HTE# Harnett Cou	inty Department of Public Health	No. 2629
PERMIT # Bres 2010 -0010	Operation Permit	
	New Installation & Septic Tank & Nitrification Line  PROPERTY LOCATION: 459 Mason Hill La (SR 13)	pair Expansion
Name: (owner) Clayton Homes	SUBDIVISION MARON HILL	LOT # 29
System Installer: $A + R$	Registration #	- 11 <u>-</u>
Basement with plumbing:  Garage  Number of Bedrooms		
Type of Water Supply:   Community Public   Well		
System Type: Type TIL & G	Types V and VI Systems expire in 5 years.	i i
(In accordance with Table V a) '	Owner must contact Health Department 6 months prior to expiration for permit rene	wal.
This system has been installed in compliance with applicable North Ca <u>rolina General Statut</u>	tes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction	on Authorization.
	Luture 25% reduction 25% repair Arka	

Hill PERMIT CONDITIONS: I. Performance: System shall perform in accordance with Rule .1961. Monitoring: II. 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: Other: D-Box Alarm H20Line **PWR Line** Pump ncp Following are the specifications for the sewage disposal system on the above captioned property 25 % reduction 1000 gallons Pump Tank: Type of system: 

Conventional Other\_ Septic Tank: Subsurface exact length width of depth of No. of 24 Drainage Field ditches of each ditch ditches feet ditches inches French Drain Required: Linear feet 4-27-21 REHS Authorized State Agent Date