HTE# Resair	•	Ha Dett Cou	nty Departm	ent of Publ	Health	23439	, ,
5						23433	,
PERMIT # <u>281</u>	33	_	<u>Operation</u>				
				☐ Septic Tank		ne 🗹 Repair 🗌	Expansion
	0110	,		TION: 65-26			
Name: (owner)	Robert Form	est	SUBDIVISION	.,		LOT #	
System Installer: _	Angier Eve	rgreen	Registratio	n #	_		
Type of Water Supply:	ing: Garage C	Public Well [Distance from well	50 feet			
System Type:				s V and VI Systems expi	re in 5 years.		
(In accordance with Ta		(Owner must contact Heal	, ,	,	r permit renewal.	
This system has been install	led in compliance with applicable	North Carolina General Statute	s, Rules for Sewage Treatment	and Disposal, and all condition	ns of the Improvement Pern	nit and Construction Authorizat	ion.
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		NC	210				
PERMIT CONDITIONS: I. Performance:	Surtam chall perform in	accordance with Pule 10	41				
II. Monitoring:	As required by Rule .19	accordance with Rule .19	01.				
III. Maintenance:	As required by Rule .19						
	Subsurface system opera	tor required? Yes 🗆 No					
IV. Operation:	If yes, see attached shee	et for additional operation	conditions, maintenance	and reporting.			
V. Other:		-					
n. ouici.	D-Box	Pump	1	Alarm 🗆	H20Line		PWR Line
Following are the spec	cifications for the sewage of			Alarm 🗆	IIZULIIIE		I WK LINE
Type of system:		her Porto EZ		Sentic Tank Ex	Cisting gallone F	Pump Tank: _/dod	gallons
Subsurface	No. of	exact length		width of		depth of	ganons
Drainage Field	ditches	of each ditch	_5 O feet	ditches	7 feet	ditches 18-22	inches
French Drain Required:		Linear feet					
		116/	1.15		/	/	
Authorized State Ag	gent/ Dryon	/ wan,	lefs	D	ate 1/26/	2015	