1	HTE# <u>09-5-22058</u> Ha t Co	ounty Department of Publi ealth	20699
	PERMIT #25292	Operation Permit	
		New Installation	trification Line Expansion
	2	PROPERTY LOCATION. Da crock let	
	Name: (owner) Brett + June Tryder		LOT #
	System Installer: horry Sharpe	Registration #	SCANNED A
	Basement with plumbing: □ Garage □ Number of Bedrooms Type of Water Supply: □ Community □ Public ☑ Well		9.10.09
9	System Type:	Types V and VI Systems expire in 5 years.	DATE
1	(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 St	tatutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permi	t and Construction Authorization.
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		Home Not on site Dr-	
		Home Not on site Drive	
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	PERMIT CONDITIONS:	100	
	 Performance: System shall perform in accordance with Rule Monitoring: As required by Rule .1961. 	± .1961.	
	III. Maintenance: As required by Rule .1961. Other:		
	Subsurface system operator required? Yes \square No \square If yes, see attached sheet for additional operation conditions, maintenance and reporting.		
ı	IV. Operation:	ation conditions, maintenance and reporting.	
1	V. Other:		
	Following are the specifications for the sewage disposal system on the Type of system: Conventional Other	1000	ump Tank: gallons
	Subsurface No. of exact len	ngth width of	depth of
	Drainage Field ditches of each of	ditch feet ditches feet	ditches _/OO inches
Г	French Drain Required: Linear feet	, /	
1	Authorized State Agent	L.S. Date 9/8/2	009
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