

HTE# REPAIR

Hartell County Department of Public Health

PERMIT # 26927

Operation Permit

22309

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: NC27W

Name: (owner) KAREN STONE SUBDIVISION _____ LOT # _____

System Installer: OTIS STRICKLAND Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

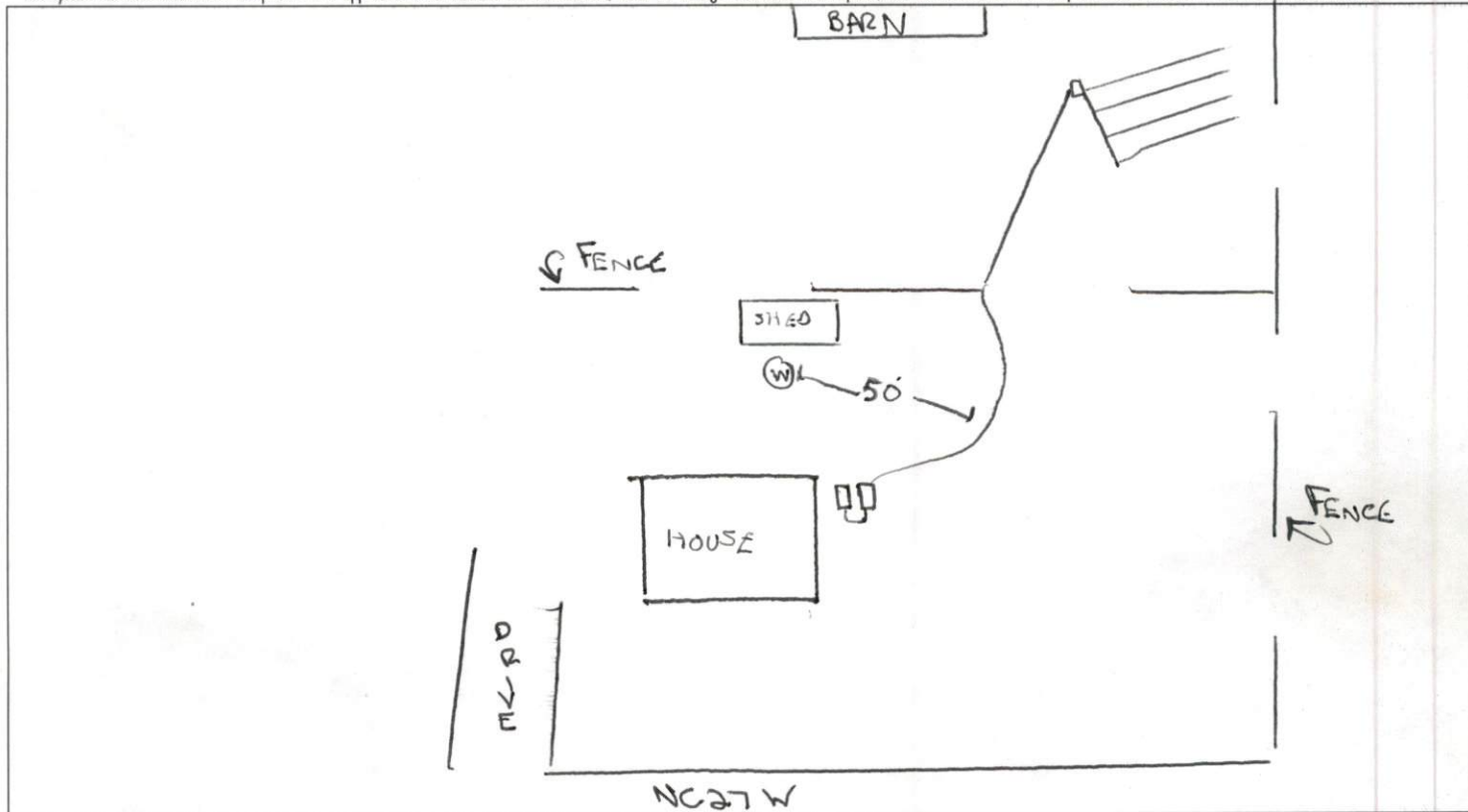
Type of Water Supply: Community Public Well Distance from well 100 feet

System Type: III 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 EZ FLOW Septic Tank: EXISTING gallons Pump Tank: 1000 gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 4 of each ditch 60 feet ditches 3 feet ditches 24 inches

French Drain Required: _____ Linear feet

Authorized State Agent _____

REHS

Date 5/3/12