

HTE# 09-522108

Harnett County Department of Public Health

21072

PERMIT # 25500

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

PROPERTY LOCATION: LEWEL BLACK RD

Name: (owner) CAVINESS LAND DEVELOPMENT SUBDIVISION FOREST OAKS LOT # 189

System Installer: D.C. CARTER Registration # _____

Basement with plumbing: Garage Number of Bedrooms 3

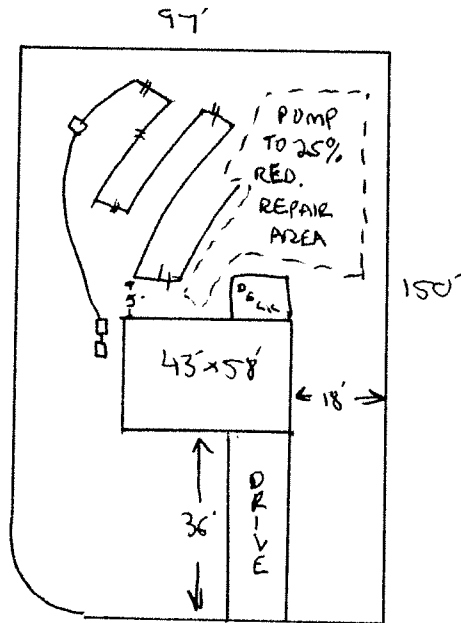
Type of Water Supply: Community Public Well Distance from well 100 feet

System Type: IIIb 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.



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: TRUNK LINES CHECKED BY OT. PUMP, ALARM & UTILITY LINES STILL TO BE CHECKED

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

Type of system: Conventional Other PUMP TO QUICK 4 CHAMBER Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 200 feet width of ditches 5 feet depth of ditches 18-24 inches

French Drain Required _____ Linear feet

Authorized State Agent _____

REHS

Date 12/18/09