

HTE# 11-5-27827

# Har t County Department of Public health

PERMIT # 26548

## Operation Permit

22100

New Installation  Septic Tank  Nitrification Line  Repair  Expansion

PROPERTY LOCATION: SL1418 ORANGE HILLS RD

Name: (owner) Elizabeth BLOW SUBDIVISION \_\_\_\_\_ LOT # \_\_\_\_\_

System Installer: Ron Wall Registration # \_\_\_\_\_

Basement with plumbing:  Garage  Number of Bedrooms 3

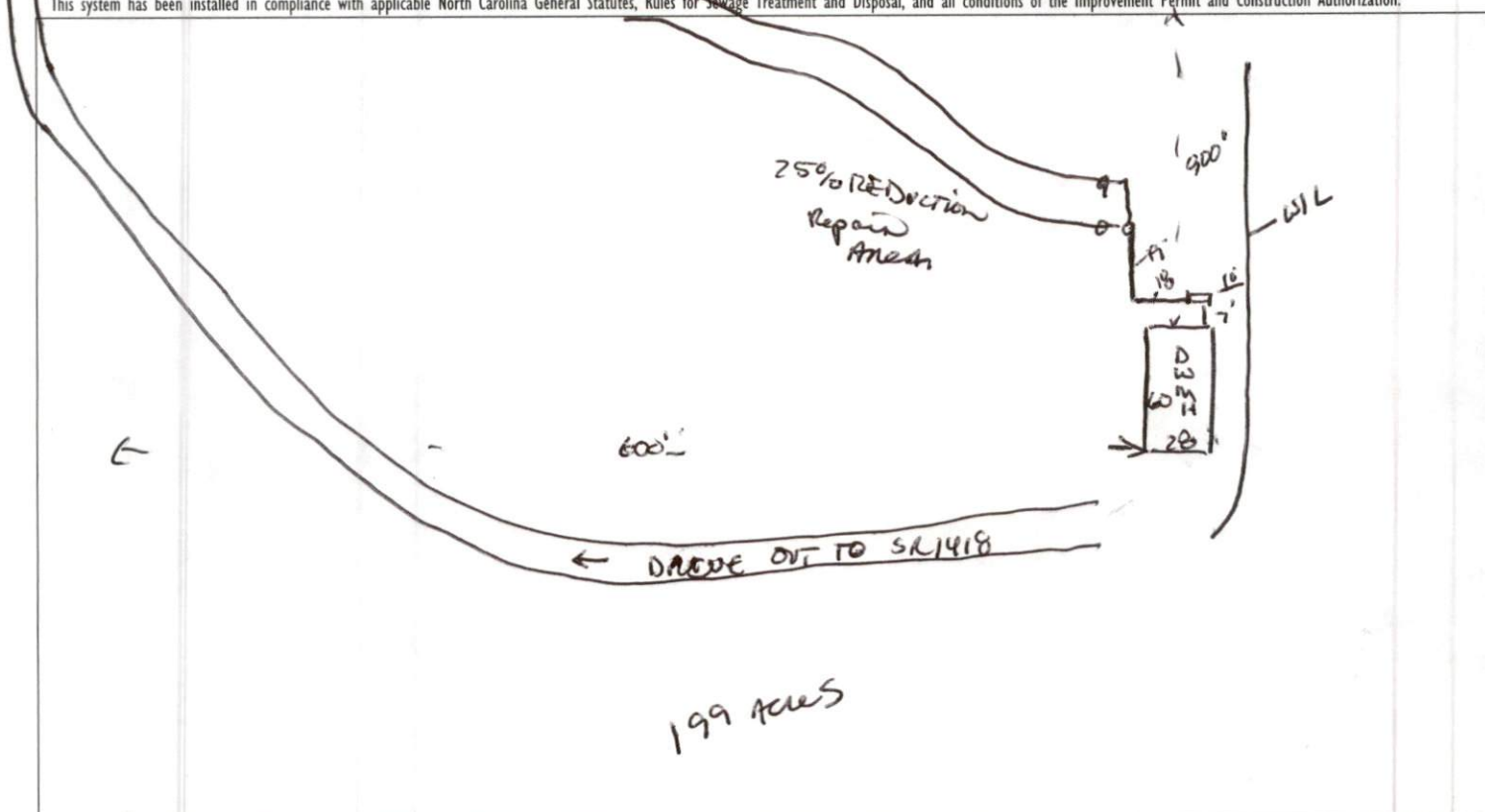
Type of Water Supply:  Community  Public  Well Distance from well \_\_\_\_\_ feet

System Type: 25% Reduction System Type B G Results 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 25% Reduction Type B G Results Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface No. of exact length width of depth of  
Drainage Field ditches 2 of each ditch 150 feet ditches 3 feet ditches 22 inches

French Drain Required: \_\_\_\_\_ Linear feet

Authorized State Agent Dennis E. Mark Date 3-1-12