

HTE# REPAIR

Harris County Department of Public Health

23272

PERMIT # 27842

Operation Permit

☐ New Installation ☒ Septic Tank ☐ Nitrification Line ☒ Repair ☐ ExpansionPROPERTY LOCATION: 141 Nick McLean RdName: (owner) CHARLENE PARKS SUBDIVISION _____ LOT # _____System Installer: OTIS STRICKLAND Registration # _____Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 3Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well _____ feetSystem Type: EXISTING 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.

EXISTING
D-BOX
NEW
TANK

O POLE

NICK MCLEAN RD

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 _____ Septic Tank: 1000 gallons Pump Tank: _____ gallonsSubsurface No. of exact length width of depth of
Drainage Field ditches _____ of each ditch _____ feet ditches _____ feet ditches _____ inches

French Drain Required: _____ linear feet

Authorized State Agent _____

REH

Date 4/29/14