

OPERATION PERMIT

HOKE COUNTY HEALTH CENTER
Raeford, North Carolina
(910) 875-3717

PERMIT NO.

17342

Owner CARL STROTHER

Property Location 5597 CALLOWAY RD RAEFORD NC 28376

Sub. Div. / M.H. Pk. _____ Lot _____ Blk. / Sec. _____

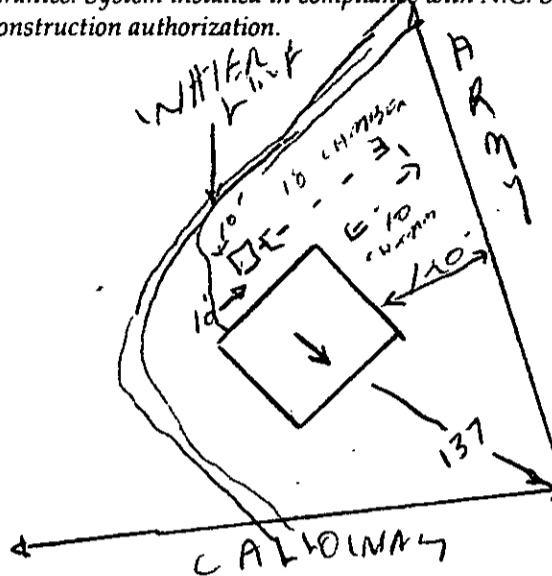
Installed by LOPNER Date 7-4-17

State Agent [Signature] Date 7-4-17

System Type INFILTRATOR QUICK FLOW

Remarks SYSTEM INSTALLED AS SHW

* This does not constitute a warranty or guarantee: System installed in compliance with N.C. Statutes, rules, and all conditions of the improvement permit and construction authorization.



IMPROVEMENT PERMIT

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Raeford, North Carolina
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PERMIT NO.

17342

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Address _____

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Sub. Div./M.H.Pk. _____

SYSTEM DESIGNED FOR: NEW REPAIR ADDITION

Structure HOUSE No. Occupants _____ No. Bedrooms 3

No. Employees _____ Septic Tank 900 gal. Pump Tank N/A gal.

Grease Trap _____ gal. No. of Nitrification Trenches 2 Length of each Trench 75'

Total Trench Length 150 FT Width of Trench 3 FT

Water Supply COUNTY System Classification CONVENTIONAL

Maximum Depth of Nitrification Lines 26 INCHES Projected Daily Flow 360 g.p.d.

Permit valid for 5 YEARS

NOTICE: This permit may not be altered without written permission from a representative of the Hoke County Health Department. This permit is subject to revocation if site, plat, site plan, lot or the intended use changes. Must have an *Authorization to Construct Permit* before installing system.

The improvement permit shall not be affected by a change in ownership of the site for the wastewater system provided both the site for the wastewater system and the facility the system serves are unchanged.

State Agent [Signature] Date 8-13-14

- 1) ABANDON OLD TANK
- 2) INSTALL ^{New} TANK AS SHW
- 3) KEEP LINES OUT OF DRIVE

Water line must be installed 10 feet or greater from sewage disposal system

