PERNIT (ONDITIONS: Pernit conditions Septic Tank Nitrification Line Repair Expansion	HTE# REPAIR	Ha tt Cou	nty Department	of Publi ea	alth 2	3272
New Installation Septic Tank Nitrification Line Repair Expansion PROPERTY (OCATION: Lin) Nick Property Expansion PROPERTY (OCATION: Lin) Nick Property Number of Bedorous Support Name of Bedorous Property Number of Bedorous Property Name of Bedorous Name of Bedorou	PERMIT # 276	42	Operation Per	mit	-	02/2
PROPERTY LOCATIONS: LLT Nick Polices Number of Bedrooms System Installer Street Number of Bedrooms Number of Bedrooms Number of Bedrooms System Syste			New Installation	Septic Tank Niti	rification Line	Repair Expansion
Name: (owner)		_	PROPERTY LOCATION:	141 Nick M	1 LEAN RO	
System Installer: Gange Mumber of Bedrooms Gange	Name: (owner)	CHARLENE PORKS				LOT #
Basement with plumbing: Garage Mumber of Bedrooms Distance from well Type of Water Supply: Gommunity Public Well Distance from well Type I and III System expire in 5 years. Owner must contact Health Department of months prior to expiration for permit renewal. This system has been intalled in compliance with applicable North Carolina General Statustre, Rules for Sowage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule 1961. II. Monitoring: As required by Rule 1961. Other: Subsurface system operator required? Yes No If yes, see attached sheet for additional operation conditions, maintenance and reporting. PWR L Following are the specifications for the sewage disposal system on the above captioned property.		_				
Type of Water Supply: Gommunity Public Well Distance from well Types Y and VI Systems reprie in 5 years.			3			
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 Statuters, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Contraction. PORC PORC PERMIT CONDITIONS: I. Performance: II. Monitoring: As required by Rule 1.961. Other: Subsurface system operator required? Yes No If yes, see attached sheet for additional operation conditions, maintenance and reporting. PWR L Following are the specifications for the sewage disposal system on the above capioned property.	Type of Water Supply:	☐ Community 🔀 Public ☐ Well [
PERMIT CONDITIONS: I. Performance: II. Maintenance: System shall perform in accordance with Rule .1961. II. Maintenance: Suburface yes eartached sheet for additional operation conditions, maintenance and reporting. IV. Operation: V. Operation: D. Box Pump Alorm H20Line PWRL Following are the specifications for the sewage disposal system on the above captioned property.						
PERNIT CONDITIONS: I. Performance: II. Monitoring: III. Maintenance: III. Maintenance: V. Operation: V. Operation: V. Operation: V. Operation: D-Box Pump Alorm H20Line PWRL Following are the specifications for the sewage disposal system on the above captioned property.	(In accordance with Ta	ble V a)	Owner must contact Health Dep	artment 6 months prior to	expiration for permit r	enewal.
PERMIT CONDITIONS: L. Performance: System shall perform in accordance with Rule .1961. II. Monitoring: As required by Rule .1961. Other: Subsurface system operator required? Yes No	This system has been install	ed in compliance with applicable North Carolina General Statute	s, Rules for Sewage Treatment and Dis	osal, and all conditions of the In	nprovement Permit and Const	ruction Authorization.
PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule .1961. II. Monitoring: 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: D-Box Pump Alarm H20Line PWR L Following are the specifications for the sewage disposal system on the above captioned property.		MEM D-BA.		o Porc		
Performance: System shall perform in accordance with Rule .1961. Monitoring: As required by Rule .1961. Other:		NICK WCT	ean RD			
II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other: Subsurface system operator required? Yes If yes, see attached sheet for additional operation conditions, maintenance and reporting. V. Other: D-Box Pump Alarm H20Line PWR L Following are the specifications for the sewage disposal system on the above captioned property.	DEDMIT COMPUTIONS					
III. Monitoring: As required by Rule .1961. Other:		System shall perform in accordance with Rule .19	961.			
Subsurface system operator required? Yes No If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: V. Other: D-Box Pump Alarm H20Line PWR L Following are the specifications for the sewage disposal system on the above captioned property.		- 10 (
If yes, see attached sheet for additional operation conditions, maintenance and reporting. V. Other: D-Box D Pump D Alarm D H20Line PWR L Following are the specifications for the sewage disposal system on the above captioned property.	III. Maintenance:					
V. Other: D-Box D Pump D Alarm H20Line D PWR L Following are the specifications for the sewage disposal system on the above captioned property.				roporting		
V. Other: D-Box D-Box Pump D-Box Alarm H20Line D-Box PWR L Following are the specifications for the sewage disposal system on the above captioned property.	IV. Operation:		at .			
Following are the specifications for the sewage disposal system on the above captioned property.	V. Other:					
Following are the specifications for the sewage disposal system on the above captioned property.		D-Box D Pump D	□ Alarm		H20Line □	PWR Lin
		ifications for the sewage disposal system on the al	pove captioned property.			
Type of system: Conventional Other Septic Tank: 1000 gallons Pump Tank: gallon	* *					
Subsurface No. of exact length width of depth of Drainage Field ditches feet ditches inches						
Drainage Field ditches of each ditch feet ditches inches inches inches inches				utrues	ieer ditches _	males
Authorized State Agent Date 4 29 14					ula lu	