HTE#16-5-38419

Ha ett County Department of Publ Health

24438

PERMIT # 28799

Operation Permit

FERNIN # SOIT	operation remit	
	New Installation 🔀 Septic Tank 🗵	Nitrification Line 🗆 Repair 🗀 Expansion
	PROPERTY LOCATION: BUTING	Da
Name: (owner) MCKEE HOMES LL		101
System Installer: EDDIE GAZNEZ	Registration #	
Basement with plumbing: Garage Number of Bedr		_
Type of Water Supply: Community Public Public		
System Type:	Types V and VI Systems expire	e in 5 years.
(In accordance with Table V a)	Owner must contact Health Department 6 months	
This system has been installed in compliance with applicable North Carolina Gene	al Statutes, Rules for Sewage Treatment and Disposal, and all conditions	s of the Improvement Permit and Construction Authorization.
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PERMIT CONDITIONS:		
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 ⊠	
	operation conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		
□ D-Box □ Pt	np 🗆Alarm 🗆	H20Line □ PWR Line
		INZULINGI WA LINE
Following are the specifications for the sewage disposal system of	the above captioned property.	
	TO CHAMBER QH) Septic Tank: 10	
Subsurface No. of exact	length width of	depth of
Drainage Field ditches of e	ch ditch 300 feet ditches 3	feet ditches 18-30 inches
French Drain Required: Linear feet		
) 1
Authorized State Agent	RGUS Da	ate _2/3/7