

HTE# Repair

H...ett County Department of Pub... Health

20109

PERMIT # 24560

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: Hwy 27 East

Name: (owner) Sharon Brown SUBDIVISION _____ LOT # _____

System Installer: T+S Farms Registration # _____

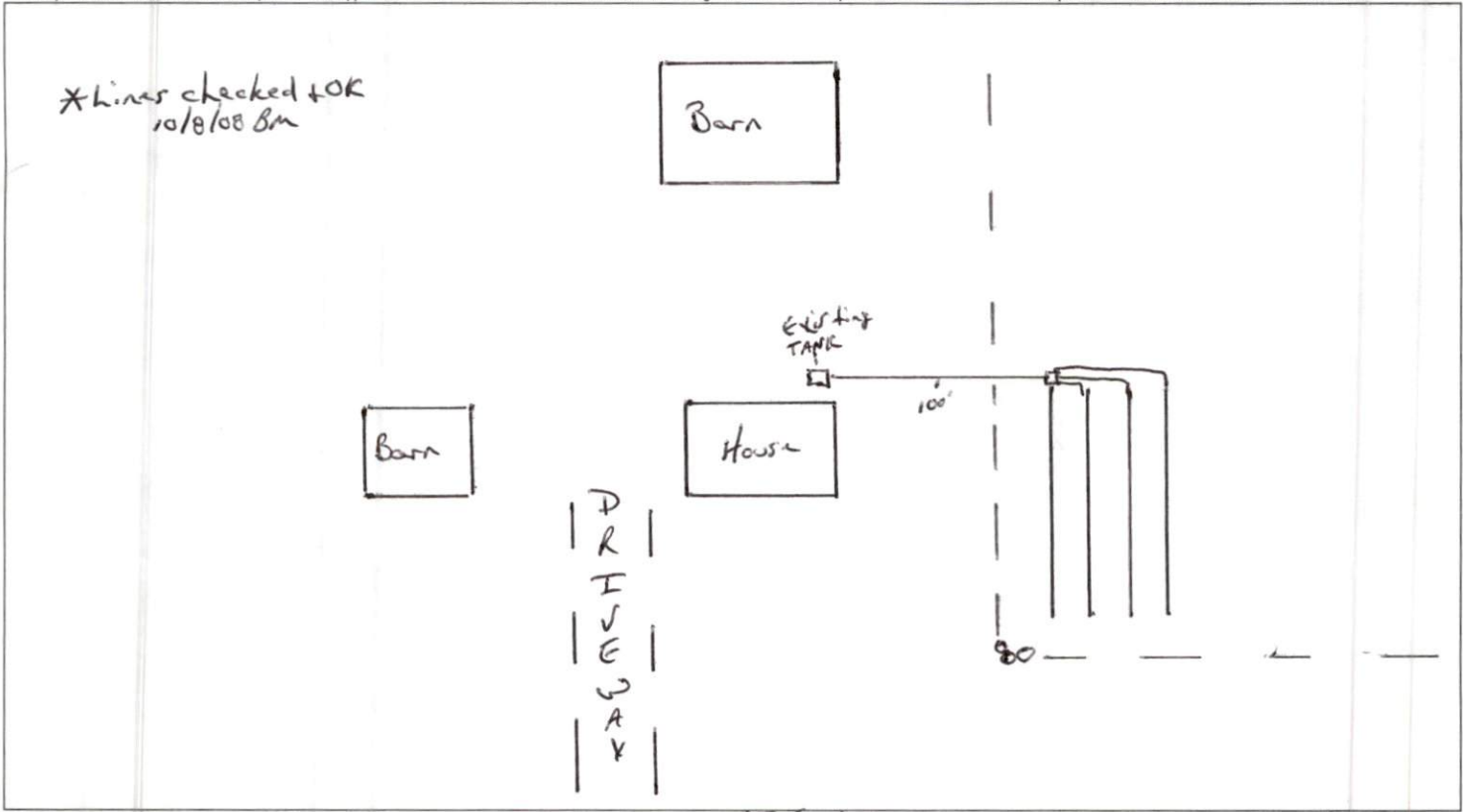
Basement with plumbing: Garage Number of Bedrooms 3

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

System Type: III G 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 EZF/ow Septic Tank: Existing gallons Pump Tank: _____ gallons
 Subsurface No. of 4 exact length 80 width of 3 depth of 18
 Drainage Field ditches _____ of each ditch _____ feet ditches _____ feet ditches _____ inches
 French Drain Required: _____ Linear feet

Authorized State Agent Bryan McQuinn Date 10/10/2009