

HTE# _____

Harris County Department of Public Health

24483

PERMIT # 29090

Operation Permit

☐ New Installation ☐ Septic Tank ☒ Nitrification Line ☒ Repair ☐ Expansion
PROPERTY LOCATION: 21712 Hobson RdName: (owner) TERRY EVANS

SUBDIVISION _____

LOT # _____

System Installer: Charles Barkman

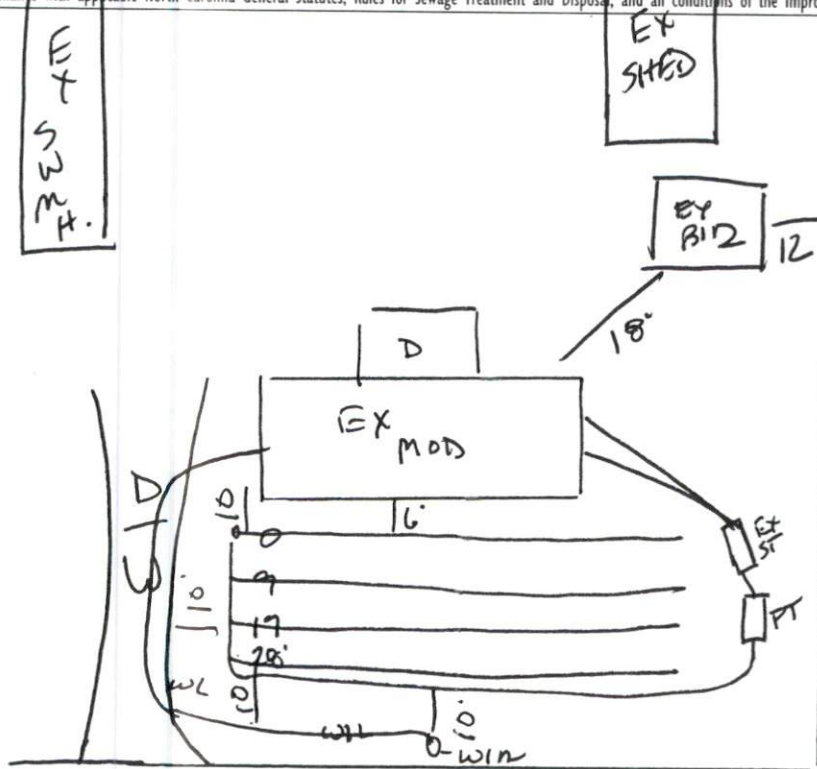
Registration # _____

Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 5Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well _____ feetSystem Type: Pump to 25% REDUCTION 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.



Troy Tanked in

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 25% REDUCTION system

Subsurface No. of exact length

Drainage Field ditches 4 of each ditch 160 feet

French Drain Required: _____ Linear feet

Septic Tank: EX gallons Pump Tank: 1500 gallons

width of depth of

ditches 3 feet ditches 30-18 inches

Authorized State Agent

James C. MarkhamDate 6-7-17