Ha tt County Department of Publi ealth HTE# REPAIR 23043 PERMIT # 27620 **Operation Permit** New Installation Septic Tank Nitrification Line Repair 
Expansion PROPERTY LOCATION: 779 LAFFYETTE SUBDIVISION LOT # Name: (owner) System Installer: Registration # Garage 

Number of Bedrooms Basement with plumbing: Distance from well 50 Type of Water Supply: 

Community Public Well 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 Permit and Construction Authorization. SHONBS HOUSE 12 PERMIT CONDITIONS: Performance: System shall perform in accordance with Rule .1961. II. Monitoring: As required by Rule .1961. As required by Rule .1961. Other: III. Maintenance: Subsurface system operator required? Yes 
No If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: Other: H20Line □ **PWR Line** D-Box Alarm Pump Following are the specifications for the sewage disposal system on the above captioned property. Septic Tank: LOOO gallons Pump Tank: & Other FZ FLOW Type of system: Conventional depth of Subsurface No. of exact length width of ditches 24-36 400 Drainage Field ditches of each ditch ditches French Drain Required: Date Authorized State Agent