| HTE# | Repair | |
|------|--------|--|
| | | |

H ett County Department of Publ lealth 20671

| PERMIT # | Operation Permit | |
|---|---|---|
| | □ New Installation □ Septic Tank ☑ Repair ☑ | Nitrification Line Fynancian |
| | new installation is septic falls in Repair is | I Mitrincation Line L Expansion |
| - D | PROPERTY LOCATION: 224 Grenetal | ~~. |
| Name: (owner) Joan Patterson | SUBDIVISION | LOT # |
| System Installer: Josh Thomas | Registration # | |
| | | |
| Basement with plumbing: Garage Number of Bedrooms | 20 | |
| 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 expirate | tion for permit renewal. |
| | | |
| This system has been installed in compliance with applicable North Carolina General S | tatutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improveme | nt Permit and Construction Authorization. |
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| PERMIT COMPUTANCE | | |
| PERMIT CONDITIONS: | | |
| I. Performance: System shall perform in accordance with Rule | a .1961. | |
| II. Monitoring: As required by Rule .1961. | | |
| III. Maintenance: As required by Rule .1961. Other: | | |
| Subsurface system operator required? Yes | | |
| | ration conditions, maintenance and reporting. | |
| | ation conditions, maintenance and reporting. | |
| IV. Operation: | | |
| | | |
| V. Other: | | |
| | | |
| Following are the specifications for the sewage disposal system on the | | |
| Type of system: Gonventional Other Bed | | Illons Pump Tank: gallons |
| Subsurface No. of exact let | | depth of |
| , | ditch 60 feet ditches 6 feet | |
| 0 | uncii icet unciies ieet | direites meres |
| French Drain Required: Linear feet | | |
| (/ | 2 6 | // |
| Authorized State Agent | Date 5/ | 22/2009 |
| | | |