HTE# 07-50016522

PERMIT # 23609

Ha tt County Department of Public Health 19305

Operation Permit

☒ New Installation ☒ Septic Tank ☐ Repair ☒ Nitrification Line ☐ Expansion

PROPERTY LOCATION: 1141

Name: (owner) Caviness & Cates SUBDIVISION The Summit LOT # 115

System Installer: DC Carter Registration # _____

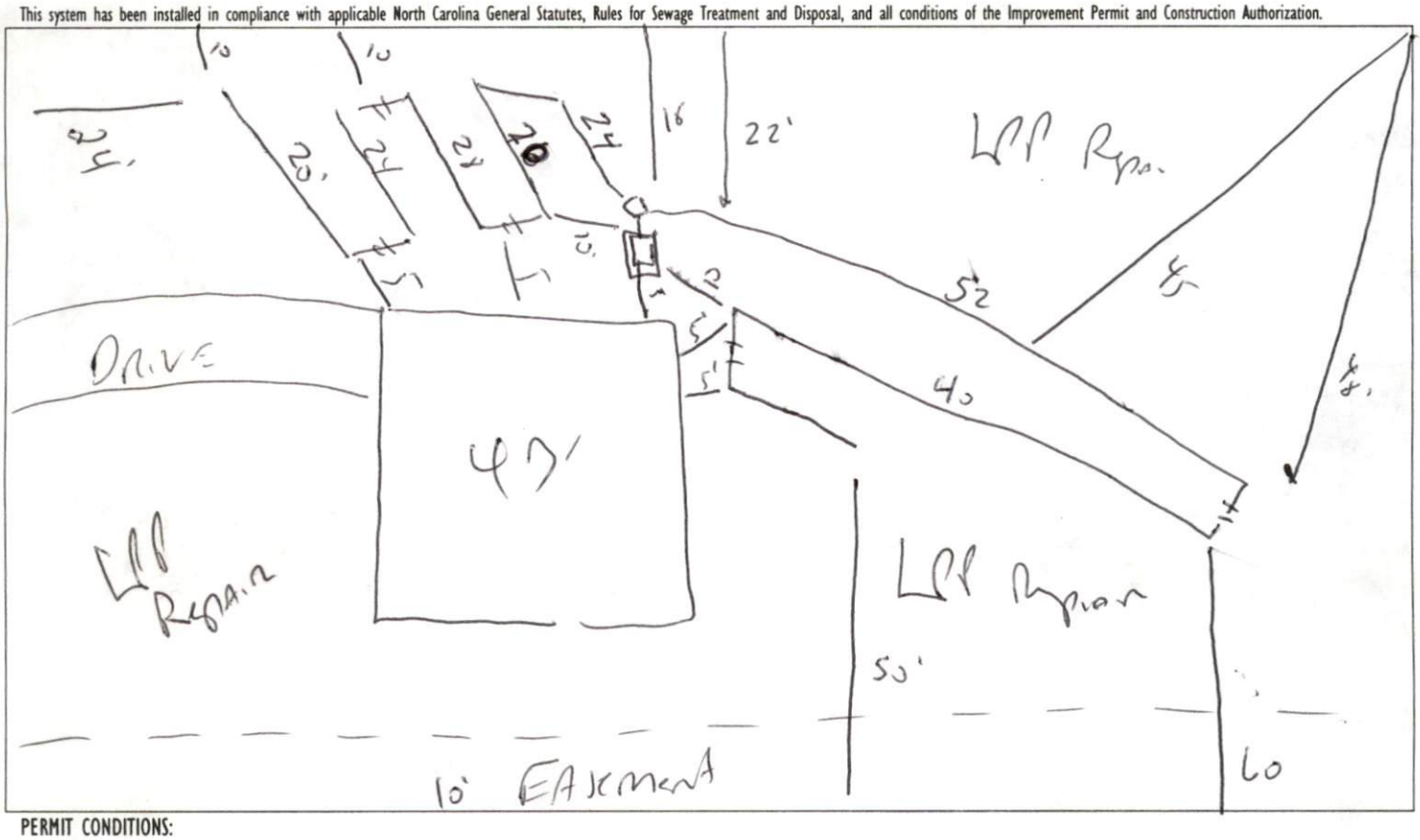
Basement with plumbing: ☐ Garage ☒ Number of Bedrooms 4

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

System Type: Graf Tester Quick 4 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 Quick 4 Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field: No. of ditches 2 exact length of each ditch 105 feet width of ditches 3 feet depth of ditches 18-30 inches

French Drain Required: _____ Linear feet

Authorized State Agent [signature] Date 4.27.07