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HTE# 055-5-13193L
PERMIT # 22547

Hartnett County Department of Public Health 19038

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: Hobson Rd

Name: (owner) Tammy Ann / Brian Albright SUBDIVISION _____ LOT # 2

System Installer: Asic Evergreen Registration # _____

Basement with plumbing: Garage Number of Bedrooms 4

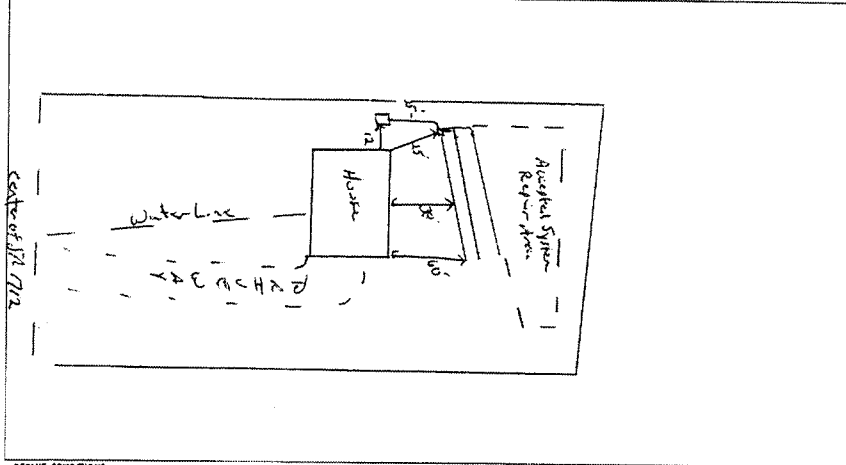
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: III G Types V and VI Systems expire in 5 years.

(In accordance with Table Y 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.



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 system on the above captioned property.

Type of system: Conventional Other EFFLOW Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
Subsurface No. of _____ exact length _____ width of _____ depth of _____
Drainage Field ditches 3 of each ditch 100 feet ditches 3 feet ditches 20 inches
French Drain Required: _____ Linear feet

Authorized State Agent: [Signature] Date 4/12/2007

