

HTE# REPAIR

# Harris County Department of Public Health

23632

PERMIT # 23285

## Operation Permit

New Installation  Septic Tank  Nitrification Line  Repair  Expansion

PROPERTY LOCATION: 50 GILL LN

Name: (owner) MAIG GILL SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

System Installer: TOMMY COLEY Registration # \_\_\_\_\_

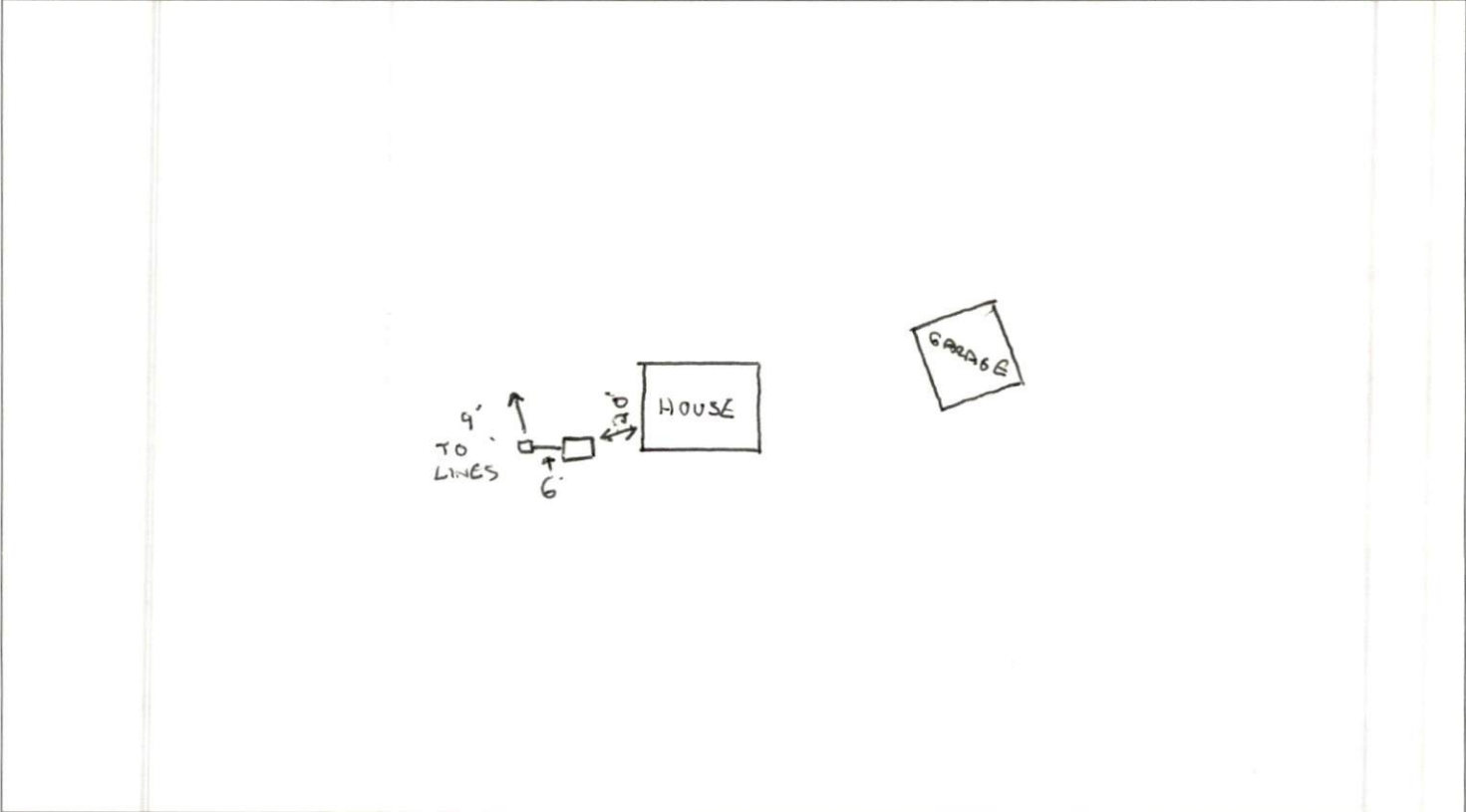
Basement with plumbing:  Garage  Number of Bedrooms 2

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

System Type: \_\_\_\_\_ 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: TANK REPLACEMENT ONLY w/ NEW D-BOX

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: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field: No. of ditches \_\_\_\_\_ exact length of each ditch \_\_\_\_\_ feet width of ditches \_\_\_\_\_ feet depth of ditches \_\_\_\_\_ inches

French Drain Required: \_\_\_\_\_ Linear feet

Authorized State Agent \_\_\_\_\_

REHS

Date 4/29/15