HTE# 11-5-27679

## Hamett County Department of Public Health

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PERMIT	#	06	3	

PERMIT # 267	37	<u>Operation Permit</u>		2240/
		🛛 New Installation 🔀 Septic Tanl	k 🕱 Nitrification Line 🗆	Repair   Expansion
		PROPERTY LOCATION: MAC	is Ro	
Name: (owner)	TOWARD BUILDER LL			_LOT # 87
	TEO BROWN	Registration #		
Basement with plumbing		4		
Type of Water Supply:		Distance from well \OO feet		
System Type:	JIDLY	Types V and VI Systems		
(In accordance with Tabl	le V a)	Owner must contact Health Department 6 mo	onths prior to expiration for permit re	enewal.
This system has been installed	in compliance with applicable North Carolina General State	utes, Rules for Sewage Treatment and Disposal, and all cor	nditions of the Improvement Permit and Constr	ruction Authorization.
		85		
	180,	REPAIR!  HOUSE FOIL		
	/	YNNGATE DR		22
PERMIT CONDITIONS:				
I. Performance: SIII. Monitoring: AIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	System shall perform in accordance with Rule . As required by Rule .1961. As required by Rule .1961. Other: Subsurface system operator required? Yes \(\sum \) N If yes, see attached sheet for additional operati	• 🗷		
IV. Operation:	7-1,	, ,		
V. Other:				
	D-Box 🗆Pump	□ Alarm □	H20Line 🗆	PWR Line
Type of system: Co Subsurface	onventional Other Crack College  exact length of each dit	above captioned property.  Septic Tank:	gallons Pump Tank:  depth of ditches	gallons
Authorized State Agei		Kens	Date 7 18 12	