HTE# 1653125

## Harnest County Department of Public Lealth

24303

PERMIT # 23920

Operation Permit

| Operation Termit   |                  |
|--|------------------|
| New Installation Septic Tank Nitrification Line Repair PROPERTY LOCATION: Price Septic Tank Nitrification Line Repair  | <b>Expansion</b> |
| Name: (owner) ROYAL DAYS BLOG. GOR. SUBDIVISION ATKINS VILLAGE LOT #   | 0.1              |
|  | 04               |
| Basement with plumbing: Garage Number of Bedrooms 4  |                  |
| Type of Water Supply:   Community Public   Well Distance from well 100 feet  |                  |
| System Type:   |                  |
| (In accordance with Table V a)  Owner must contact Health Department 6 months prior 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 Improvement Permit and Construction Authorization   | tion.            |
|  |                  |
| BS. MED AND DEPARTS  |                  |
| DEDMIT CONDITIONS.   |                  |
| PERMIT CONDITIONS: . Performance: System shall perform in accordance with Rule .1961.  |                  |
| l. Monitoring: As required by Rule .1961.  |                  |
| II. 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.   |                  |
| /. Operation:  |                  |
| Other:   |                  |
|  |                  |
| Aldriii  | _ PWR Line       |
| ollowing are the specifications for the sewage disposal system on the above captioned property.  Appendix of system:   Conventional Con |                  |
| beurface No of   | gallons          |
| rainage Field dischas 3 depth of 3   | in altre         |
| ench Drain Required: Linear feet Linear fe | inches           |
|  |                  |
| uthorized State Agent Date   |                  |
| 1.7 1/210  |                  |