

PIN \_\_\_\_\_

PERMIT NUMBER \_\_\_\_\_

## County Health Department Operation Permit

SPECIFIC SYSTEM INSTALLED \_\_\_\_\_

System Type: \_\_\_\_\_ Types V and VI systems expire in 5 years. (In Accordance With Table Va )  
Owner must contact health department 6 months prior to expiration for permit renewal.

\_\_\_\_\_  
Owner's Name

\_\_\_\_\_  
System Installer

\_\_\_\_\_  
Authorized State Agent

\_\_\_\_\_  
Date of Operation Permit Issuance

This system has been installed in compliance with applicable NC 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: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

Other: \_\_\_\_\_

Subsurface system operator required? Yes \_\_\_\_ No \_\_\_\_

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

IV. Operation: \_\_\_\_\_

\_\_\_\_\_

V. Other: \_\_\_\_\_