

HTE# Repair

Hallett County Department of Public Health

23441

PERMIT # 28138

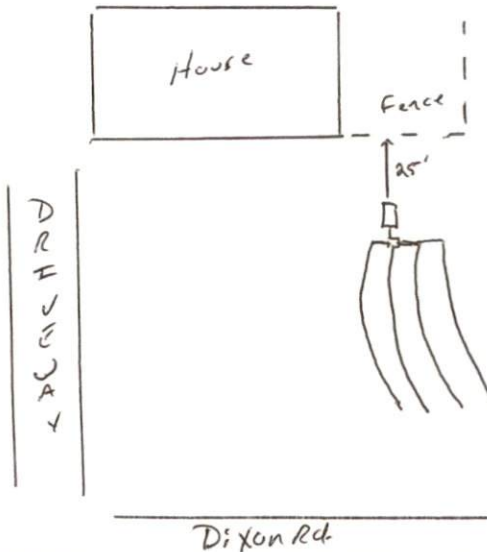
Operation Permit

☐ New Installation ☒ Septic Tank ☒ Nitrification Line ☐ Repair ☐ ExpansionPROPERTY LOCATION: 195 Dixon Rd.Name: (owner) Joseph Ferrell SUBDIVISION _____ LOT # _____System Installer: Kenneth Weeks Registration # _____Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 3Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well _____ feetSystem Type: IIIg 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 EFLOW Septic Tank: 1000 gallons Pump Tank: _____ gallonsSubsurface No. of exact length width of depth of
Drainage Field ditches 4 of each ditch 75 feet ditches 3 feet ditches 18-24 inches

French Drain Required: _____ Linear feet

Authorized State Agent Ryan McLean, RETHSDate 2/12/2015