

HTE# 08-5-21278

H...ett County Department of Pub... Health

20360

PERMIT # 25154

Operation Permit

☒ New Installation ☒ Septic Tank ☐ Repair ☒ Nitrification Line ☐ ExpansionPROPERTY LOCATION: SOUTH RIVER RDName: (owner) CONNIE LONGSUBDIVISION CONNIE B LONGLOT # 1System Installer: MIKE RAY

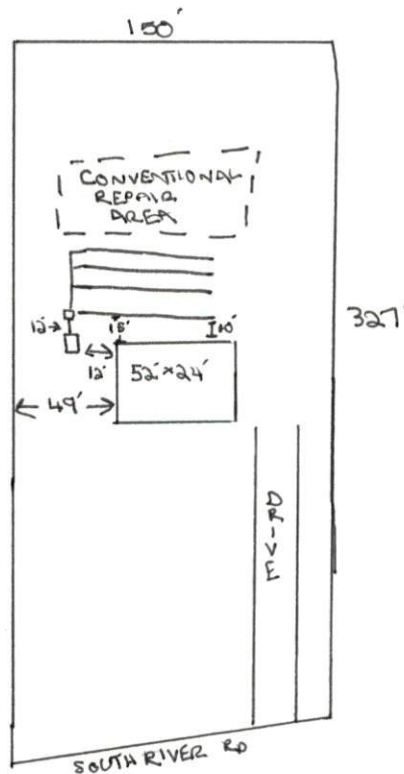
Registration # _____

Basement with plumbing: ☐ Garage ☐ Number of Bedrooms 3Type of Water Supply: ☐ Community ☒ Public ☐ Well Distance from well 100 feetSystem Type: IIb 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 _____Septic Tank: 1000 gallons Pump Tank: _____ gallonsSubsurface No. of exact length
Drainage Field ditches 4 of each ditch 60 feetwidth of
ditches 3 feet depth of
ditches 24 inches

French Drain Required: _____ Linear feet

Authorized State Agent _____

Date 12/8/08