

HTE# Repair

Har t County Department of Public Health

PERMIT # 27303

Operation Permit

22568

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: Hwy 24

Name: (owner) AAMH, INC. SUBDIVISION Calvin Akin LOT # _____

System Installer: Angier Evergreen Registration # _____

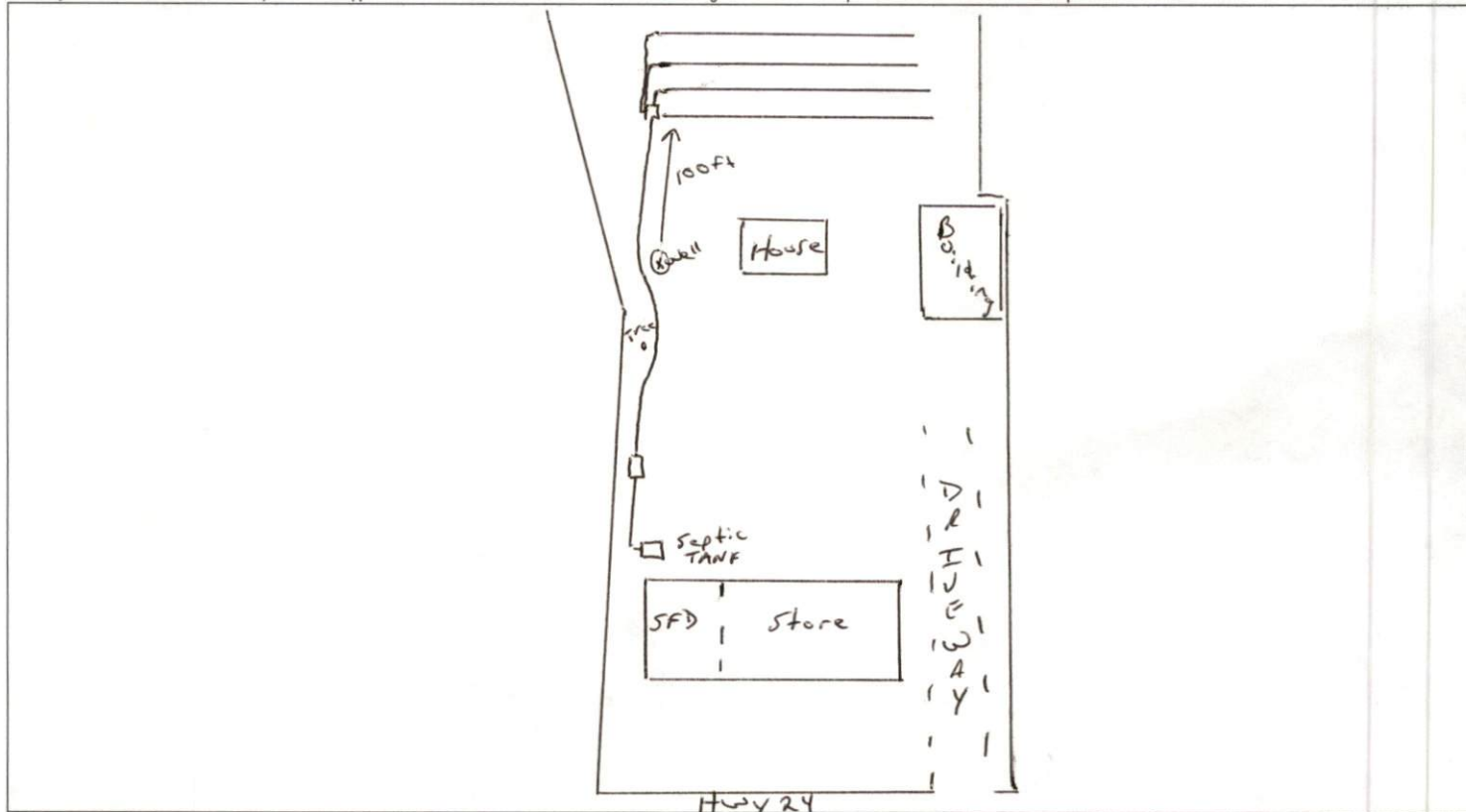
Basement with plumbing: Garage Number of Bedrooms 3

Type of Water Supply: Community Public Well Distance from well 100 feet

System Type: III b 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.



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: _____

D-Box Pump Alarm H2O Line PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: Conventional Other Up to EZ Flow Septic Tank: Existing gallons Pump Tank: 1000 gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 4 of each ditch 75 feet ditches 3 feet ditches 18-24 inches

French Drain Required: _____ Linear feet

Authorized State Agent Super McSwain RCHS Date 8/28/2017