HTE# 15-5-37211

## Harner County Department of Public Health

23904

Operation Permit

Mew Installation	nsion
PROPERTY LOCATION: DN 1448 ATICLOSAD	
Name: (owner) 164 DAKS BIDG GROUP SUBDIVISION ATKERS VECTORE LOT # 17	
System Installer: 18 Med Fr. Registration #	
Basement with plumbing: Garage Number of Bedrooms 4	
Type of Water Supply:  Community Public Well Distance from well feet  System Type: 25 % NEDVCTION System Type THE G EZ LONG. Types V and VI Systems expire in 5 years.	
(In accordance with Table V a)  Owner flust contact Health Department 6 months prior to expiration for permit renewal.	
This system has been installed in compliance with applicable North Cardina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.	
25% Repair Anex	
RED	
repair	
AND I	
rica   .	
b. d' 11 12 1	
(3)	
13'	
l'ugu	
6 25	
28 42	
36 \ 27	
1 Y 1	
PERMIT CONDITIONS:  ATVERNS VILLAGE CT	
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  No	
If yes, see attached sheet for additional operation conditions, maintenance and reporting.	
V. Operation:	
/. Other:	
D-Box	R Line
following are the specifications for the sewage disposal system on the above captioned property.	
Type of system:  Conventional  Other 15% REDUCTION System Septic Tank: 1000 gallons Pump Tank: gal	lons
ubsurface No. of _ exact length width of _ depth of	
subsurface No. of exact length \( \square\) width of depth of Orainage Field ditches \( \frac{3}{3} \) of each ditch \( \frac{1\sigma \sigma}{3} \) feet ditches \( \frac{24-748}{3} \) inches	
rench Drain Required: Linear feet	
Sal 1 Do	
Authorized State Agent Date Z-19-16	
	_