HTE# //-5-2	0330	Harnott C	ounty Donard	ment of Pub	lic Hoolth		
	_	Haillett Ct	, .		IIC IICailli	2310	19
PERMIT # 264	<u> </u>		Uperation	on Permit			
D.R.	Hortor	i, Inc.		on ピ Septic Tank OCATION: <u> Overb</u>	Nitrification Line	∟ Kepair	
Name: (owner)	<u> </u>			ON Store Cr		IOT #	<i>114</i>
System Installer: _				ation #			, <u>,, ,                                </u>
Basement with plumbi		Number of Bedrooms					
Type of Water Supply:	•	Public	Distance from well				
System Type:(In accordance with Ta		TILb		Types V and VI Systems e Health Department 6 mon	xpire in 5 years. iths prior to expiration for p	ermit renewal	
(in accordance with it	abic + aj		Owner must contact i	reacti Department o mon	ions prior to expiration for p	ennit renewal.	
This system has been instal	led in compliance with a	pplicable North Carolina General St	atutes, Rules for Sewage Treatr	nent and Disposal, and all cond	litions of the Improvement Permit a	nd Construction Author	rization.
PERMIT CONDITIONS:		Sylved of the state of the stat	DOS HOUX				
I. Performance:	, ,	rm in accordance with Rule	.1961.				
II. Monitoring: III. Maintenance:	As required by Ru	le .1961. le .1961. Other:	_				
m. Hamtenance.	Subsurface system	operator required? Yes	No 🗹	- Control of the Cont			-
IV. Operation:		d sheet for additional opera		ance and reporting.			-
V. Other:							- -
	D-Box □	Pump		Alarm 🗆	H20Line □		- PWR Line
	ifications for the seconventional	wage disposal system on the  Other 10m to E2  exact leng	2-Flow	ty.	/doc gallons Pum	p Tank: _/OO	

Authorized State Agent,

ditches

Drainage Field

French Drain Required:

of each ditch 130

Linear feet

feet

inches

depth of ditches \_

3

ditches \_

feet