

HTE# Repair
PERMIT # 28446

Hall County Department of Public Health

23925

Operation Permit

☐ New Installation ☐ Septic Tank ☒ Nitrification Line ☒ Repair ☐ Expansion

PROPERTY LOCATION: 120 Highfield Ln.

Name: (owner) First Troy SUBDIVISION Johnny Faircloth LOT # 3

System Installer: Maple's Septic Registration # _____

Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 4

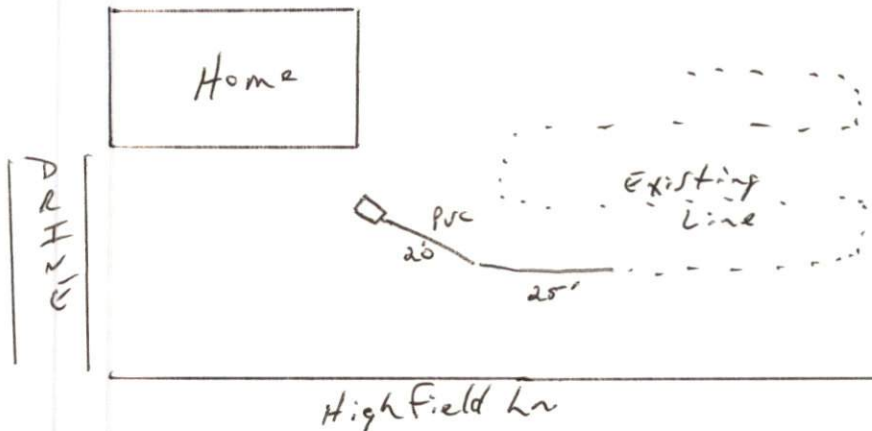
Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well _____ feet

System Type: III g 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 Quick 4 Chamber Existing Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 25 Replaced feet width of ditches 3 feet depth of ditches 18 inches

French Drain Required: _____ Linear feet

Authorized State Agent

Bryan McSwain, PEHS

Date

12/9/2015