HTE# 12-5-29767 Hai..ett County Department of Public dealth

| PERMIT # 27163 | Operation Permit | 22777 |
|--|---|--|
| | New Installation & Septic Tank Nitrificati | ion Line Repair Expansion |
| • | PROPERTY LOCATION: MARCAS RO | |
| Name: (owner) Howard BUILDERS | SUBDIVISION ASHEFORD | LOT # _ <i>S</i> |
| System Installer: TEO BROWN | Registration # | |
| Basement with plumbing: Garage Mumber of Bedroom | s <u>C+</u> | |
| Type of Water Supply: Community Public Well | Distance from well \(\bigcap \gamma \opi \opi \opi \opi \opi \opi \opi \opi | |
| System Type: | Owner must contact Health Department 6 months prior to expira | tion for normit renewal |
| omici must contact hearth bepartment o months prior to expiration for permit renewal. | | |
| This system has been installed in compliance with applicable North Carolina General S | tatutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improveme | ent Permit and Construction Authorization. |
| | MARKS RD | |
| 16 | "STREETSCAPE BUTFGO | × |
| | | |
| | REPAIR | |
| | | |
| | 7 | |
| | 30 III | |
| | | ~ * |
| | HOUSE | |
| | | |
| | De la | |
| | 36 | |
| L | ociciolo pr | |
| | | in the second se |
| PERMIT CONDITIONS: | | |
| 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 If yes, see attached sheet for additional oper | | |
| IV. Operation: | tion conditions, maintenance and reporting. | |
| V. Other: | | |
| □ D-Box □ Pump | □ Alarm □ H201 | Line PWR Line |
| Following are the specifications for the sewage disposal system on the | | |
| Type of system: Conventional Other CHAMBI | Septic Tank: 1000 gal | llons Pump Tank: gallons |
| Subsurface No. of exact len | gth width of | depth of |
| Drainage Field ditches of each of | feet ditches 3 feet | ditches $\frac{24-3-6}{}$ inches |
| French Drain Required: Linear feet | | |
| Authorized State Agent | Parks now the | 13 |
| Authorized State Agent | RE413 Date 1 23 | J ' |