

HTE# \_\_\_\_\_

## Hart County Department of Public Health 19502

PERMIT # 24220

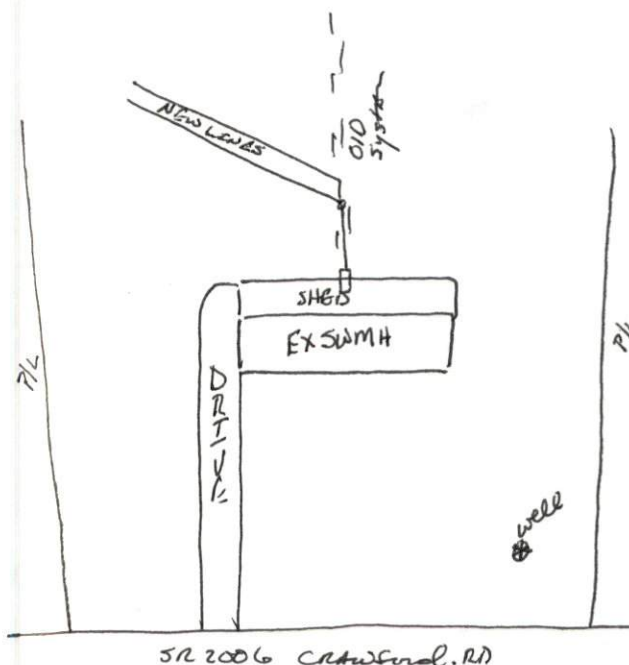
## Operation Permit

☒ New Installation ☒ Septic Tank ☒ Repair ☒ Nitrification Line ☐ ExpansionPROPERTY LOCATION: SR 2006 Crawford RDName: (owner) Agnes BAKER DOUGLAS SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_System Installer: ED HUDSON Registration # \_\_\_\_\_Basement with plumbing: ☒ Garage ☐ Number of Bedrooms 2Type of Water Supply: ☐ Community ☒ Public ☒ Well Distance from well 56 feetSystem Type: 15% REDUCTION System Type III G A2 L44 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 15% REDUCTION System Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface No. of exact length width of depth of

Drainage Field ditches 2 of each ditch 80 feet ditches 3 feet ditches 22 inchesFrench Drain Required: - Linear feet

Authorized State Agent

James C. MaxhamDate 8-22-07