Authorized State Agent_

Harnott County Donartment of Public Health

25530

HTE# (5/12/5/18/64/2010) Harnett County Department of Public Health 2000	
PERMIT # Operation Permit	
Name: (owner) Ausley Forms LCC SUBDIVISION LOT # 2 System Installer: Jacob Matthews Registration # Basement with plumbing: Garage Number of Bedrooms H Type of Water Supply: Community Public Well Distance from well Manual 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.	
G SED 401 W SUPPLY LINE SLEEDED IN DOT PIPE UNDER DRIVE * 72FT FROM ST TO D-BUX W/ 2FT OUT THEN FOFT TURN EXISTING DALI WE WAY	
Sure 12! July 1 Cor Sur	
PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule .1961. II. Monitoring: As required by Rule .1961. Maintenance: Subsurface system operator required? Yes No If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation:	
V. Other:	
	i
□D-Box □Pump □Alarm □H20Line □PWR L Following are the specifications for the sewage disposal system on the above captioned property. Type of system: □ Conventional □ OtherSeptic Tank: ☐ Septic Tank: ☐ Septic Tank: ☐ gallons Pump Tank:gallon Subsurface No. of exact length width of depth of Drainage Field ditches 3 feet ditches 24 inches French Drain Required: Linear feet	

Date