HTE# 08-500-20840

## Ha tt County Department of Publ lealth 20406

24988

Operation Permit

PERMIT # 0 1 100	Operation remit	
	✓ New Installation ✓ Septic Tank ☐ Repair ✓ Nitrifica	tion Line    Expansion
		tion time txpansion
0-1011	PROPERTY LOCATION: Cameran Rd	
Name: (owner) Paul Phillips	SUBDIVISION	2.92 AC
System Installer: Terry maples	Registration #	2.5200
Basement with plumbing: ☐ Garage ☐ Number of Bedroom		41/5/10
System Type: Tire Chips III 8	Types V and VI Systems expire in 5 years.	5
(In accordance with Table V a)	Owner must contact Health Department 6 months prior to expiration for perm	it 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 C	onstruction Authorization.
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PERMIT CONDITIONS:	55 EDICAD TO SU	
I. Performance: System shall perform in accordance with Ru	55 ENSON & TO SELZZZ	
II. Monitoring: As required by Rule .1961.	200	
III. Maintenance: As required by Rule .1961. Other:		
Subsurface system operator required? Yes	1 No SV	
If you say attached sheet for additional one	eration conditions, maintenance and reporting.	
The second secon	ration conditions, maintenance and reporting.	
IV. Operation:		
V. Other:		-
Following are the specifications for the sewage disposal system on t		
Type of system: Conventional Other	Ch-Q Septic Tank: 1○○○ gallons Pump T	Tank: gallons
Subsurface No. of exact le	ength width of depth	of
Drainage Field ditches of each	ditch 213 feet ditches 3 feet ditches	s 18-24 inches
French Drain Required: Linear feet		
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Authorized State Agent	Date 10 21,08	