HTE#_16-5-4	10202 H	arnett Coun	ty Departm	nent of Pu	blic Hea	lth or a	
PERMIT # 292			Operation			243	90
Name: (owner) System Installer: Basement with plumbing Type of Water Supply: System Type:25% (In accordance with Tab	Norris Mudso Cory Gilbe : Garage Inum Community Duble Meduction D	ber of Bedrooms ic Well Dis  Ow	New Installation PROPERTY LOCA SUBDIVISION Registration ance from well Typiner must contact Heal	Septic Tar ATION: 433 on # on # cov f feet es V and VI Systems th Department 6 m	s expire in 5 yea	xpiration for permit renewal	) T #
			<u>र</u> ुप	51			1.0
						to Shullow	o
						* Off contour to Shullow * ZG" to 18	(1
	λ	-tau Existing wen	1/ L	ar sFD	anuse 4	\$ c1	
II. Monitoring: A III. Maintenance: A Su	ystem shall perform in accord s required by Rule .1961. s required by Rule .1961. Ot ubsurface system operator rec yes, see attached sheet for	her: Juired? Yes 🗆 No 🖻		and reporting.			
V. Other:							
		Pump 🛛		larm 🗆	н	120Line 🗆	PWR Line
Type of system: Cor Subsurface N	o. of tches 4	system on the above LS TO Led - L exact length of each ditch ear feet	E FIUN	Septic Tank:	7	gallons Pump Tank: depth of eet ditches _17 - 2	
Authorized State Agen	The	tor 1	end a	len	Data A	cial lans	7
		100	1117; "C	7		5/01/2012	t