

HTE# 13-5-31794

Hamilton County Department of Public Health

PERMIT # 27496

Operation Permit

22889

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: WIRE RD

Name: (owner) TIMOTHY RAY & BETTY SUGLEY SUBDIVISION _____ LOT # _____

System Installer: LARRY SHARPE Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

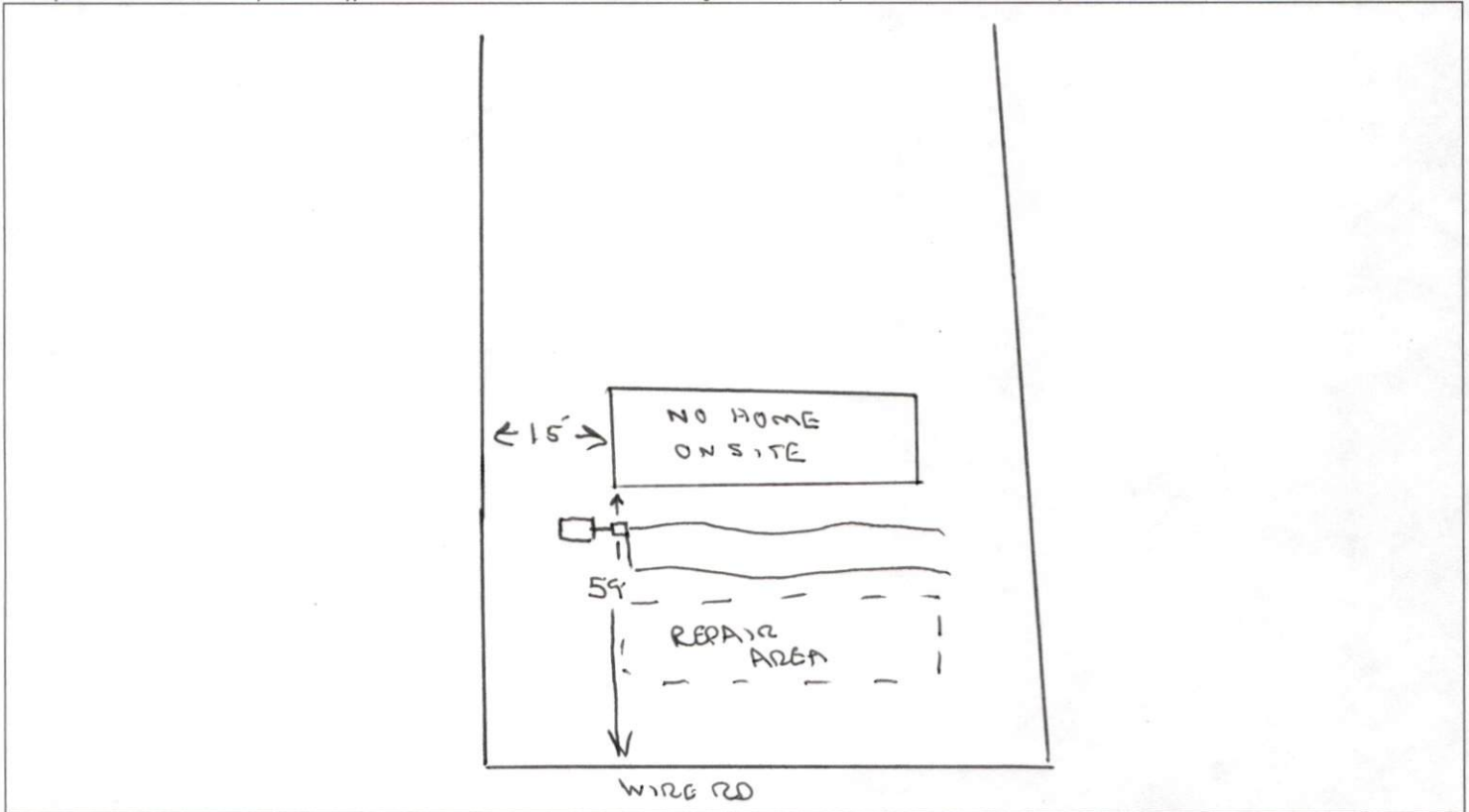
Type of Water Supply: Community Public Well Distance from well 100 feet

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 H2O Line PWR Line

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

Type of system: Conventional Other EZ FLOW Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 2 of each ditch 75 feet ditches 3 feet ditches 24-36 inches

French Drain Required: _____ Linear feet

Authorized State Agent [Signature] REAS Date 3/22/13