

HTE# \_\_\_\_\_

## Harris County Department of Public Health

20444

PERMIT # \_\_\_\_\_

## Operation Permit

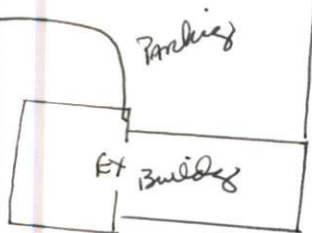
☐ New Installation
 ☐ Septic Tank
 ☒ Repair
 ☐ Nitrification Line
 ☐ Expansion
PROPERTY LOCATION: SR-1810 STEWART RDName: (owner) Foundations Bible College SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_System Installer: Gerald Temple Registration # \_\_\_\_\_Basement with plumbing: ☐ Garage ☐ Number of Bedrooms \_\_\_\_\_Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well \_\_\_\_\_ feetSystem Type: Conventional 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.

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.

SR-1810 STEWART RD

\*NEW-D-BOX  
INSTALLED.

Foundations RD

I-95

## 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 \_\_\_\_\_Subsurface No. of \_\_\_\_\_ exact length \_\_\_\_\_  
Drainage Field ditches EX of each ditch EX feetSeptic Tank: EX gallons Pump Tank: \_\_\_\_\_ gallonswidth of \_\_\_\_\_ depth of \_\_\_\_\_  
ditches EX feet ditches EX inches

French Drain Required: \_\_\_\_\_ Linear feet

Authorized State Agent

James E. MarshallDate 4-20-89