

HTE# 08-500-20044

Har... County Department of Public Health

20130

PERMIT # 24796

Operation Permit

Option B

☒ New Installation ☒ Septic Tank ☐ Repair ☒ Nitrification Line ☐ ExpansionPROPERTY LOCATION: 1274Name: (owner) Clyde PattersonSUBDIVISION Frank Stewart DSH LOT # 9System Installer: Mike Ray

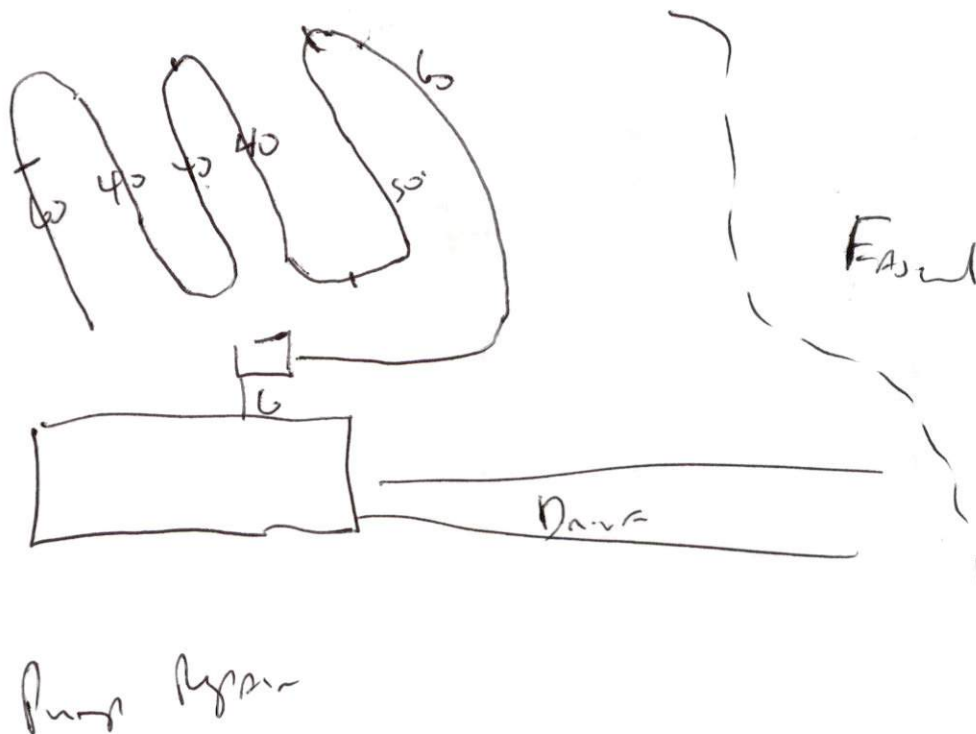
Registration # _____

Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 3Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well 50 feetSystem Type: C-2 Flow☒ 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 C-2 FlowSubsurface No. of exact length width of
Drainage Field ditches 1 of each ditch 200 feet

French Drain Required: _____ Linear feet

Septic Tank: 1200 gallons Pump Tank: _____ gallonswidth of depth of
ditches 3 feet ditches 18 inchesAuthorized State Agent [Signature]Date 06-03-08