HTE# 17-5-L)	2389	larnett County Dep	artment of Public	Health	25042
PERMIT #		Oper	ation Permit		
		New Inst	ation Permit Allation Septic Tank	✓ Nitrification Line □	Repair Expansion
		PROPER	TY LOCATION: \))	carla	
Name: (owner) P	TLANTIL CON	SUBC	IVISION Sweenmen		# TOJ
	HARDIN SERT	C R	egistration #	_	
Basement with plumbi		mber of Bedrooms			
	☐ Community ▶ Pul	olic	rell feet	r	
System Type: Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for permit renewal.					
(III accordance with 12	ible v aj	Owner must con	ttace hearth bepartment o months	prior to expiration for perior	it tenerui.
This system has been install	ed in compliance with applicable No	th Carolina General Statutes, Rules for Sewag	Treatment and Disposal, and all conditions	of the Improvement Permit and C	onstruction Authorization.
PERMIT CONDITIONS:	45	9	REPAIR ANGA NOUSE 10.	4 /	
1 0 (System shall perform in acc	ordance with Rule 1961			
I. Performance: II. Monitoring:	As required by Rule .1961.	ordance with Nuit .1701.			
III. Maintenance:	As required by Rule .1961.		900		
	Subsurface system operator		•••••••••••••		
IV. Operation:	If yes, see attached sheet for	or additional operation conditions, m	aintenance and reporting.		
ii. Operation.					
V. Other:					
	D-Box 🗆	Pump 🗆	Alarm 🗆	H20Line 🗆	PWR Line
Following are the spec	cifications for the sewage disp	osal system on the above captioned	property. Septic Tank: 10	gallane Duma T	ank: gallons
Subsurface	Conventional Other	exact length	width of	denth	of
Drainage Field	ditches 5	of each ditch	feet ditches 3	feet ditches	18:24 inches

French Drain Required Linear feet

Authorized State Agent_