

HTE# 06-5-15863822

Hamilton County Department of Public Health

20801

PERMIT # 24538

Operation Permit

(Share McLeod)

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: 401

Name: (owner) BILLINGS CONST. INC SUBDIVISION MILL BRANCH LOT # 17

System Installer: ANGIER EVERGREEN Registration # _____

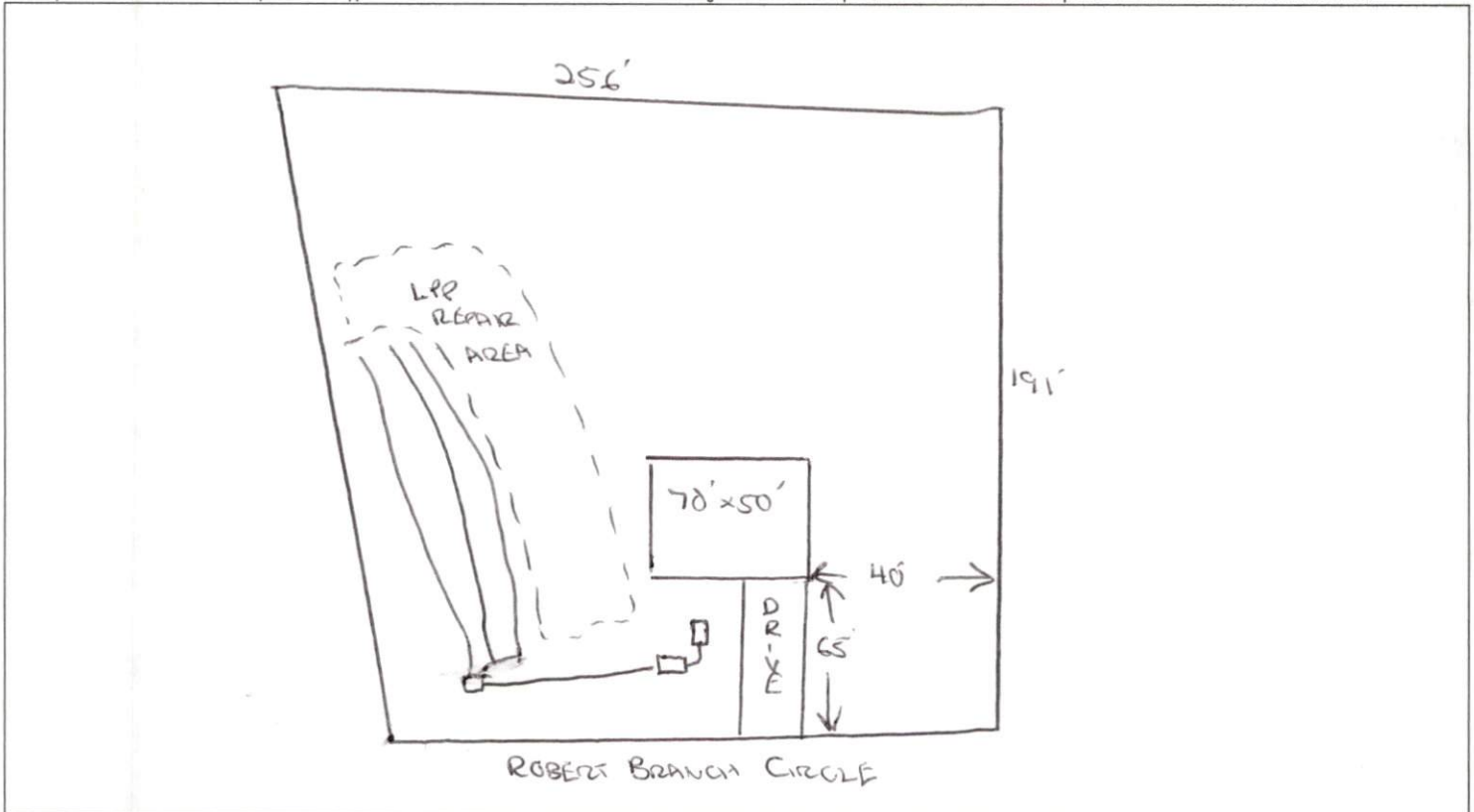
Basement with plumbing: Garage Number of Bedrooms 3

Type of Water Supply: Community Public Well Distance from well 100 feet

System Type: IID 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: TANK + LINES CHECKED BY OS . PUMP + ALARM STILL TO BE CHECKED

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: Conventional Other PUMP TO EZ FLOW Septic Tank: 1000 gallons Pump Tank: 1000 gallons
 Subsurface No. of _____ exact length _____ width of _____ depth of _____
 Drainage Field ditches 3 of each ditch 100 feet ditches 3 feet ditches 12 inches
 French Drain Required: _____ Linear feet

Authorized State Agent Jan McLeod Date 9/10/2009