

HTE# 08-5-19285

Hett County Department of Public Health

20107

PERMIT # 24553

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: SR 1709

Name: (owner) Brian & Amanda Strickland SUBDIVISION _____ LOT # 1A

System Installer: Brian Strickland Registration # _____

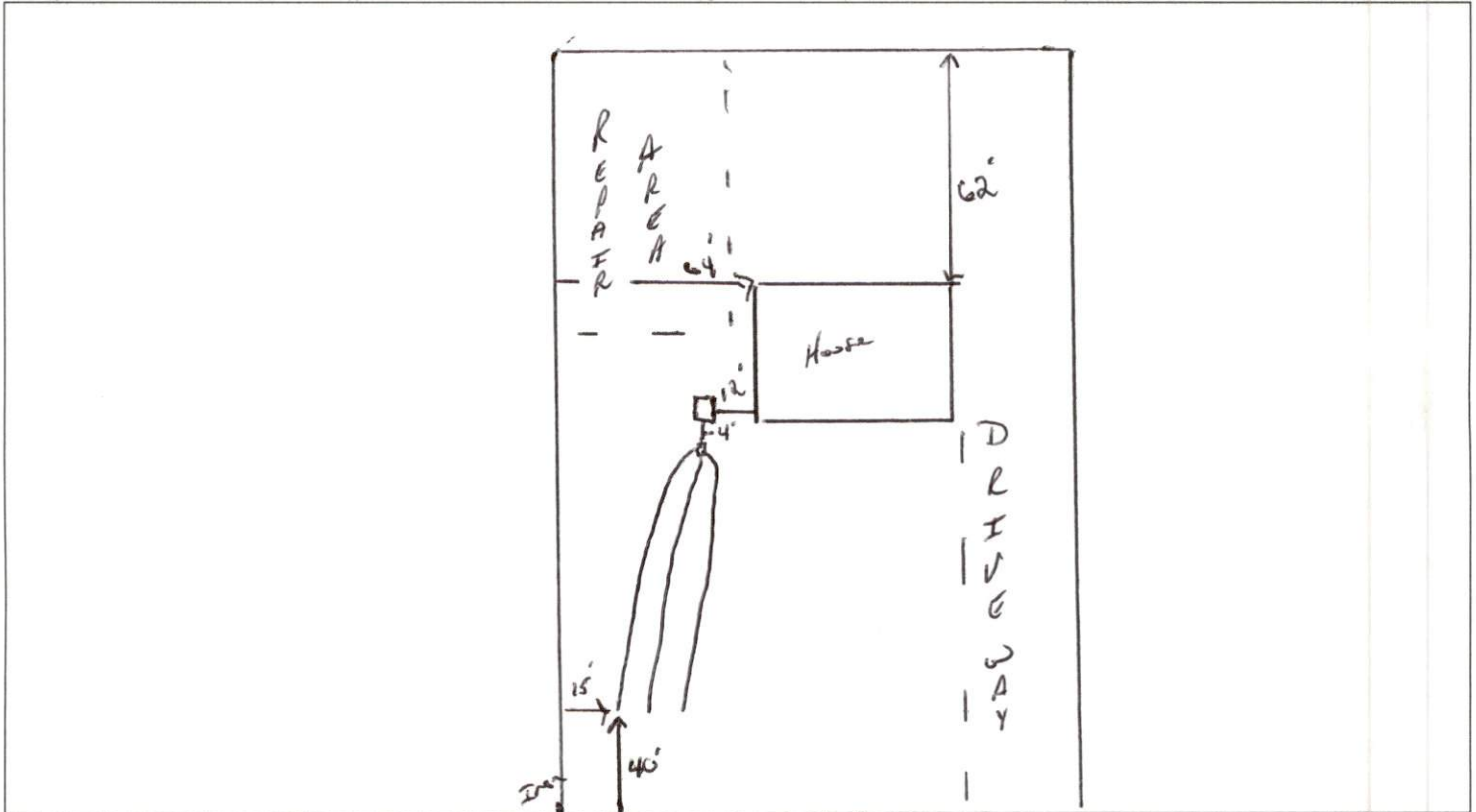
Basement with plumbing: Garage Number of Bedrooms 3

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

System Type: IIA 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 _____ Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface No. of 3 exact length 100 feet width of 3 feet depth of 24 inches
 Drainage Field ditches of each ditch _____ feet ditches _____ inches
 French Drain Required: _____ Linear feet

Authorized State Agent: Bryan McLean R.S. Date: 9/30/2008