

HTE# REPAIR

Ha tt County Department of Public Health

23279

PERMIT # 27647

Operation Permit

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: 12638 NCHM42

Name: (owner) JOHN HOMAN SUBDIVISION _____ LOT # _____

System Installer: KENNETH WEEKES Registration # _____

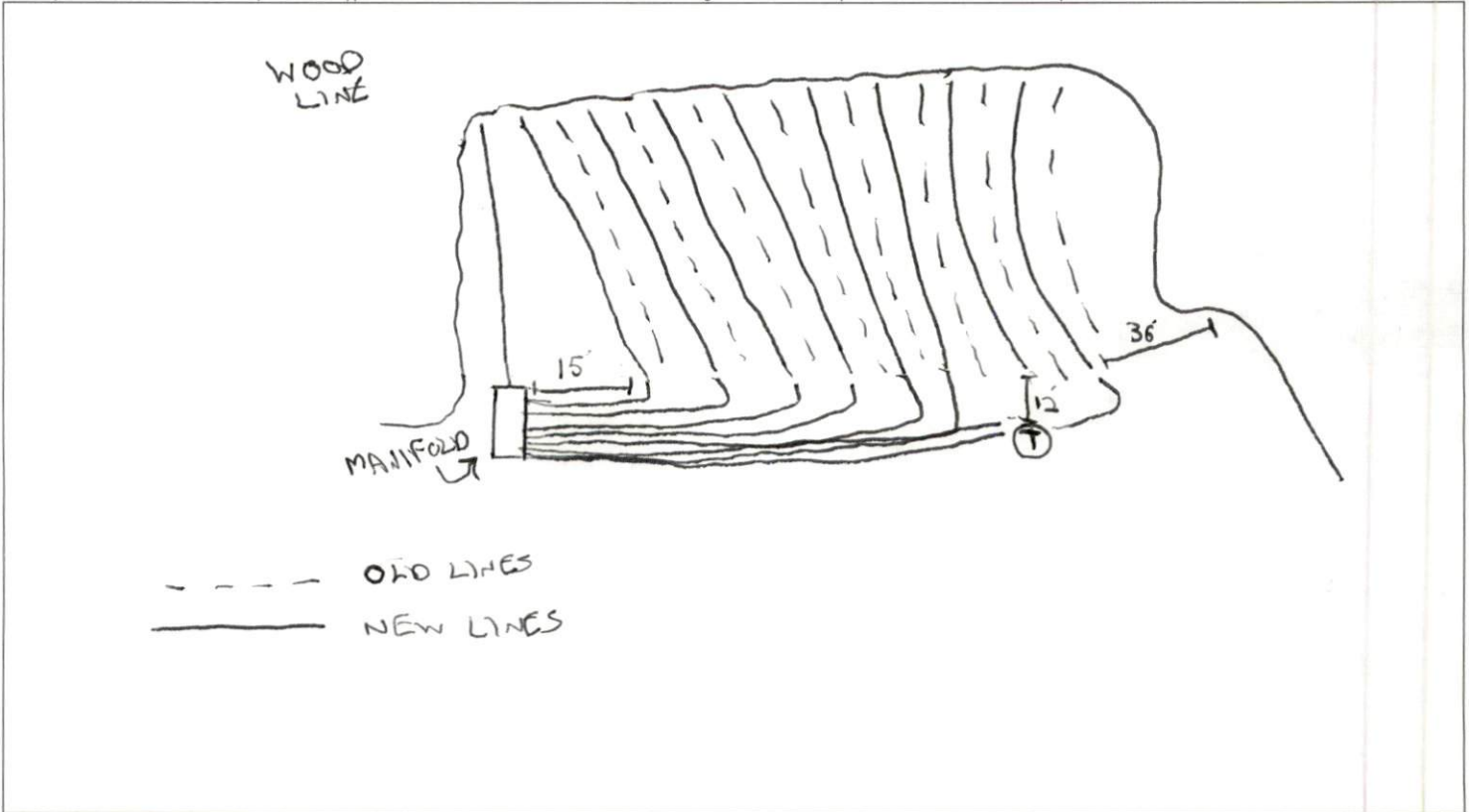
Basement with plumbing: Garage Number of Bedrooms _____

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

System Type: IIIb 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: 700 gpd flow

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: EXISTING gallons Pump Tank: EXISTING gallons

Subsurface Drainage Field No. of ditches 8 exact length of each ditch 70 feet width of ditches 3 feet depth of ditches 16-24 inches

French Drain Required: _____ Linear feet

Authorized State Agent [Signature] Date 5/8/14