HTE# Repair	Hat County Department of Public ealth	
PERMIT # 27979	Operation Permit	(S
FEMILI # OC / III	□ New Installation □ Septic Tank □ Nitrification Line □ Repair □	Evnansion
	PROPERTY LOCATION: 805 Berson Rd	LAPAIISIOII
Name: (owner) 5/oanGr		
	Registration #	
Basement with plumbing: Garage	□ Number of Bedrooms <u>3</u>	
Type of Water Supply: Community		
System Type:(In accordance with Table V a)	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 Table V a)	owner must contact nearth bepartment o months prior to expiration for permit renewal.	
This system has been installed in compliance with a	oplicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization	ın.
	of Existing	
	B .: 'di.	
	Hoste	
	Berson Rd.	
PERMIT CONDITIONS: I. Performance: System shall perfo	rm in accordance with Rule .1961.	
I. Performance: System shall performance: As required by Ru		
III. Maintenance: As required by Ru	le .1961. Other:	
	operator required? Yes No	
IV. Operation:	ed sheet for additional operation conditions, maintenance and reporting.	
V. Other:		
□ D-Box □ _	Pump □ Alarm □ H20Line □	PWR Line
Following are the specifications for the se	wage disposal system on the above captioned property.	
Type of system: Conventional	Other Septic Tank: gallons Pump Tank:	gallons
Subsurface No. of Drainage Field ditches	exact length width of depth of of each ditches feet ditches feet ditches	inches
French Drain Required:	Linear feet ditches leet ditches leet ditches	inches
1		
Authorized State Agent Luye	Mc Date 7/23/2014	