

HTE# REPAIR  
09-521770  
PERMIT # 25463

# Ha t t County Department of Publi ealth

20791

## Operation Permit

New Installation  Septic Tank  Repair  Nitrification Line  Expansion

PROPERTY LOCATION: COOL SPRINGS RD

Name: (owner) ALBERT ADCOCK SUBDIVISION MASON HILL LOT # 10

System Installer: TERRY MAPLES Registration # \_\_\_\_\_

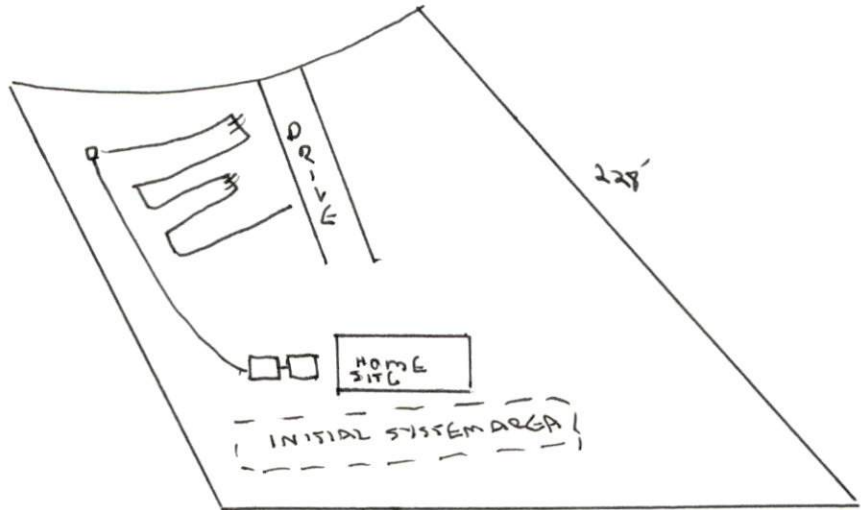
Basement with plumbing:  Garage  Number of Bedrooms 3

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

System Type: IIIb 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: DO NOT DRIVE OR PARK ON ANY PART OF THE SYSTEM!

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

Type of system:  Conventional  Other PUMP TO CHAMBER Septic Tank: 1000 gallons Pump Tank: 1000 gallons  
 Subsurface No. of exact length width of depth of  
 Drainage Field ditches 1 of each ditch 226 feet ditches 3 feet ditches 18-24 inches  
 French Drain Required: \_\_\_\_\_ Linear feet

Authorized State Agent [Signature] RS Date 8/19/09