

HTE# 09-500-21794

Hamilton County Department of Public Health

20767

PERMIT # 25263

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: SR 1105

Name: (owner) Jeffrey Hycle

SUBDIVISION McK TR #

LOT # 2

System Installer: Teddy Donathan

Registration #

Basement with plumbing: Garage Number of Bedrooms 3

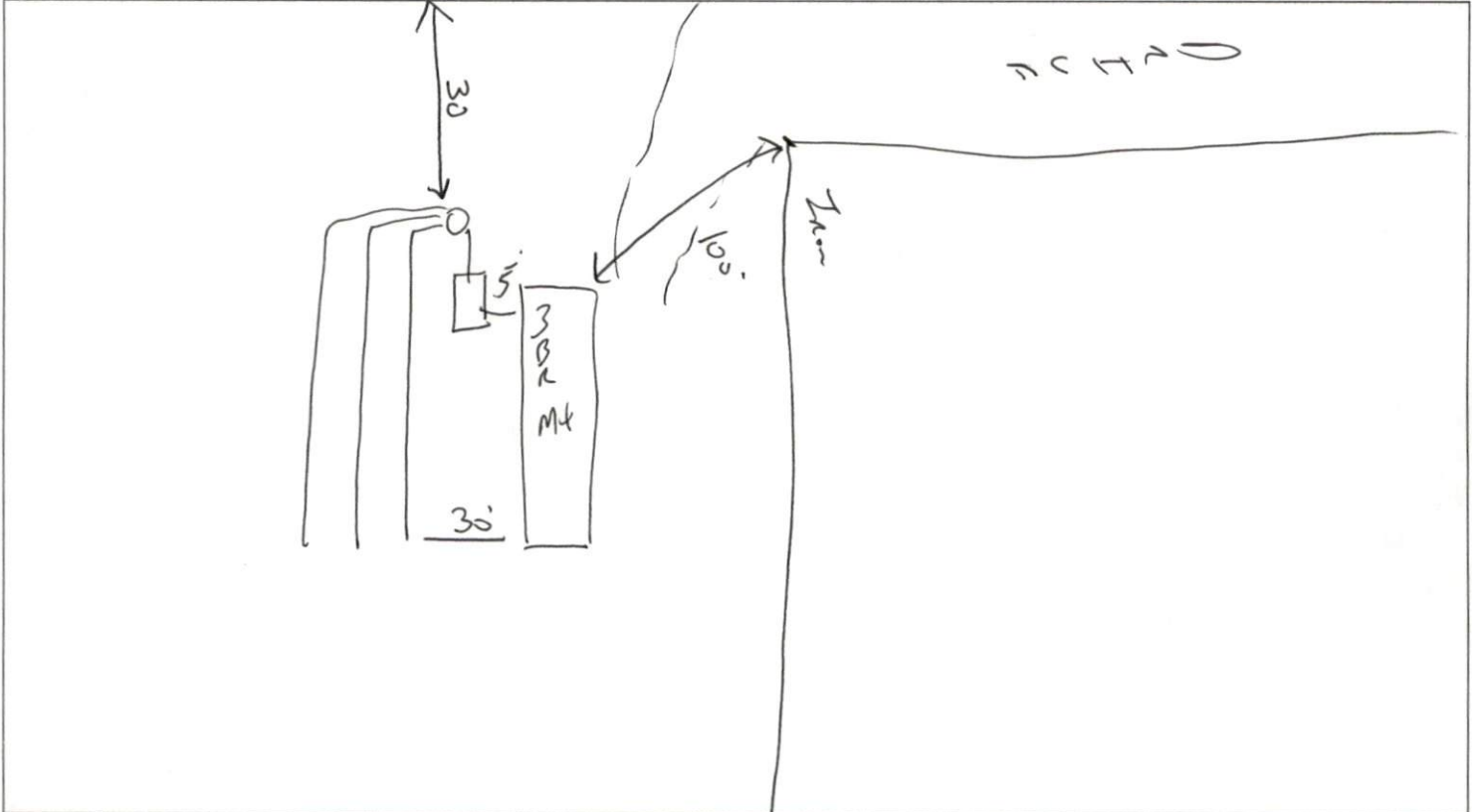
Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: Gravel IFA 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 Gravel Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 80 feet width of ditches 3 feet depth of ditches 20 inches

French Drain Required: _____ Linear feet

Authorized State Agent

Date 10/2/2009