HTE# _____

Ha[illegible]tt County Department of Publ[illegible] Health

20447

PERMIT # 25124

Operation Permit

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

PROPERTY LOCATION: SR 1722 Three Bridge RD

Name: (owner) Betty LEE SUBDIVISION _____ LOT # _____

System Installer: Gerald Tapp Registration # _____

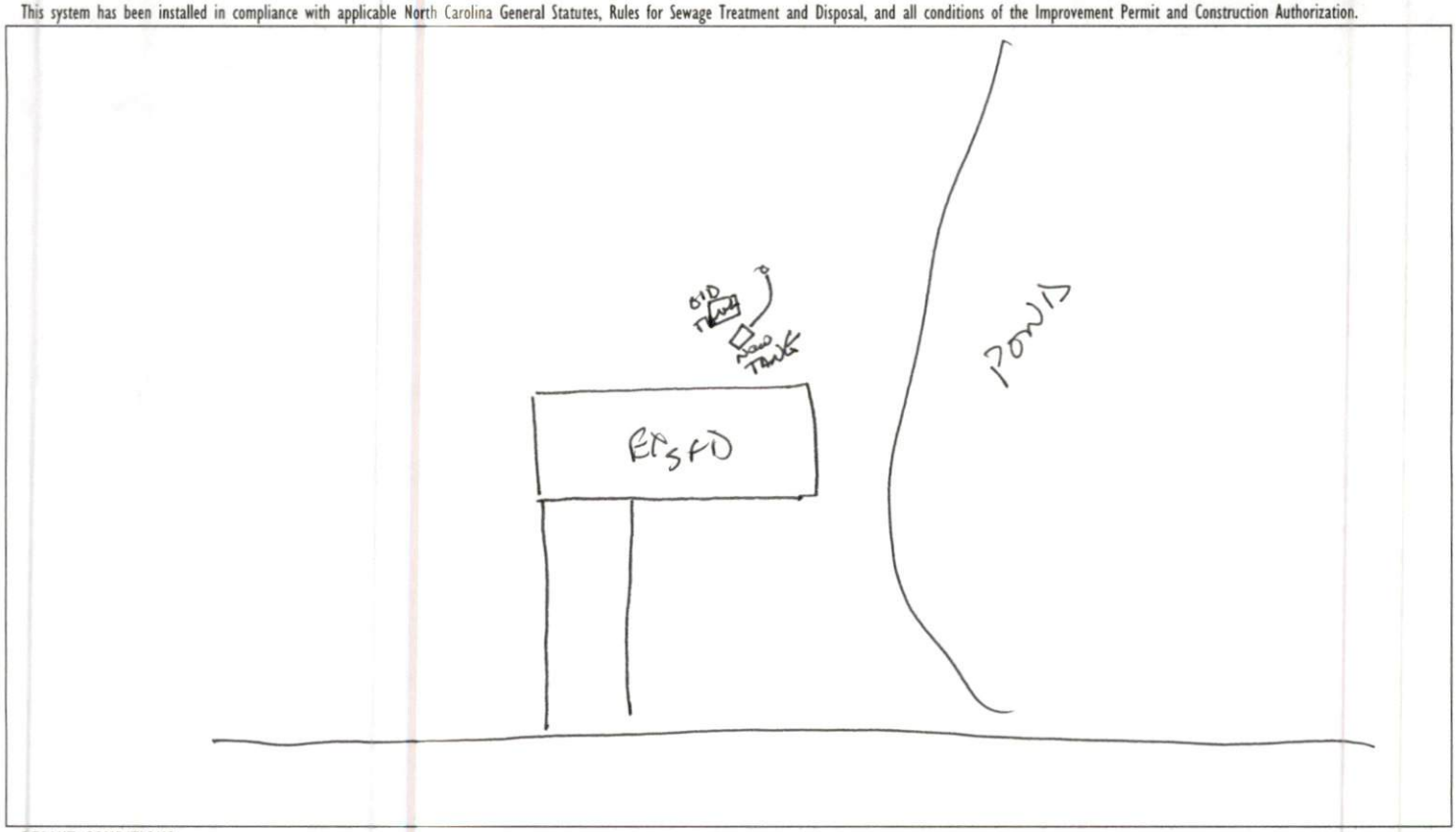
Basement with plumbing: ☐ Garage ☑ Number of Bedrooms _____

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

System Type: New TANK 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: New TANK 1000 gallons Pump Tank: _____ gallons

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

French Drain Required: _____ Linear feet

Authorized State Agent _____ Date 4-23-09