

HTE# Attempt to Repair

Ha tt County Department of Publi ealth

21124

PERMIT # 25627

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: Hwy 42 Donca Junction

Name: (owner) John E. Homan SUBDIVISION _____ LOT # _____

System Installer: Tommy Coley Registration # _____

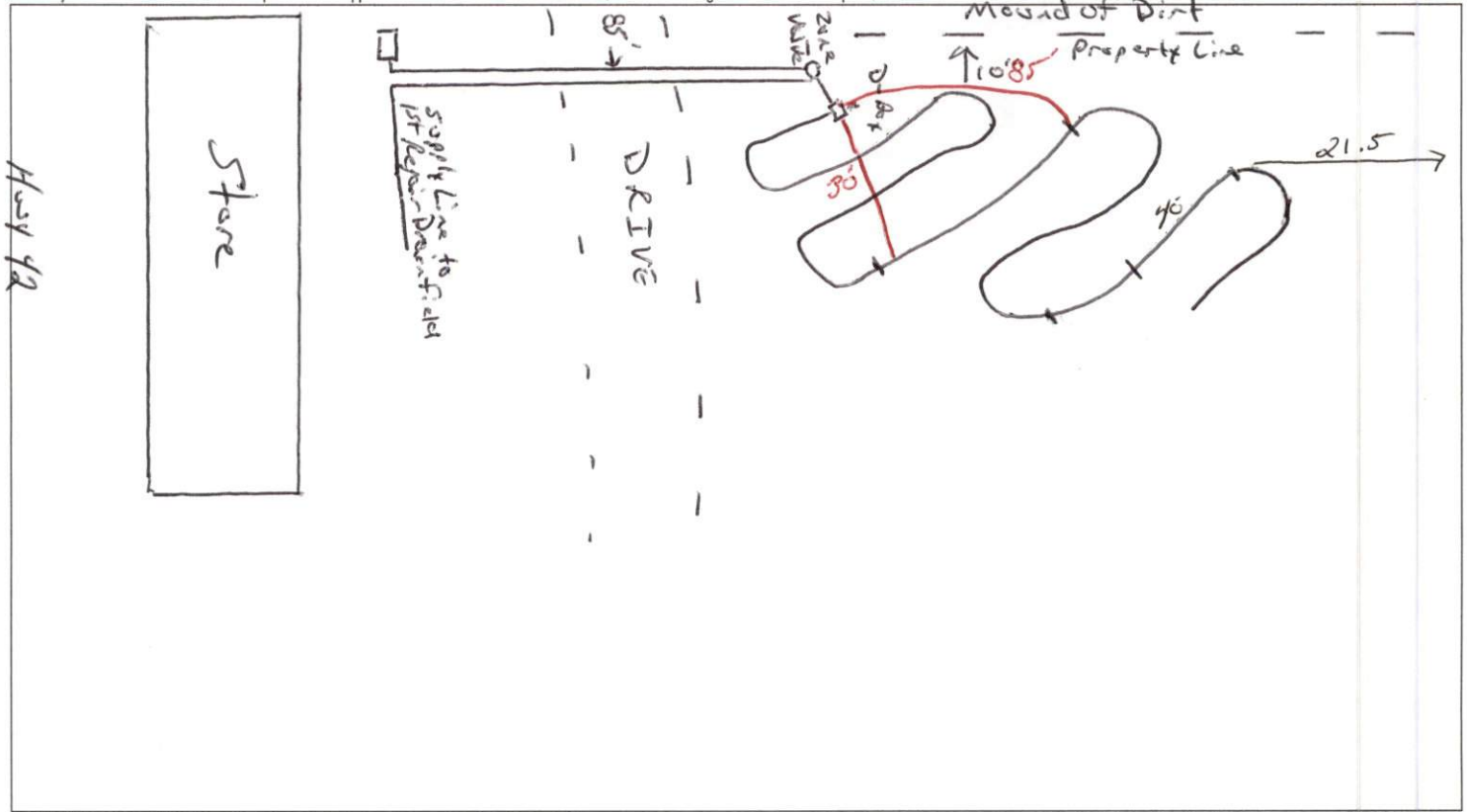
Basement with plumbing: Garage Number of Bedrooms 700 sqd

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

System Type: III B 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: * Pump & control box changed

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

Type of system: Conventional Other Pump to 2. valve to flow Septic Tank: Existing gallons Pump Tank: Existing gallons
 Subsurface No. of exact length width of depth of
 Drainage Field ditches 1 of each ditch 520 feet ditches 3 feet ditches 18 inches
 French Drain Required: _____ Linear feet

Authorized State Agent [Signature] Date 10/26/2009