

HTE# 07-5-1747912

Har t County Department of Public Health 19478

PERMIT # 23797

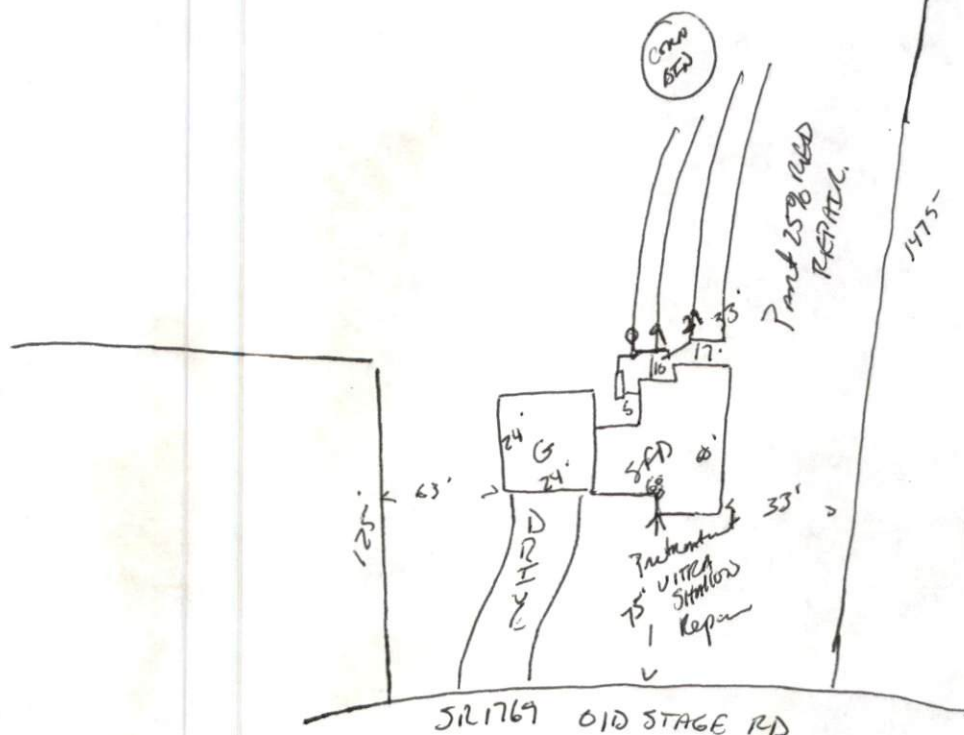
Operation Permit

☒ New Installation ☒ Septic Tank ☐ Repair ☒ Nitrification Line ☐ ExpansionPROPERTY LOCATION: SR 1769 OLD STAGE RDName: (owner) Doug Evans SUBDIVISION _____ LOT # _____System Installer: Chris Melko Registration # _____Basement with plumbing: ☐ Garage ☒ Number of Bedrooms 3Type of Water Supply: ☐ Community ☒ Public ☒ Well Distance from well 50' feetSystem Type: 25% REDUCTION System 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 25% REDUCTION System Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of

Drainage Field ditches 4 of each ditch 75' feet ditches 3 feet ditches 22 inches

French Drain Required: _____ Linear feet

Authorized State Agent

James E. MankuteDate 7-10-07