

HTE# 07-5001685 CA

Harris County Department of Public Health 19203

PERMIT # 23692

Operation Permit

☒ New Installation ☒ Septic Tank ☐ Repair ☒ Nitrification Line ☐ Expansion

PROPERTY LOCATION: 1274

Name: (owner) Clyde Patterson

SUBDIVISION JHA

LOT # 3

System Installer: M.K. Ray

Registration #

Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 3Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well 50 feet

System Type: E-2 Flow

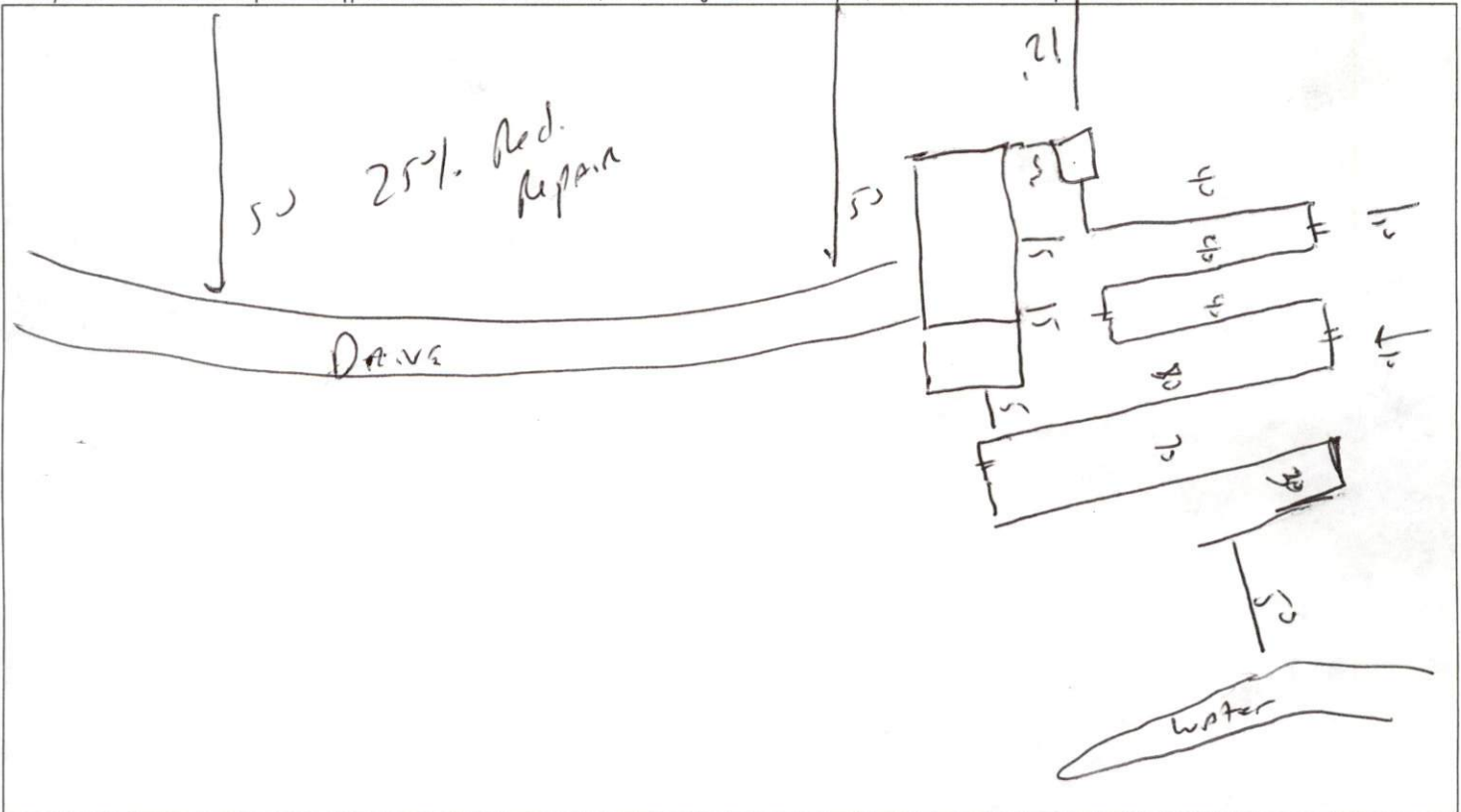
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Types V and VI Systems expire in 5 years.

(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 E-2 Flow Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallonsSubsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 300 feet ditches 2 feet ditches 18 inches

French Drain Required: _____ Linear feet

Authorized State Agent

Joe L. L. L.

Date 07-29-07