

HTE# 14-5-34944

Ha tt County Department of Publi ealth

23613

PERMIT # 28204

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 511564 Maple RD

Name: (owner) Bethany STEVENS SUBDIVISION _____ LOT # _____

System Installer: STANCOE BUILDERS Registration # _____

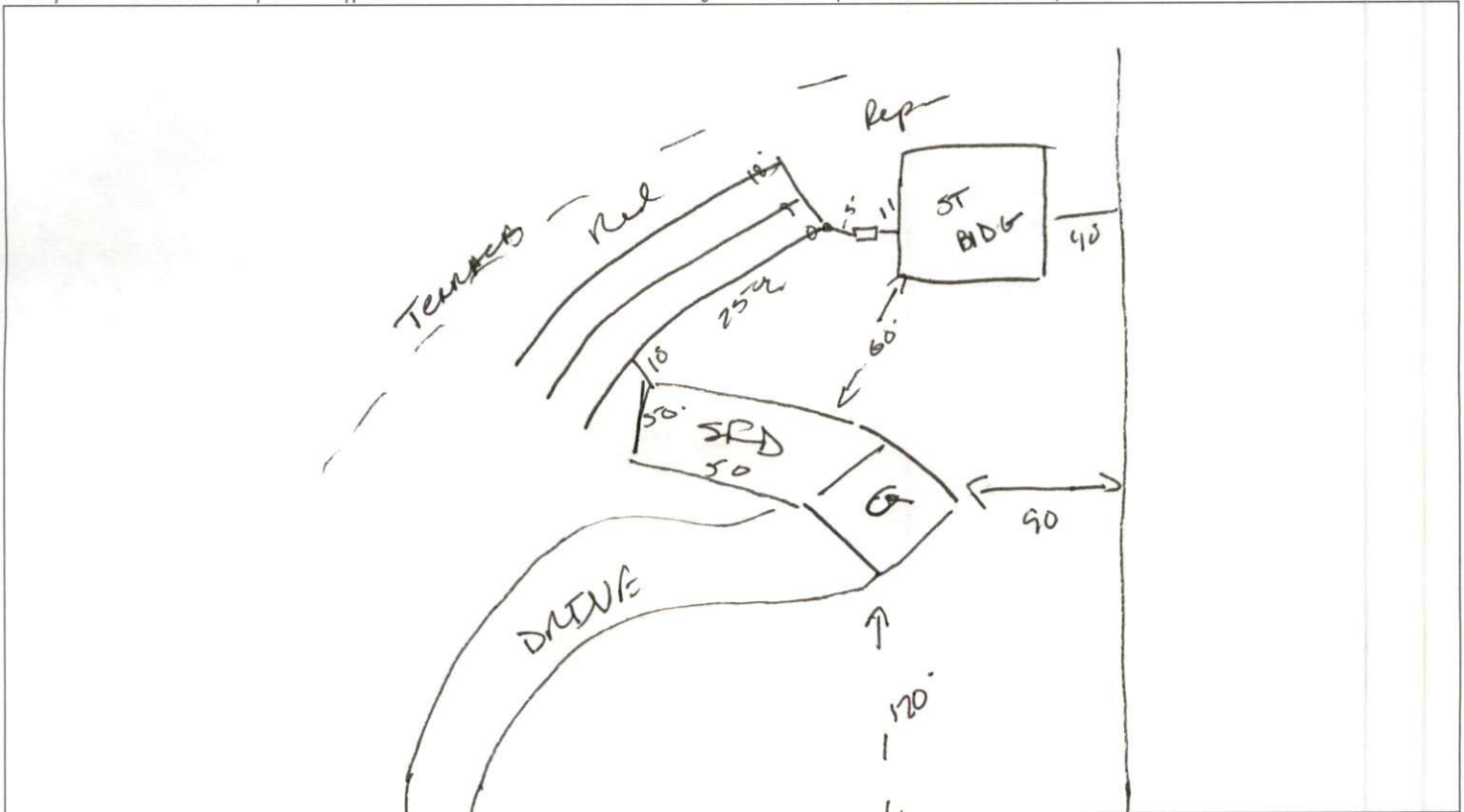
Basement with plumbing: Garage Number of Bedrooms 3

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

System Type: 25% REDUCED SYSTEM TYPE III 6 BZL 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. 511564 Maple RD

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: _____

D-Box Pump Alarm H2O Line PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: Conventional Other 25% REDUCED SYSTEM Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field: No. of ditches 3 exact length of each ditch 120 feet width of ditches 3 feet depth of ditches 24 inches

French Drain Required: _____ Linear feet

Authorized State Agent James E. Markham Date 7-6-15