HTE# 11-5-25-990 Harn	ett County Department of Public Health	
PERMIT # 26325	Operation Permit	21825
	☐ New Installation ☐ Septic Tank ☐ Nitrification Line ☐	Repair   Expansion
Λ i C	PROPERTY LOCATION: 014 W 921	
	ameron SUBDIVISION	LOT #
System Installer: ムシャーソントル・ウヒ Basement with plumbing: □ Garage □ Number of	Registration #	
Type of Water Supply:   Community Public	Well Distance from well feet	
System Type:	Types V and VI Systems expire in 5 years.  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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PERMIT CONDITIONS:		
<ol> <li>Performance: System shall perform in accordance</li> <li>Monitoring: As required by Rule .1961.</li> </ol>	with Rule .1961.	
III. Maintenance: As required by Rule .1961. Other:		and the second
Subsurface system operator required	d? Yes □ No ☑ tional operation conditions, maintenance and reporting.	
IV. Operation:	ional operation conditions, mannernance and reporting.	
V. Other:		
□ D-Box □	Pump □ Alarm □ H20Line □	PWR Line
Following are the specifications for the sewage disposal syst	tem on the above captioned property.	
Type of system: Conventional Other	CCCA:ps Septic Tank: \( \sqrt{OOO} \) gallons Pump Tan	k: gallons
Subsurface No. of Drainage Field ditches	exact length of width of depth of of each ditch 90 feet ditches ditches	
French Drain Required: Linear f		
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