

HTE# PARTIAL REPAIR

Haywood County Department of Public Health 19332

PERMIT # 23888

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: MONTANA LN

Name: (owner) LONNIE D. SARGENT

SUBDIVISION SIERRA VILLA

LOT # 23

System Installer: TRIPLE AAA

Registration # _____

Basement with plumbing: Garage Number of Bedrooms 4

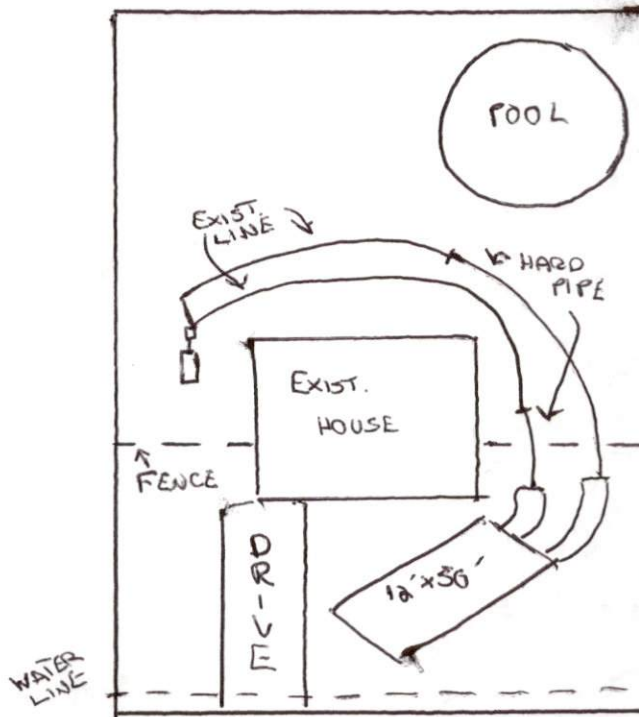
Type of Water Supply: Community Public Well Distance from well 100 feet

System Type: IIIg 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 EZLAY BED SYSTEM Size of tank: Septic Tank: EXISTING gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches BED of each ditch 12'x50' feet ditches 12 feet ditches 24 inches

French Drain Required: _____ Linear feet

Authorized State Agent _____

R/S

Date 5/24/07