No. 26416

| marriett county bepartment of rubite meanti |
|---|
| PERMIT # SED 2105 - 0007 Operation Permit |
| New Installation & Septic Tank M Nitrification Line Repair Expansion |
| PROPERTY LOCATION: 250 GOUTTENSIDE DE (SR 1116) |
| Name: (owner) Mchee Homes SUBDIVISION Oakment LOT # 63 |
| System Installer: GAINET Septic Registration # |
| Basement with plumbing: Garage Number of Bedrooms 5 |
| Type of Water Supply: Community Public Well Distance from well |
| System Type: Types V and VI Systems expire in 5 years. (In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal. |
| (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. |
| |
| System Installed properly on |
| 2-16-22. |
| Wooded Will release O. P. after Pump |
| Wooded Will release O. P. after Pump |
| |
| |
| |
| FUTUR |
| (0,00) (18, 69, 69) |
| repoir () () () () () () () () () (|
| Area! !!! |
| |
| 12' 45' |
| 7/12' |
| 54' |
| 51' 501 |
| House 24 |
| |
| CIP "31 / 1/2 (CIP |
| DEBMIT CONDITIONS |
| I. Performance: System shall perform in accordance with Rule .1961. Country side > II. Monitoring: As required by Rule .1961. |
| II. Monitoring: As required by Rule .1961. III. Maintenance: As required by Rule .1961. Other: |
| Subsurface system operator required? Yes \(\substact \) No \(\substact \) |
| If yes, see attached sheet for additional operation conditions, maintenance and reporting. |
| IV. Operation: |
| V. Other: |
| |
| |
| Following are the specifications for the sewage disposal system on the above captioned property. Type of system: Conventional Other 252 reduction (IQ4) Septic Tank: 1250 gallons Pump Tank: 100 gallons |
| Subsurface No. of a grant length a width of depth of |
| Drainage Field ditches of each ditch feet ditches feet ditches inches |
| French Drain Required: Linear feet System Pung |
| M 1 / 1 2-22 2- |
| Authorized State Agent //2 / / PEHS Date 2-/6-72/ 3-23-27 |