HTE# Repair

PERMIT # 27827

Ha tt County Department of Publ.. .lealth

23104

Operation Permit

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

PROPERTY LOCATION: 4387 Hwy 87

Name: (owner) Charles + Cynthia Kiger SUBDIVISION _____ LOT # _____

System Installer: Maples Septic Registration # _____

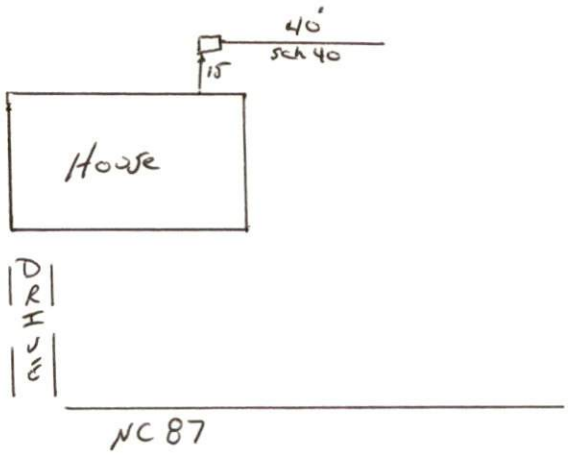
Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 2

Type of Water Supply: ☐ Community ☑ Public ☐ Well Distance from well _____ feet

System Type: IIb 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.



40ft. of Sch 40 run + tied into existing PVC pipe

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 ☐ _____ H20Line ☐ _____ PWR Line

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: ☐ Conventional ☐ Other _____ Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field: No. of ditches Existing; exact length of each ditch _____ feet; width of ditches _____ feet; depth of ditches _____ inches

French Drain Required: _____ Linear feet

Authorized State Agent Bryan McLawhorn REHS Date 4/3/2014