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Authorized State Agent_

| | tamett County Depa | artment of Public He | alth 18835 | |
|--|--|--|--|-------------|
| PERMIT # 22714 | <u>Opera</u> | ation Permit | | |
| | Mew Instal | llation 🗷 Septic Tank 🗆 Re | pair 🗗 Nitrification Line | ☐ Expansion |
| Name: (owner) Elina Recon 1 | PROPERT | Y LOCATION: | (| |
| System Installer: Lannie Johnson | | | LOT | # |
| • | mber of Bedrooms Keş | gistration # | | |
| Type of Water Supply: Community Property Community | | II | | |
| System Type: (ORAVC) | | Types V and VI Systems expire in 5) | | |
| (In accordance with Table V a) | Owner must cont | act Health Department 6 months prior to | expiration for permit renewal. | |
| This system has been installed in compliance with applicable No | rth Carolina General Statutes, Rules for Sewage | Treatment and Disposal, and all conditions of the Ir | mprovement Permit and Construction Aut | horization |
| | 127 | | The second secon | TOTTZAUOIE. |
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| Report 1 | 120 15 | | | |
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| M111200 | | | | |
| 01112 pb | | | | |
| PERMIT CONDITIONS: | | | | |
| l. Performance: System shall perform in acc | rdance with Rule .1961. | | | |
| II. Monitoring: As required by Rule .1961. | | | | |
| III. Maintenance: As required by Rule .1961. | | | | |
| Subsurface system operator If yes, see attached sheet fo | equired? Tes 🗀 No 😕 r additional operation conditions, main | tanance and reporting | | |
| V. Operation: | assistanta operation continuous, main | tenance and reporting. | | |
| | | | | |
| d. Other: | | | | _ |
| ollowing are the specifications for the sewage dispo | al system on the above cantioned no | perty. 200 | | |
| 'ype of system: 🔀 Conventional 🔲 Other | | | gallons Pump Tank: | gallons |
| ubsurface No. of | exact length | width of 🚗 | depth of | o ···· |
| Orainage Field ditches | of each ditch <u>LBU</u> inear feet | feet ditches | feet ditches 18 a 4 | inches |
| | New rece | | | |
| uthorized State Agent | De | n _{oto} () | 10606 | |
| The state of the s | - | nate | 1. 7 - 7 | |