

HTE# 07-5-18254

Harnett County Department of Public Health 19591

PERMIT # 24119

Operation Permit

New Installation Septic Tank Repair Nitrification Lin

PROPERTY LOCATION: _____

Name: (owner) Wm. B. + Charice L. Griffith SUBDIVISION _____

System Installer: Ron Wall Registration # _____

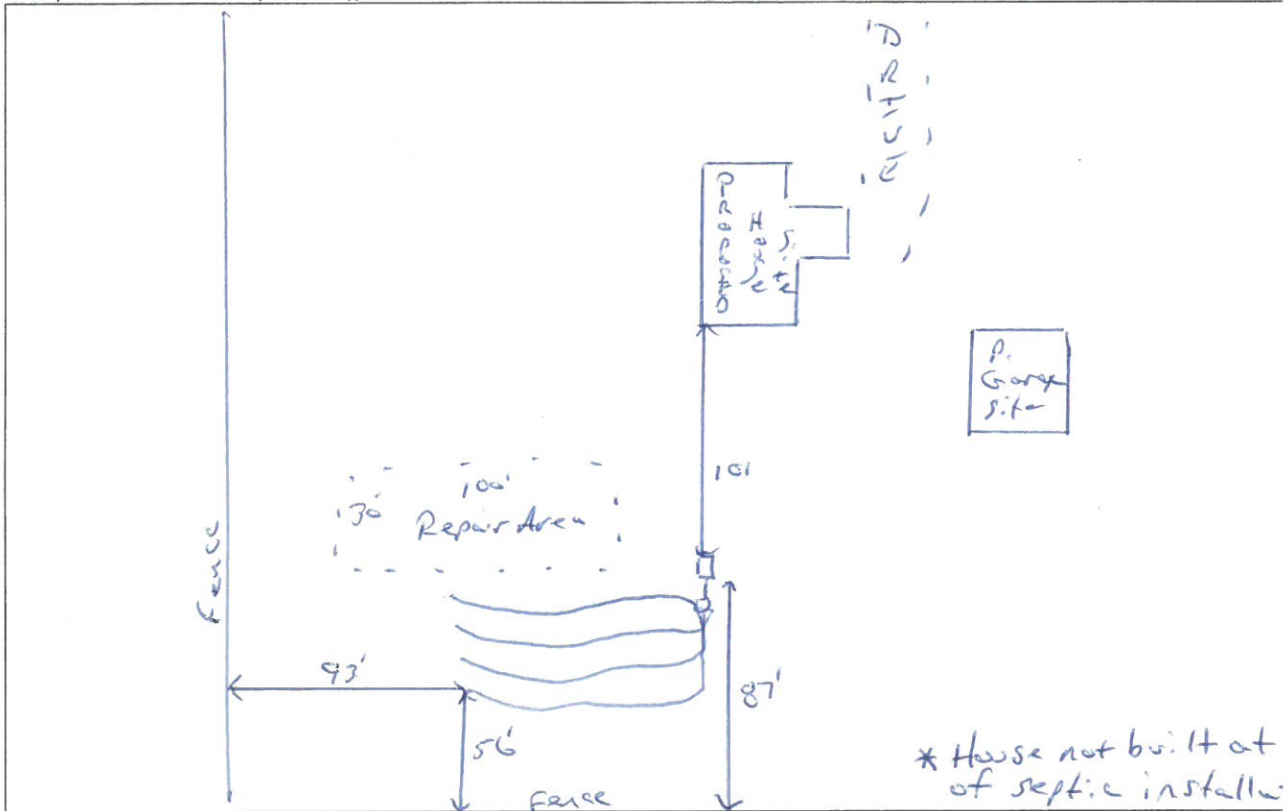
Basement with plumbing: Garage Number of Bedrooms 4

Type of Water Supply: Community Public Well Distance from well _____ feet

System Type: III g 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 renew:

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



PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1961.
- II. 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: _____
- V. Other: _____

Following are the specifications for the sewage disposal system on the above captioned property.

Type of system: Conventional Other T.I.E. Chips Size of tank: Septic Tank: 1000 gallons Pump Tank: _____
Subsurface No. of 4 exact length _____ width of _____ depth of _____
Drainage Field ditches 4 of each ditch 100 feet ditches 3 feet ditches 2
French Drain Required: _____ Linear feet

Authorized State Agent Bryan M. R. S. Date 10/8/2007