

HTE# Tommy Lucas Repair H: tt County Department of Publ Health

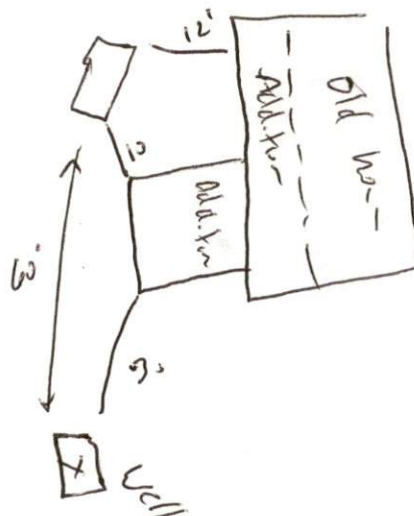
20505

PERMIT # 25214 (see 08-5-213171) Operation PermitAttempt to Repair ☐ New Installation ☒ Septic Tank ☒ Repair ☐ Nitrification Line ☐ ExpansionPROPERTY LOCATION: Dell House RdName: (owner) Tommy Lucas SUBDIVISION _____ LOT # _____System Installer: Terry Maples Registration # _____Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 3 ex-8Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well 60' feetSystem Type: Tank Replacement 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.

Replaced Tank

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 Tank Replacement Septic Tank: 1000 gallons Pump Tank: _____ gallonsSubsurface No. of Ex-8 exact length Ex-8 width of _____ depth of _____
Drainage Field ditches _____ of each ditch _____ feet ditches _____ inches

French Drain Required: _____ Linear feet

Authorized State Agent [Signature]Date 12-23-08