

HTE# 09-5-22026

# Halifax County Department of Public Health

20708

PERMIT # 25475

## Operation Permit

New Installation  Septic Tank  Repair  Nitrification Line  Expansion

PROPERTY LOCATION: 27 West

Name: (owner) Angie Narron

SUBDIVISION Celiahann

LOT # \_\_\_\_\_

System Installer: Elvis Faircloth

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

Basement with plumbing:  Garage  Number of Bedrooms 3

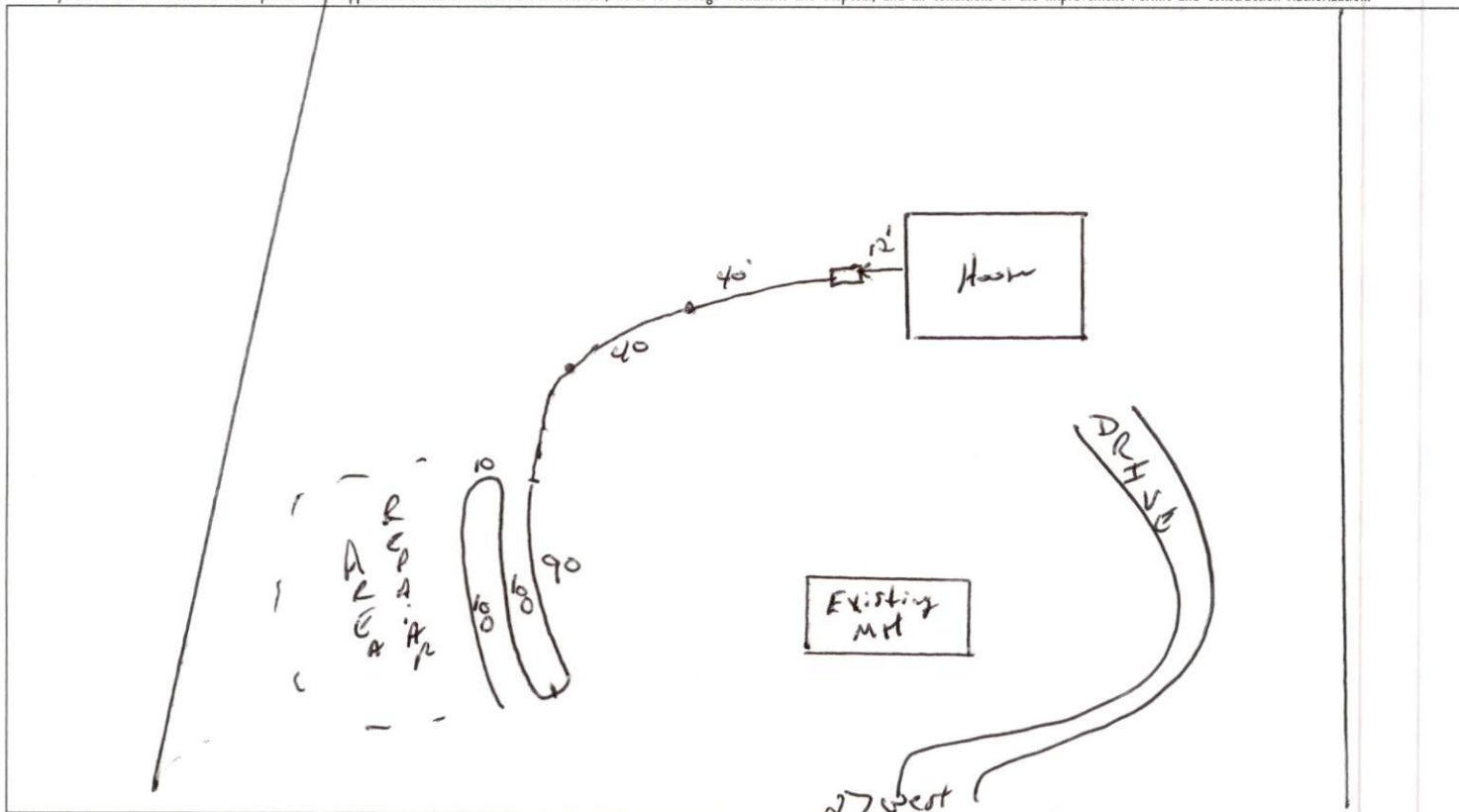
Type of Water Supply:  Community  Public  Well Distance from well \_\_\_\_\_ feet

System Type: III G 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 E2Flow Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 300 feet width of ditches 3 feet depth of ditches 18 inches

French Drain Required: \_\_\_\_\_ Linear feet

Authorized State Agent [Signature]

Date 9/15/2009