PERMIT # 30279 Operation Permit PROPERTY LOCATION: 851 Old NC 87 (52113) Name: (owner) Emma Taylor SUBDIVISION _____ LOT # System Installer: Bobby Registration # Basement with plumbing: Garage Number of Bedrooms Type of Water Supply:
Community Public
Well Distance from well
A
feet System Type: Existing IIIa _____ 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. WOSO WELLONS CORPORATIOD DB 889, P. 920-925 ACL RAILWAY 900 R/W 10 *PUMPED DIRECTLY INTO EXISTING TANK PERMIT CONDITIONS: 1. Performance: System shall perform in accordance with Rule .1961. 11. 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: ٧. Other: Following are the specifications for the sewage disposal system on the above captioned property. Type of system:
Conventional Other EXISTING _ Septic Tank: 1000 gallons Pump Tank: 1000 gallons Subsurface No. of exact length width of depth of ditches EXT of each ditch EXT feet Drainage Field ditches ExT feet ditches _ Ext inches French Drain Required: Linear feet 02/19/2019 Authorized State Agent_

HTE# BLESPONO COSTO Harnett County Department of Public Health

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