HTE# BOES1904-0051 Harnett County Department of Public Health No. 2620 I **Operation Permit** PERMIT # ____ Mew Installation Septic Tank Nitrification Line Repair Expansion PROPERTY LOCATION: 24155 NC 24-27 Name: (owner) Clayton Homes - Santad SUBDIVISION_ LOT # _____ Registration # __ Basement with plumbing: Garage Number of Bedrooms Type of Water Supply:

Community Public Well Distance from well feet Quick 4+ 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. 4BR DWMH 68'x28 PERMIT CONDITIONS: System shall perform in accordance with Rule . 1961 I. Performance: 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: □ _____ Pump □ ______ Alarm □ _____ H20Line □ ____ D-Box Following are the specifications for the sewage disposal system on the above captioned property. M Other III a WHICK Septic Tank: 1000 gallons Pump Tank: _

Type of system: Conventional Other TIT a Quick 44 Septic Tank: 1000 gallons Pump Tank: gallor Subsurface No. of exact length of each ditches feet ditches feet ditches feet ditches 18-74 inches

Authorized State Agent Date 79 7070