

HTE# 08-5-19944

Har t County Department of Public Health

20175

PERMIT # 24731

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: STOCKYARD RD

Name: (owner) CELESTINO ZEPEDA SUBDIVISION STOCKYARD Ln Est LOT # 32

System Installer: MIKE RAY Registration # _____

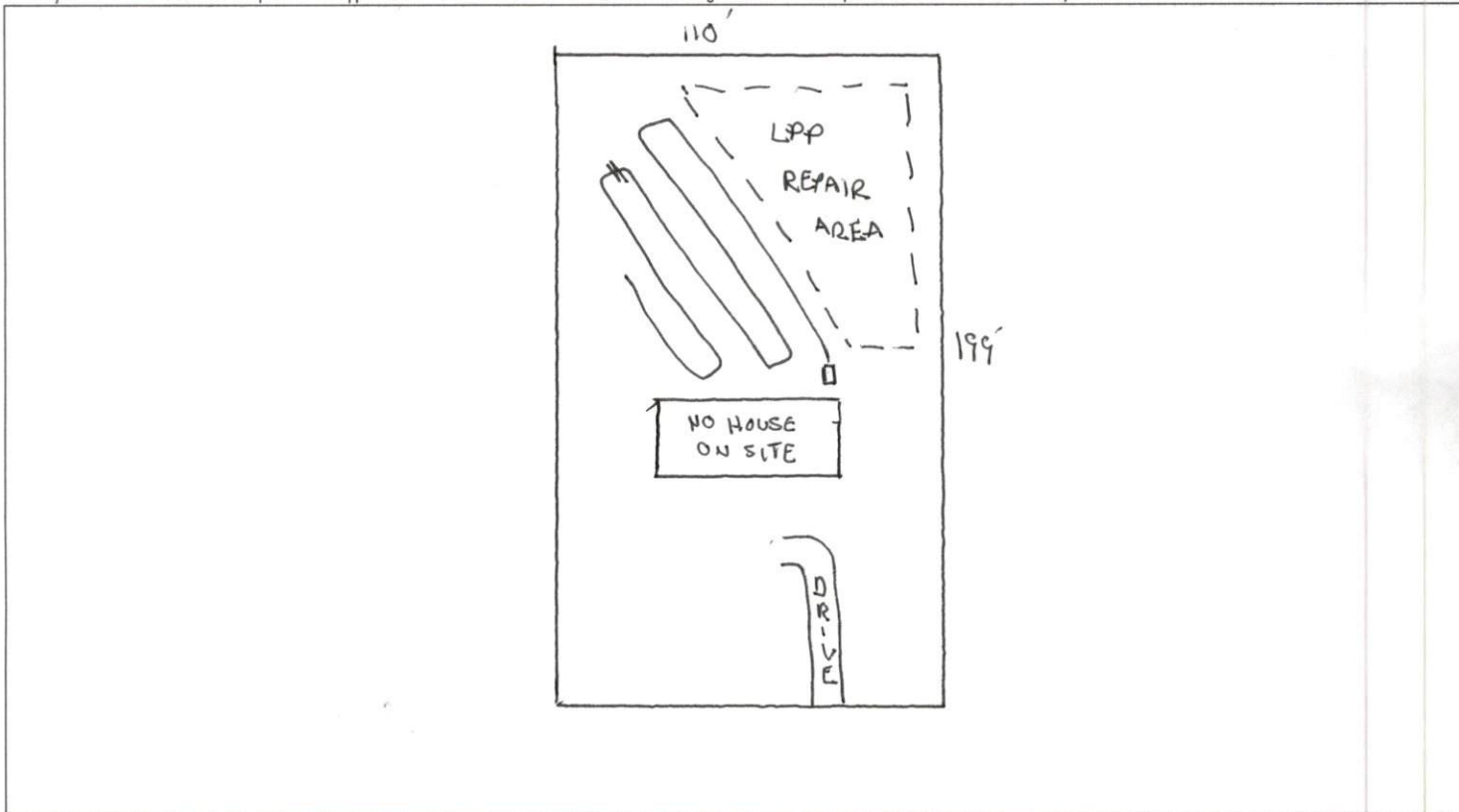
Basement with plumbing: Garage Number of Bedrooms 3

Type of Water Supply: Community Public Well Distance from well 100 feet

System Type: IIIg 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: 1000 gallons Pump Tank: _____ gallons

Subsurface _____ No. of _____ exact length _____ width of _____ depth of _____

Drainage Field _____ ditches 1 of each ditch 400 feet ditches 3 feet ditches 24-12 inches

French Drain Required: _____ Linear feet

Authorized State Agent [Signature] Date 5/27/08