HTE# 14-5-33197

Ha tt County Department of Publi ealth

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PERMIT # 2785.	<u>Operation Permit</u>	
	Mew Installation 🗹 Septic Tank 🗹 Nitrification Line 🗆 Repair 🗆 Ex	xpansion
	PROPERTY LOCATION: 50 1437 Ballon Q CD	
Name: (owner) <u></u>	TANCI/ But/deas TNC SUBDIVISION Andder Pork LOT #18	
	STANCE BUELDES Registration #	
Basement with plumbin	ng: Garage Number of Bedrooms 3	
Type of Water Supply:		
System Type: 20m	Type TO 25% TO 15% Type Type Type Type V and VI Systems expire in 5 years.	
(In accordance with Ta	ble V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.	
This system has been installe	ed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
PERMIT CONDITIONS:	YUKON TIAS	
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:	
	If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
	D-Box	PWR Line
_	ifications for the sewage disposal system on the above captioned property.	- THE LINE
	Conventional Defense to 25% Postovicous Septic Tank: 1000 gallons Pump Tank: 1000	_ gallons
Subsurface	No. of exact length width of depth of	
Drainage Field French Drain Required:		nches
	5 M 1 Az	