HTE# 17 5- 29587

Hamett County Department of Publa Health

PERMIT # 27034	Operation Permit 2	22470
	New Installation Septic Tank Mitrification Line R	epair Expansion
	PROPERTY LOCATION: 1802 CAME FO	
Name: (owner) SilvenTANS + Jenna Cleams	* SUBDIVISION WAS PT	LOT # _10
	Registration #	
Basement with plumbing: Garage Mumber of Bedrooms	મ	
Type of Water Supply: Community Public Well	Distance from well feet	
System Type: 25% RETOUSIN System Typ	C GZCVTypes V and VI Systems expire in 5 years.	
(In accordance with Table V a)	Owner must contact Health Department 6 honths prior to expiration for permit ren	ewal.
This system has been installed in compliance with applicable North Carolina General State	tutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construct	tion Authorization.
	7	
252 252	SAD 15' 71L	*.
	1 1-4-	
	50	
PERMIT CONDITIONS:	372	
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 I	No 🗆	
If yes, see attached sheet for additional opera		
IV. Operation:		
V. Other:		
□ D-Box □ Pump	□Alarm □H20Line □	PWR Line
Subsurface No. of exact leng Drainage Field ditches 3 of each di	th width of gallons Pump Tank:	gallons gallons inches
French Drain Required: Linear feet	11 6 - 17	
Authorized State Agent	Date BIOCKE	