

HTE# Repair

# Hamnett County Department of Public Health

23103

PERMIT # 27801

## Operation Permit

☐ New Installation ☐ Septic Tank ☒ Nitrification Line ☒ Repair ☐ Expansion

PROPERTY LOCATION: 402 Lucar Rd

Name: (owner) Jamert Carolyn Dorman SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

System Installer: Tommy Coley Registration # \_\_\_\_\_

Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 3

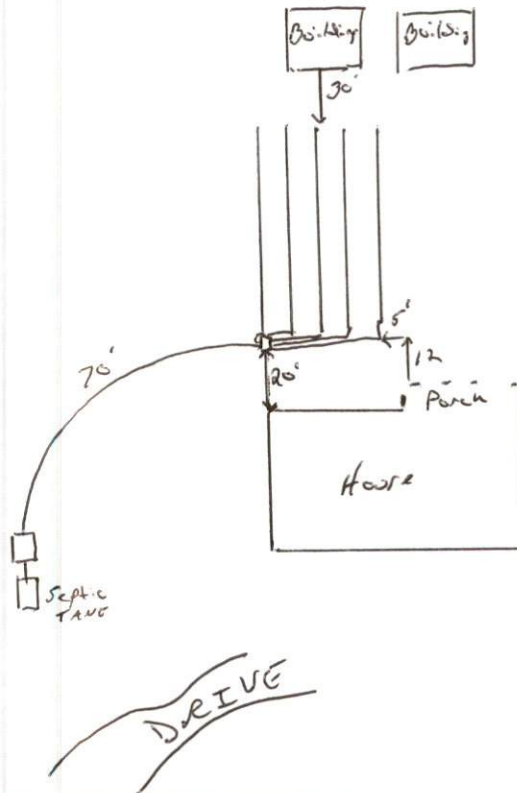
Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well \_\_\_\_\_ feet

System Type: III b 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 ump to EZ Flow Septic Tank: Existing gallons Pump Tank: 1000 gallons

Subsurface No. of exact length width of depth of  
Drainage Field ditches 5 of each ditch 60 feet ditches 3 feet ditches 18 inches

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

Authorized State Agent

REAS

Date 4/3/14