HTE# 06-5-1600)

Harnest County Department of Public nealth 19147

PERMIT #	23298
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Operation Permit

PERMIT # 20296	<u>Operation Fernit</u>	
	New Installation 🛮 Septic Tank 🗆 Repair 🗵	Nitrification Line Expansion
	PROPERTY LOCATION: Hwy 27	SAME AND ADDRESS OF THE PARTY O
Name (owner) TC James - Do	AND CEMERAL SUBDIVISION	10T #
Sustan Installan Property To	Registration #	E31 #
Basement with plumbing: Garage Num		
	C Well Distance from well feet	
System Type:	Types V and VI Systems expire in 5 years.	
(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 Per	rmit and Construction Authorization.
474	PARKING SACREDION TO SACREDION	41'
) [
	TE VWH	
PERMIT CONDITIONS:		
I. Performance: System shall perform in acco II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Subsurface system operator re	ther:	
V. Other:		
Following are the specifications for the sewage disposing type of system: Conventional Other Subsurface No. of Drainage Field ditches		s Pump Tank: gallons depth of ditches <u>36</u> inches
	The state of the s	
Authorized State Agent	R5 Date 2,23	07