

HTE# 07-50016867

Har t County Department of Public Health 19424

PERMIT # 23672

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

Name: (owner) Kevin & Katherine Cox PROPERTY LOCATION: SR1111
SUBDIVISION Imperial Ranchette LOT # 44

System Installer: James Backhoe Registration # _____

Basement with plumbing: Garage Number of Bedrooms _____

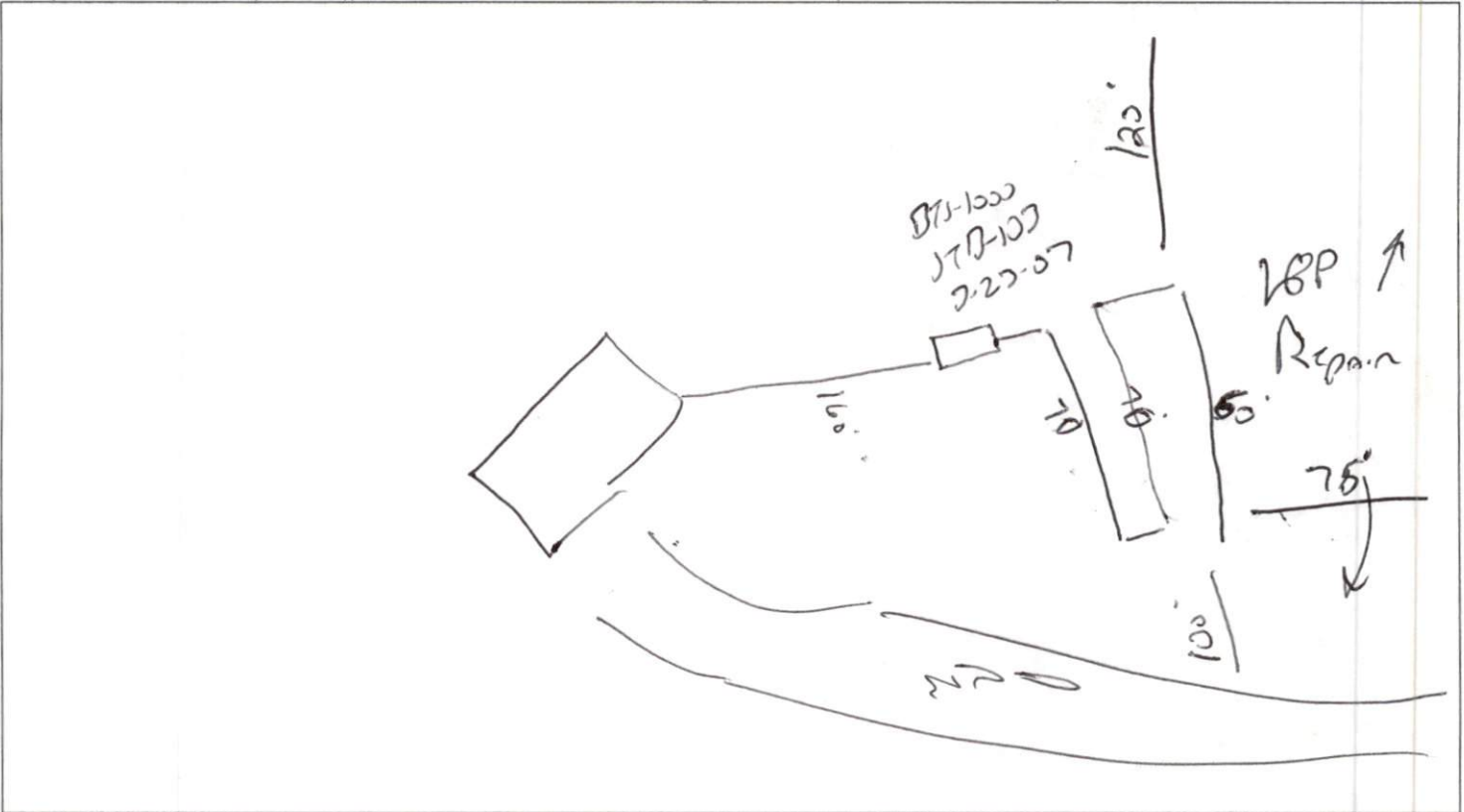
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: GRAVEL 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: _____

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

Type of system: Conventional Other _____ Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface No. of 1 exact length _____ width of _____ depth of _____
 Drainage Field ditches _____ of each ditch 200 feet ditches _____ feet ditches 1824 inches
 French Drain Required: _____ Linear feet

Authorized State Agent [Signature] Date 5-22-07