

PERMIT # _____

Operation Permit

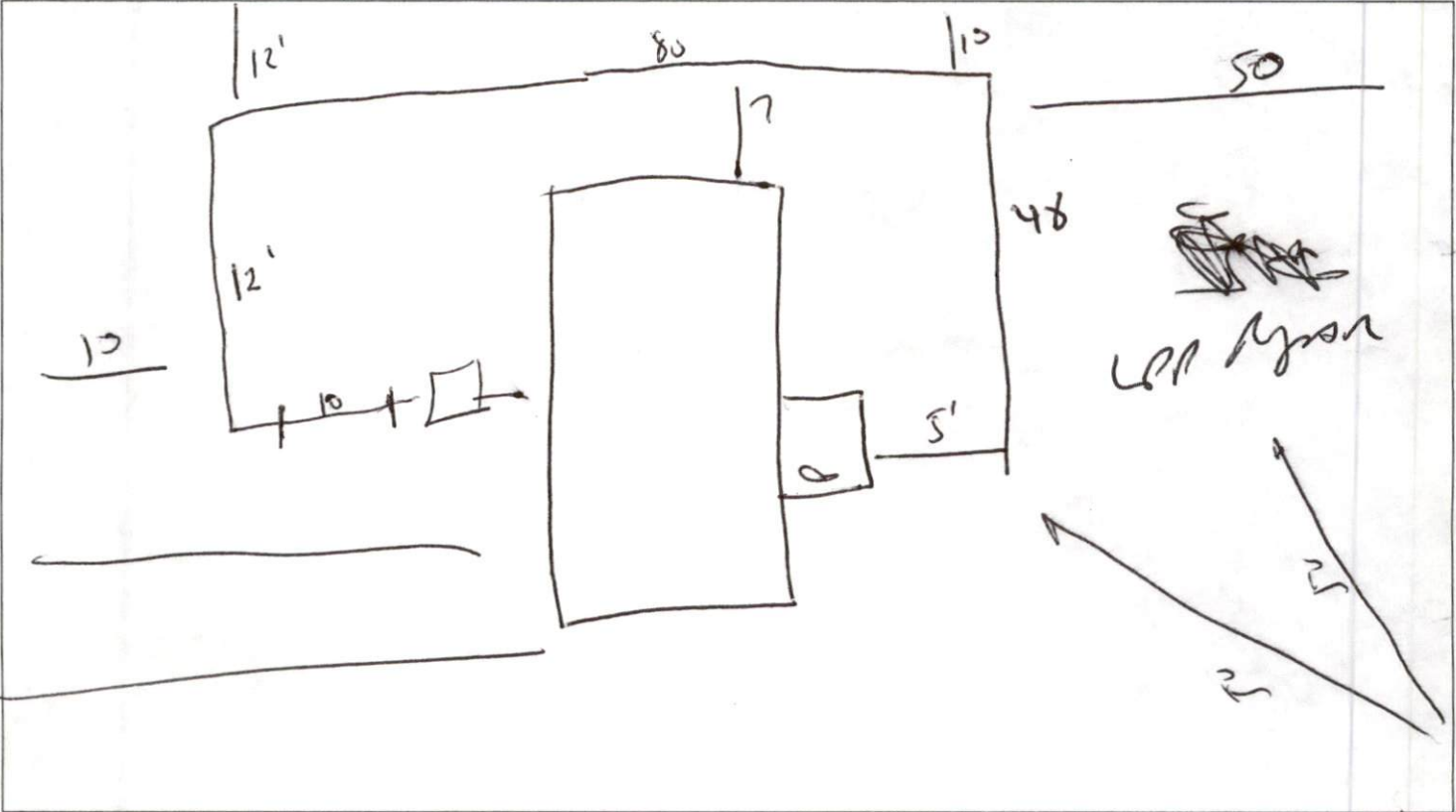
New Installation Septic Tank Repair Nitrification Line Expansion

Name: (owner) CAVINES PROPERTY LOCATION: 1125
 System Installer: DC CARTER SUBDIVISION Woodburn LOT # 143
 Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3
 Type of Water Supply: Community Public Well Distance from well 5 feet

System Type: Infiltrator 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 Quick 4 Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface No. of exact length width of depth of
 Drainage Field ditches 1 of each ditch 150 feet ditches 7 feet ditches 8.21 inches
 French Drain Required: _____ Linear feet

Authorized State Agent J. L. [Signature] Date 3-27-07