HTE# Repair	Ha tt County Department of Publ lealth 23114	
PERMIT # 27821	Operation Permit	
TEMMIN IN VOTO OCC	☐ New Installation ☐ Septic Tank ☐ Nitrification Line ☐ Repair ☐ E	Expansion
2	PROPERTY LOCATION: 19 Byrds Mill Rd.	panoion
Name: (owner) Roy H. By.	SUBDIVISION LOT #_	
System Installer: Ken Stam	D :	
	Number of Bedrooms	
	Public □ Well Distance from well feet  □ B 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	le North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization	i.
PERMIT CONDITIONS:	Frogosed Hosse  Petty  401	
	n accordance with Rule .1961.	
II. Monitoring: As required by Rule .19 III. Maintenance: As required by Rule .19		
Subsurface system opera	ator required? Yes 🗆 No 🗹	
If yes, see attached she  IV. Operation:	eet for additional operation conditions, maintenance and reporting.	
V. Other:	Pump □ Alarm □ H20Line □	PWR Line
	disposal system on the above captioned property.	_ r wk Line
Type of system: 🗹 Conventional 🗆 O	ther Septic Tank: 1250 gallons Pump Tank:	gallons
Subsurface No. of Drainage Field ditches	exact length width of depth of of each ditch 160 feet ditches 3 feet ditches 24-36	
Drainage Field ditches French Drain Required:	of each ditch $160$ feet ditches $3$ feet ditches $24-36$ inear feet	inches
1		
Authorized State Agent / Luga /	Me Sain REAS Date 4/21/294	