

HTE# 0650015992RN

Haywood County Department of Public Health 19445

PERMIT # 23694

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: 1125

Name: (owner) CAVINESS SUBDIVISION FOREST OAK LOT # 3

System Installer: DC CARTER Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

7-29-07

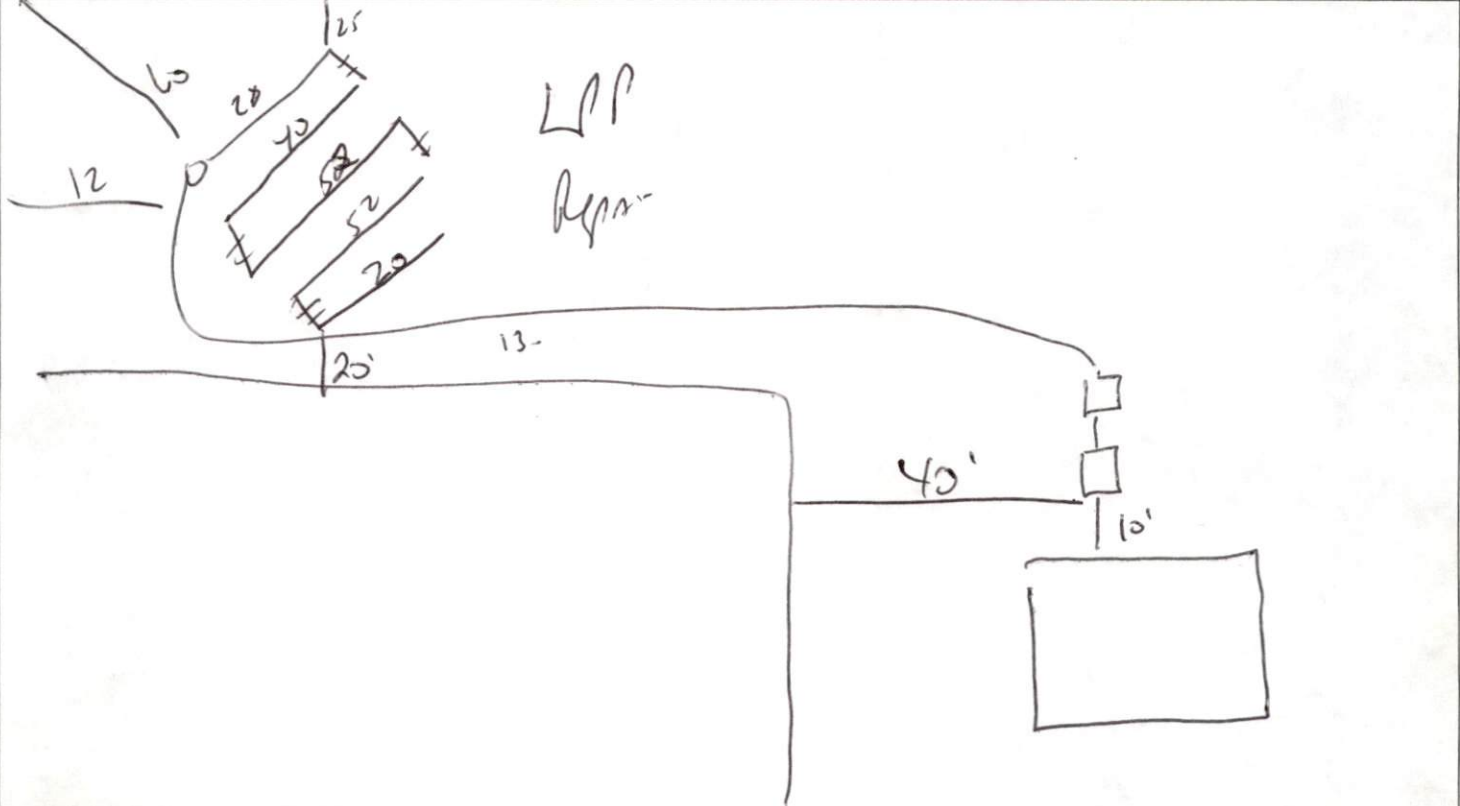
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: Pump To Chamber 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.

.31407

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 Pumps to chamber 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 180 feet ditches 2 feet ditches 18-24 inches
 French Drain Required: _____ Linear feet

Authorized State Agent [Signature] Date 09-21-07