronna General State	es, kules for sewage freatment and Disposal, and all condit	tions of the Improvement Permit and Construction Authorization.
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PERMIT CONDITIONS:			
 Performance: 	System shall perform in accordance with Rule	761.	
II. Monitoring:	As required by Rule .1961.		
III. Maintenance:	As required by Rule .1961. Other:		
	Subsurface system operator required? Yes $\ \square$ No		
	If yes, see attached sheet for additional operation	n conditions, maintenance and reporting.	
IV. Operation:			
	P	of 2. 05500 808.33 08800	
V. Other:			
	fications for the sewage disposal system on the a		////
	Conventional D Other Tunp to E		gallons Pump Tank: 1000 gallons
Subsurface	No. of exact length	width of	depth of
Drainage Field		150 feet ditches	$\frac{3}{2}$ feet ditches $\frac{18}{2}$ inches
French Drain Required:	Linear feet		
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Authorized State Ag	entle lun pluci	ENS.	Date /1/17/2009