HTE# <u>15-5-</u>	76604 Hari	nett County	Department	of Public Hea	alth	23708
PERMIT # <u>283</u>	50		Operation Per	mit	•	and the second second
TEMM II	· · · · · · · · · · · · · · · · · · ·	□ No		Septic Tank 🖵 Nitr	rification Line \Box	Repair Expansion
Name: (owner)	Dewer Davelopm		_ SUBDIVISION	Komer Mano	~	LOT # _/6
System Installer: _	Ottir Strickla	nd				
Basement with plumb	~ /	of Bedrooms	e from well	feet		
Type of Water Supply System Type:		□ Well Distance		reet I VI Systems expire in 5 ye	ears.	
(In accordance with 1		Owner	must contact Health Depa	rtment 6 months prior to	expiration for permit	renewal.
This system has been insta	lled in compliance with applicable North Carc	lina General Statutes, Rules	for Sewage Treatment and Disp	osal, and all conditions of the Im	nprovement Permit and Con	struction Authorization.
		22'	Hove	00 00 00 00 00 00 00 00 00 00 00 00 00		
PERMIT CONDITIONS: I. Performance: II. Monitoring: III. Maintenance:	System shall perform in accordan As required by Rule .1961. As required by Rule .1961. Other					
	Subsurface system operator requir	ed? Yes 🗆 No 🗹	tatumi minteani t			
IV. Operation:	If yes, see attached sheet for add	•		•		
•						
V. Other:		<u> </u>	a f		UOOL: ¬	Dun I :
	D-Box	Pump	Alarm		_ H20Line □ _	PWR Lin
Following are the spe Type of system:	cifications for the sewage disposal s Conventional Other <u>F</u>	istem on the above ca $ZF/\omega \omega$	iptioned property.	Septic Tank: <u>1000</u>	gallons Pump Tai	nk: gallons
Subsurface .	No. of	exact length	7 0	width of	depth o	f
Drainage Field	ditches	of each ditch	7 O feet	ditches	feet ditches	30 inches

Drainage Field French Drain Required: Linear feet Authorized State Agent

9/3/2015 Date