HTE#09-5-3351312

## Har t County Department of Public ealth

21369

PERMIT # 25858

Operation Permit

| operation Termit   |           |
|--|-----------|
| New Installation Septic Tank Repair Nitrification Line   | expansion |
| PROPERTY LOCATION: LASATER CO  | 0.00      |
| Name: (owner) STEPHENSON BUILDERS INC SUBDIVISION WALNUT GROVE LOT #   | 20        |
| System Installer: ADCOCK GRADING Registration #  |           |
| Basement with plumbing: Garage Number of Bedrooms 4  |           |
| Type of Water Supply:  Community Public Well Distance from well 100 feet  Types V and VI Supply: F years   |           |
| 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.                                       |           |
| owner must contact health beparation 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 | n.        |
| 2-224'   |           |
|  | 100       |
|  |           |
| c6'  |           |
|  |           |
| DITCH  |           |
| f  |           |
| REDUCTION  |           |
| O.F. DATE  |           |
| MEER 311.  |           |
|  |           |
| 360  |           |
|  |           |
| ( 67×22'   |           |
| tower.   |           |
|  |           |
| Naga &   |           |
|  |           |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   |           |
|  |           |
|  |           |
|  |           |
| PERMIT CONDITIONS:   |           |
| <ul><li>I. Performance: System shall perform in accordance with Rule .1961.</li><li>II. Monitoring: As required by Rule .1961.</li></ul>   |           |
| II. Monitoring: As required by Rule .1961.  III. Maintenance: As required by Rule .1961. Other:  |           |
| Subsurface system operator required? Yes \( \sigma \) No \( \sigma \)  |           |
| 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 EZ FLOW Septic Tank: 1000 gallons Pump Tank:   | gallons   |
| Subsurface No. of exact length width of depth of   |           |
| Drainage Field ditches of each ditch feet ditches feet ditches   | inches    |
| French Drain Required:   |           |
|  |           |
| Authorized State Agent Date 4810   |           |
| 4  | -         |