

HTE# 06-500-15939

# Halifax County Department of Public Health 19995

PERMIT # 23399

## Operation Permit

New Installation  Septic Tank  Repair  Nitrification Line  Expansion

PROPERTY LOCATION: DCIM

Name: (owner) AOK

SUBDIVISION Colonial Hills

LOT # 24

System Installer: O. Strickland

Registration # \_\_\_\_\_

Basement with plumbing:  Garage  Number of Bedrooms 2

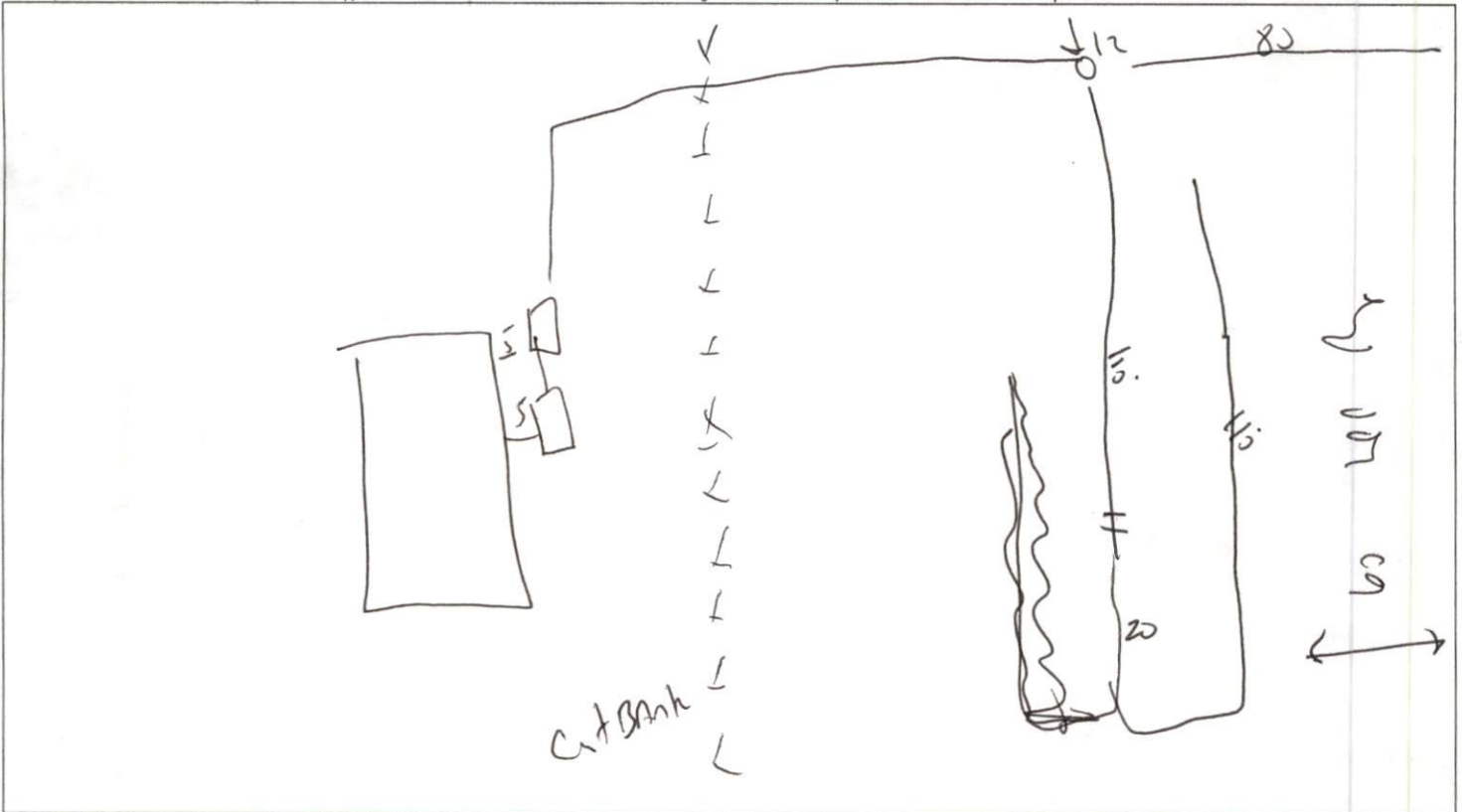
Type of Water Supply:  Community  Public  Well Distance from well 50 feet

System Type: Pump to C-2 Flow 115 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 Pump to C-2 Flow Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons  
 Subsurface No. of exact length width of depth of  
 Drainage Field ditches 1 of each ditch 240 feet ditches 3 feet ditches 18 inches  
 French Drain Required: \_\_\_\_\_ Linear feet

Authorized State Agent [Signature] Date 05-09-08