HTE# 15-5-37258 Harnest County Department of Public .. ealth 24207 PERMIT # 28656 Name: (owner) Confeded Ares Tre SUBDIVISION Bollow Woods LOT #/82 Registration # System Installer: Ted Brown Basement with plumbing:
Garage
Number of Bedrooms Type of Water Supply:

Community Public Well Distance from well feet

System Type:

Types V and VI Systems expire in 5 years.

Character Types V and VI Systems expire in 5 years.

Owner must contact Health Department 6 months prior to expire Owner must contact Health Department 6 months pride to expiration for 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 Inprovement Permit and Construction Authorization. Port Alan Derod O DUALN FOR BU 36 **PERMIT CONDITIONS:** Performance: System shall perform in accordance with Rule .1961. Monitoring: II. As required by Rule .1961. III. As required by Rule .1961. Other: Maintenance: Subsurface system operator required? Yes
No If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: ٧. Other: □ _____ Pump □ _____ Alarm □ _____ H20Line □ _____ D-Box Following are the specifications for the sewage disposal system on the above captioned property. Other Posto 284 Acal Septic Tank: 1800 gallons Pump Tank: 1800 gallons width of depth of Type of system:

Conventional Subsurface No. of Drainage Field ditches French Drain Required: Authorized State Agent_