| HTE# 10-5-24                   | Hari County Department of Publicalth                                                                                                                          |                         |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| PERMIT # 2614                  | · ·                                                                                                                                                           | 21597                   |
|                                | New Installation A Septic Tank A Nitrification Line                                                                                                           |                         |
|                                | PROPERTY LOCATION: 27 WEST                                                                                                                                    | nepair _ Expansion      |
| Name: (owner)                  | YMN CONSTRUCTION SUBDIVISION TINGEN POINTE                                                                                                                    | LOT # 113               |
|                                |                                                                                                                                                               |                         |
| Basement with plumbing:        |                                                                                                                                                               |                         |
|                                | ☐ Community                                                                                                                                                   |                         |
| System Type:                   | Types V and VI Systems expire in 5 years.                                                                                                                     |                         |
| (In accordance with Table      |                                                                                                                                                               | renewal.                |
| 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 Cons | truction Authorization. |
|                                | <i>3</i> 00′                                                                                                                                                  |                         |
|                                |                                                                                                                                                               |                         |
|                                | DONE REDUCTION REPAIR ,                                                                                                                                       |                         |
|                                |                                                                                                                                                               |                         |
|                                | 2 15 ×45                                                                                                                                                      | ,                       |
|                                | 1/2/1/                                                                                                                                                        |                         |
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|                                | GOLD C                                                                                                                                                        |                         |
|                                | 3020                                                                                                                                                          |                         |
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|                                |                                                                                                                                                               |                         |
|                                |                                                                                                                                                               |                         |
| PERMIT CONDITIONS:             |                                                                                                                                                               |                         |
|                                | system shall perform in accordance with Rule .1961.                                                                                                           |                         |
|                                | As required by Rule .1961.                                                                                                                                    |                         |
|                                | As required by Rule .1961. Other:                                                                                                                             |                         |
|                                | Subsurface system operator required? Yes 🗆 No 🗆                                                                                                               |                         |
| IV. Operation:                 | f yes, see attached sheet for additional operation conditions, maintenance and reporting.                                                                     |                         |
| V. Other:                      |                                                                                                                                                               |                         |
|                                | D-Box                                                                                                                                                         | PWR Lin                 |
| Following are the specific     | cations for the sewage disposal system on the above captioned-property.                                                                                       |                         |
|                                | onventional & Other CHAMEST (QUICE'S) Septic Tank: 1000 gallons Pump Tank                                                                                     | k: gallons              |
| ,,                             | No. of exact length width of depth of                                                                                                                         | •                       |
| · ·                            | ditches                                                                                                                                                       | inches inches           |
| French Drain Required:         | Inear leet                                                                                                                                                    |                         |

Authorized State Agent\_

Date 8 20 10