

HTE# 16-5-38333C

Halifax County Department of Public Health

24354

PERMIT # 29095

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: Hwy 901

Name: (owner) Wayne + Judy Edwards SUBDIVISION _____ LOT # _____

System Installer: Jason Matthews Registration # _____

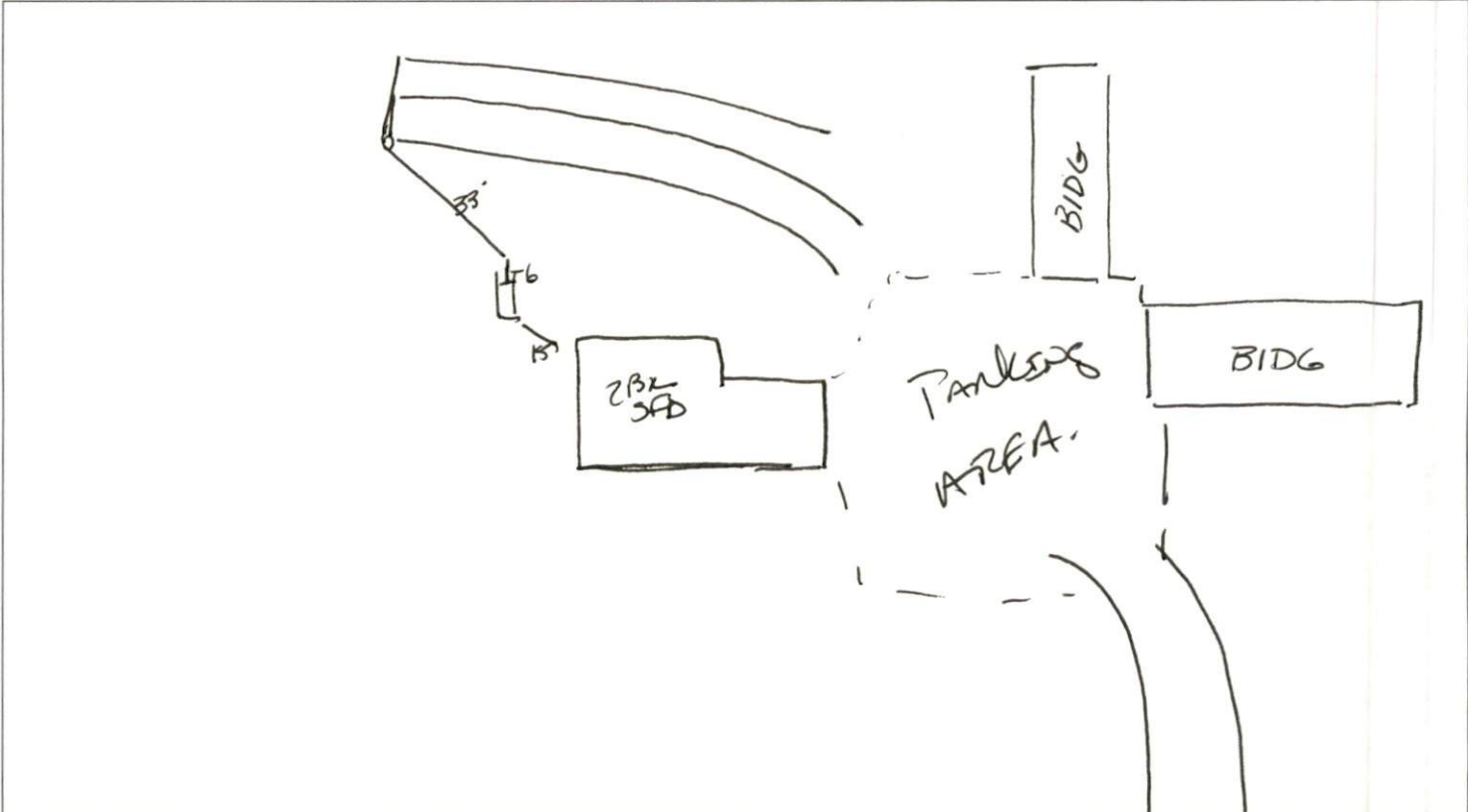
Basement with plumbing: Garage Number of Bedrooms 2

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

System Type: CONVENTIONAL 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: _____

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 _____ Septic Tank: _____ gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 80 feet width of ditches 3 feet depth of ditches 24-318 inches

French Drain Required: _____ Linear feet

Authorized State Agent James E. Matthews REHS Date 2-22-17