

05-5-11279R
HTE# 05-5-11280

Halifax County Department of Public Health 19748

PERMIT # 24237

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: SL 1500 BENSAN

Name: (owner) Randy C. JONES SUBDIVISION _____ LOT # _____

System Installer: OTZ'S STRICKLAND Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3 + SHOP

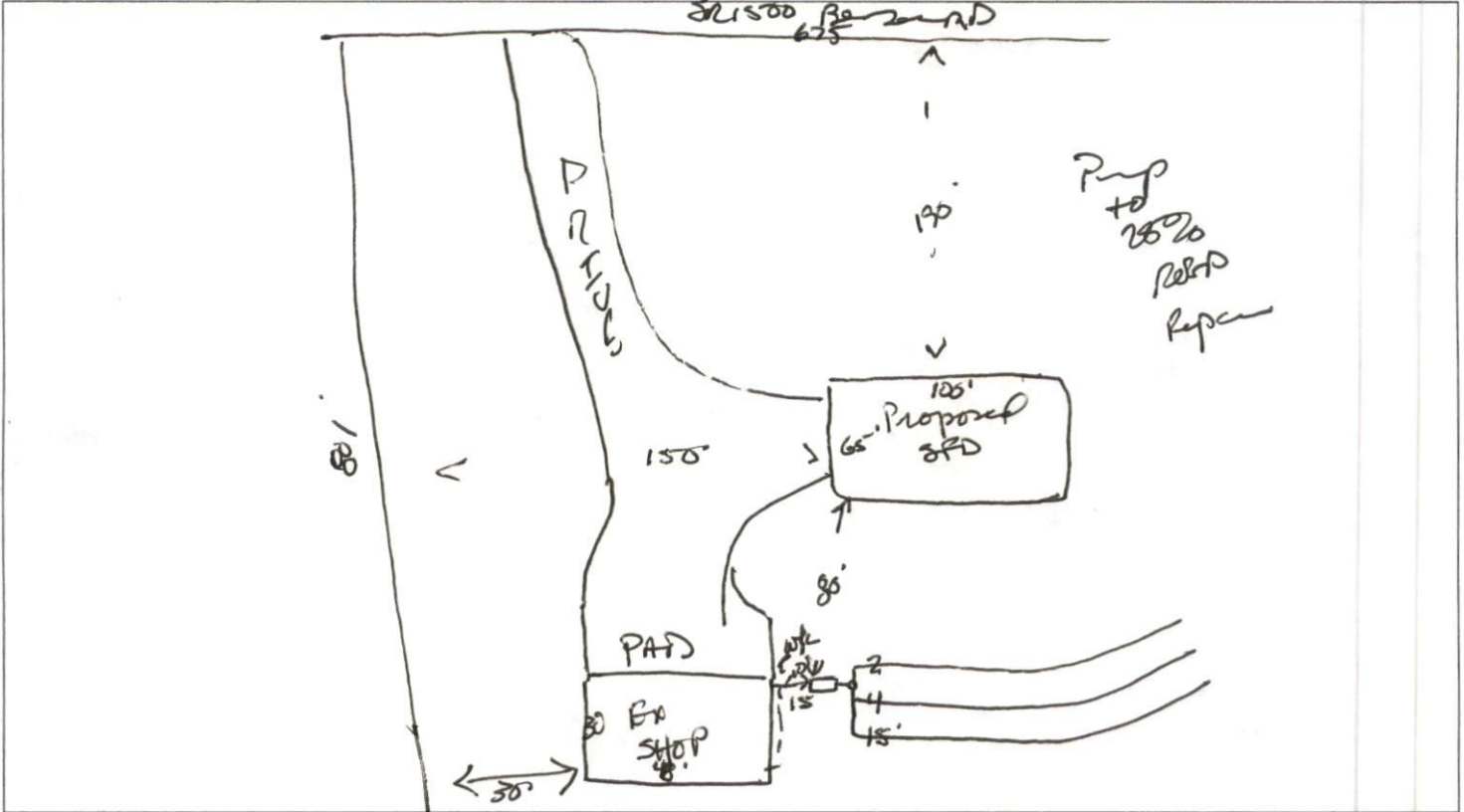
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: 25% RECOVERER Type III 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% RECOVERER system Size of tank: Septic Tank: 1200 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 3 of each ditch 100 feet ditches 3 feet ditches 24 inches

French Drain Required: _____ Linear feet

Authorized State Agent James E. Manly Jr Date 10-17-07