

HTE# _____

Harris County Department of Public Health

PERMIT # 26785

Operation Permit

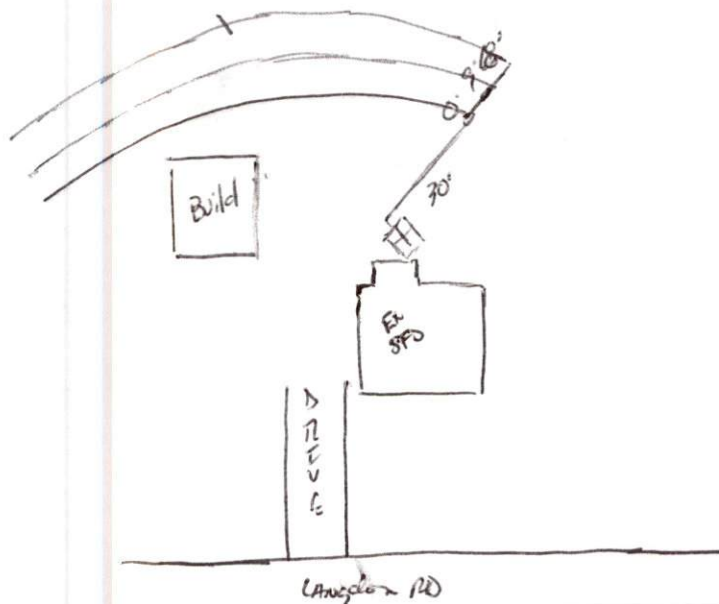
22089

☐ New Installation ☐ Septic Tank ☒ Nitrification Line ☒ Repair ☐ ExpansionPROPERTY LOCATION: 5156 Langdon RDName: (owner) Kent Langdon SUBDIVISION _____ LOT # _____System Installer: Kenneth Wickes Registration # _____Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 2Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well _____ feetSystem Type: Conventional 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 _____ Septic Tank: First gallons Pump Tank: _____ gallonsSubsurface No. of _____ exact length _____ width of _____ depth of _____
Drainage Field ditches 3 of each ditch 90 feet ditches 3 feet ditches 24" inches

French Drain Required: _____ Linear feet

Authorized State Agent

James C. Marshall

Date

12-28-11