

HTE# REPAIR

Harris County Department of Public Health

20201

PERMIT # 24944

Operation Permit

☐ New Installation ☐ Septic Tank ☒ Repair ☒ Nitrification Line ☐ ExpansionPROPERTY LOCATION: ARCHIE STName: (owner) JEFF GELZINSSUBDIVISION AND CR S/DLOT # 62System Installer: KEVIN CRATER

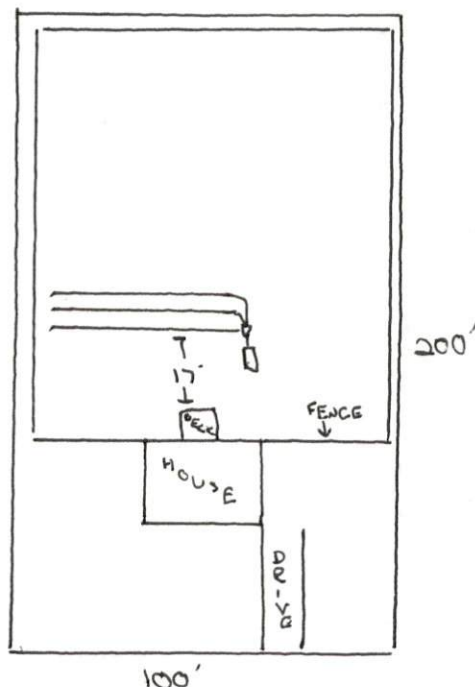
Registration # _____

Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 3Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well 100 feetSystem Type: IID 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 _____Septic Tank: EXISTING gallons Pump Tank: _____ gallonsSubsurface No. of exact length width of
Drainage Field ditches 3 of each ditch 50 feet ditches 3 feetdepth of
ditches 24 inchesFrench Drain Required: Linear feetAuthorized State Agent [Signature]Date 8/13/08