HTE# _____

PERMIT # 29957

Hal t County Department of Public ealth

24818

Operation Permit

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

PROPERTY LOCATION: SR 1793 Pope Rd

Name: (owner) John P Lockamy SUBDIVISION _____ LOT # _____

System Installer: Thomas Cooper Registration # _____

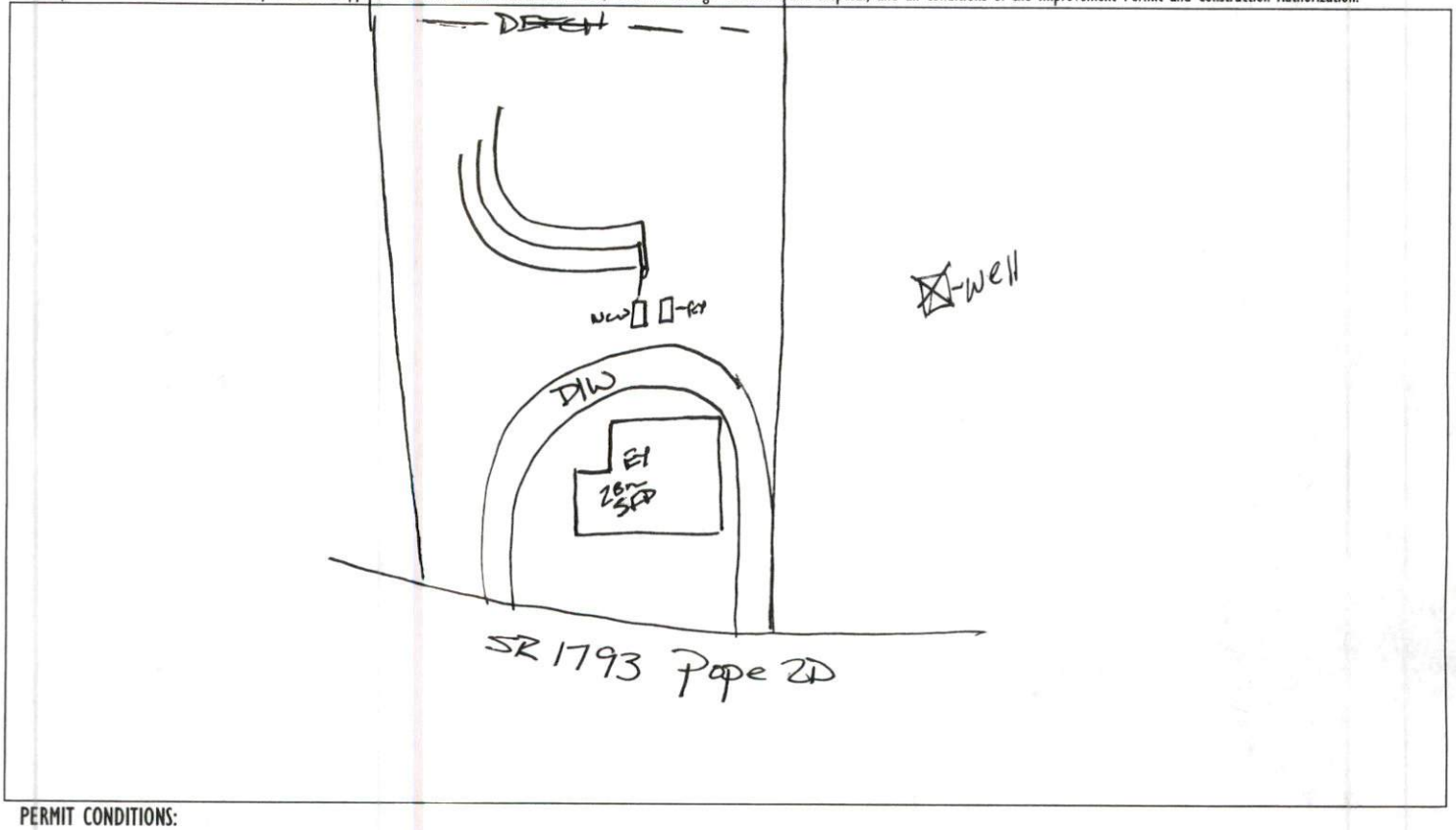
Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 2

Type of Water Supply: ☐ Community ☑ Public ☑ Well Distance from well 50' feet

System Type: 25% Reduction System 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: _____

☐ _____ D-Box ☐ _____ Pump ☐ _____ Alarm ☐ _____ H2OLine ☐ _____ PWR Line

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

Type of system: ☐ Conventional ☑ Other 25% REDUCTION System Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field: No. of ditches 3; exact length of each ditch 70 feet; width of ditches 3 feet; depth of ditches 20→18 inches

French Drain Required: _____ Linear feet

Authorized State Agent James E Manhan JR REHS Date 6-8-18