HTE# 15-5-37170

Ha tt County Department of Publ. ... lealth

24180

PERMIT # 28568

Operation Permit

| PERMII # _28562 | | |
|---|--|----------------------|
| | ✓ New Installation ✓ Septic Tank ✓ Nitrification Line | ☐ Repair ☐ Expansion |
| | PROPERTY LOCATION SY 437 Bolland R. | |
| Name: (owner) | STANCE (BUTI DENS TOX SUBDIVISION HARDE Porte | LOT # <u>38</u> |
| System Installer: 5 | STANCEL Borldon Registration # | |
| Basement with plumbing | | |
| Type of Water Supply: | | |
| System Type: 2500 REDUCTION Type ST G SZUNG Types V and VI Systems expire in 5 years. | | |
| (In accordance with Tabl | able V a) Owner must contact Health Department 6 months prior to expiration for p | permit renewal. |
| | | |
| This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. | | |
| | 25° Londonie Dr. | |
| PERMIT CONDITIONS: | | |
| | System shall perform in accordance with Rule .1961. | |
| | As required by Rule .1961. | |
| | As required by Rule .1961. Other: | |
| | Subsurface system operator required? Yes No | |
| | If yes, see attached sheet for additional operation conditions, maintenance and reporting. | |
| IV. Operation: | | |
| V. Other: | | |
| | | PWR Line |
| Following are the specific | cifications for the sewage disposal system on the above captioned property. | |
| Type of system: \square Co | | • |
| | 11 | pth of |
| 0 | diteries let diteries let diteries let diteries | tches inches |
| French Drain Required: _ | | |
| Authorized State Age | mont of Mahnetz Date 7-11 | -16 |