| HTE# 06500-143142 H ett County Department of Pub Health 20222   |         |
|---|---------|
| PERMIT # 24296 Operation Permit   |         |
| Name: (owner)  New Installation Septic Tank Repair Nitrification Line Expans  PROPERTY LOCATION: NCQY/NCX7 (L. ) 35 Cel  SUBDIVISION LOT #  Basement with plumbing: Garage Number of Bedrooms  Type of Water Supply: Community Public Well Distance from well 75 feet  System Type: Types V and VI Systems expire in 5 years. | on<br>— |
| (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 North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.   |         |
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| [E] MI(O)   |         |
| Repair  |         |
| 10'   |         |
| PERMIT CONDITIONS:  |         |
| I. Performance: System shall perform in accordance with Rule .1961.   |         |
| II. Monitoring: As required by Rule .1961.  III. Maintenance: As required by Rule .1961. Other:   |         |
| Subsurface system operator required? Yes  No  |         |
| If yes, see attached sheet for additional operation conditions, maintenance and reporting.  |         |
| IV. Operation:  |         |
| V. Other:   |         |
| Following are the specifications for the sewage disposal/ssystem on the above captioned property.   |         |
| Type of system: Conventional Other Y To Quick Y Septic Tank: OD O gallons Pump Tank: O og gallons Pump Tank:  | ons     |
| Subsurface No. of exact length width of depth of  |         |
| Drainage Field ditches of each ditch feet ditches feet ditches inches inches  |         |
| Linear reet   |         |
| Authorized State Agent OK-21-38   |         |