

HTE# Repair

Harris County Department of Public Health

23683

PERMIT # 28407

Operation Permit

☐ New Installation ☐ Septic Tank ☒ Nitrification Line ☒ Repair ☐ ExpansionPROPERTY LOCATION: 387 Pope Lake RdName: (owner) Ms. Jennifer Flowers

SUBDIVISION _____

LOT # _____

System Installer: Tammy Coley

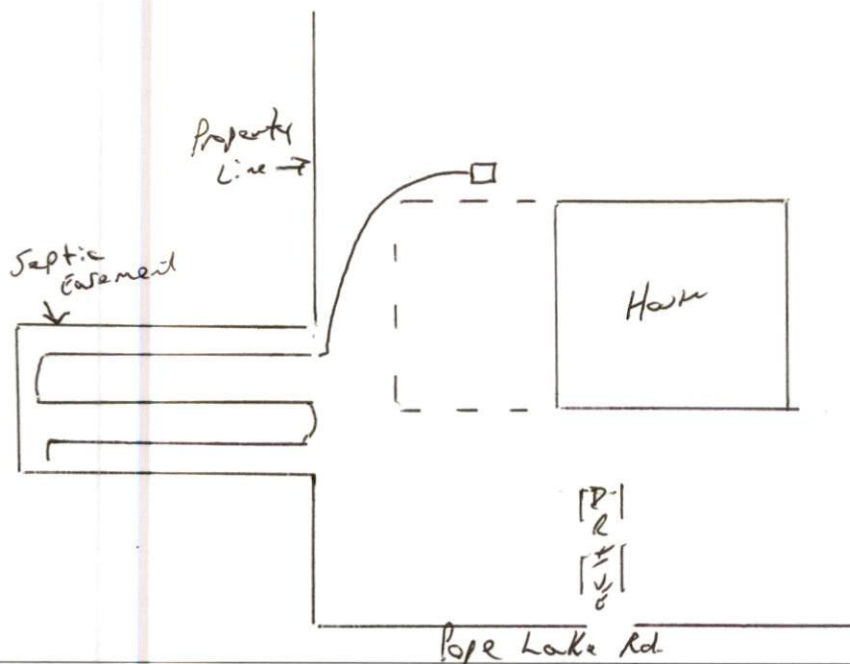
Registration # _____

Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 2Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well _____ feetSystem Type: III g 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 E2 Flow Septic Tank: Existing gallons Pump Tank: _____ gallonsSubsurface Drainage Field No. of ditches 1 exact length of each ditch 270 feet width of ditches 3 feet depth of ditches 18-26 inches

French Drain Required: _____ Linear feet

Authorized State Agent [Signature]Date 6/16/2015