

HTE# REPAIR

Harris County Department of Public Health

24272

PERMIT # 28993

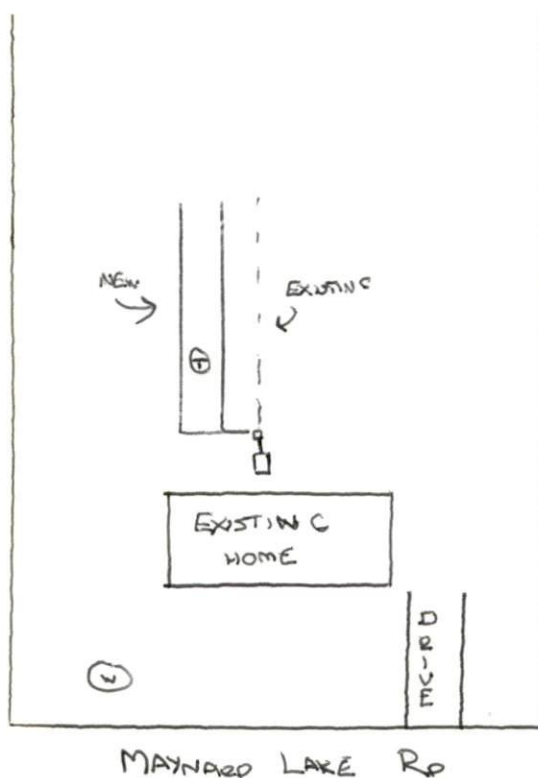
Operation Permit

☐ New Installation ☐ Septic Tank ☒ Nitrification Line ☒ Repair ☐ ExpansionPROPERTY LOCATION: MAYNARD LAKE RDName: (owner) KIMBER GROUP LLC SUBDIVISION _____ LOT # _____System Installer: RICKY HOLLAND Registration # _____Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 3Type of Water Supply: ☐ Community ☐ Public ☒ Well Distance from well 50 feetSystem Type: III 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: EXISTING LINE ATTACHED TO D-BOX AND LEFT IN SERVICE☐ 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 CHAMBER (CIV) Septic Tank: 1600 gallons Pump Tank: _____ gallonsSubsurface Drainage Field: No. of ditches 2 exact length of each ditch 100 feet width of ditches 3 feet depth of ditches 18-26 inches

French Drain Required: _____ Linear feet

Authorized State Agent _____

RENS

Date 9/8/16