HTE# _11-5-266 10R_

PERMIT # _26446_

Harnett County Department of Public Health

23180

Operation Permit

☑ New Installation ☑ Septic Tank ☑ Nitrification Line ☐ Repair ☐ Expansion

PROPERTY LOCATION: _sr 1725 Cotton RD_

Name: (owner) _Travis Dawson_   SUBDIVISION _____ LOT # _2_

System Installer: _Penns Media_   Registration # _____

Basement with plumbing: ☐   Garage ☑   Number of Bedrooms _3_

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

System Type: _25% Reduction 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 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.
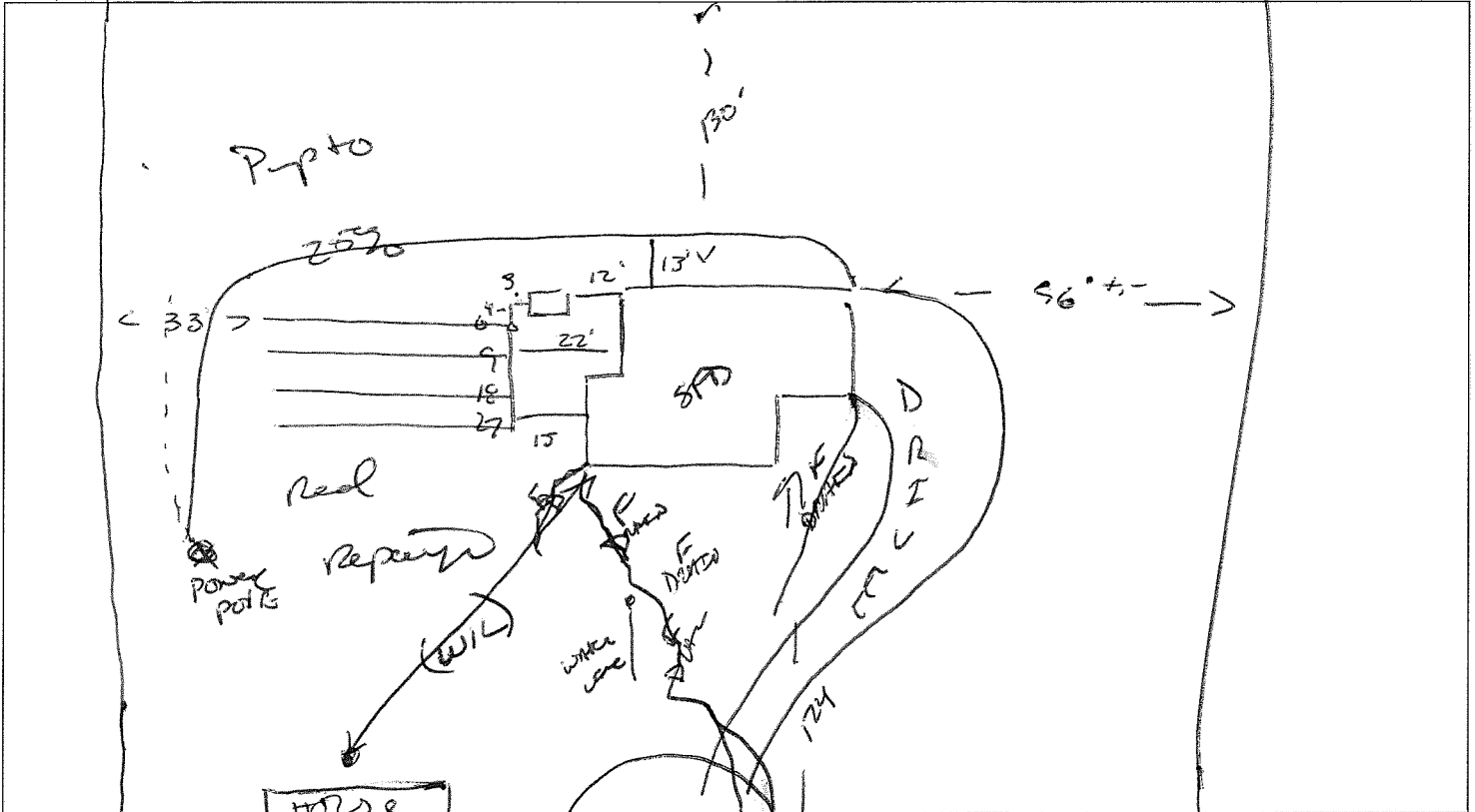

PERMIT CONDITIONS:

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: _____

☐ _____ D-Box   ☐ _____ Pump   ☐ _____ Alarm ☐ _____ H20Line ☐ _____ PWR Line

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

Type of system: ☐ Conventional ☑ Other _25% Reduction_   Septic Tank: _1000_ gallons Pump Tank: _____ gallons

Subsurface   No. of   exact length   width of   depth of

Drainage Field   ditches _4_   of each ditch _60_ feet   ditches _3_ feet   ditches _24_ inches
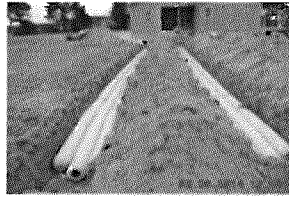
French Drain Required: _____ Linear feet

Authorized State Agent _James E Marshall_   Date _3-25-14_
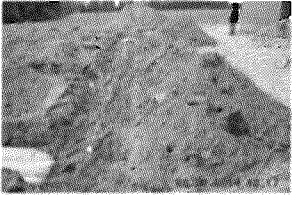
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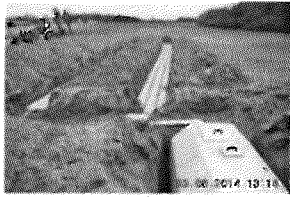
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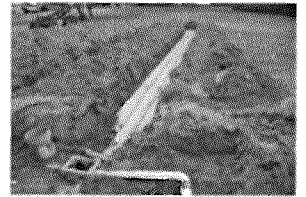
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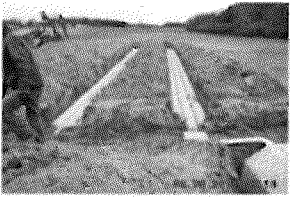
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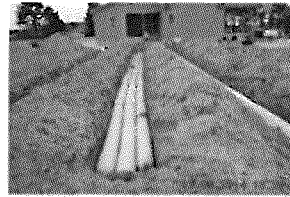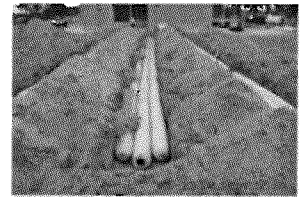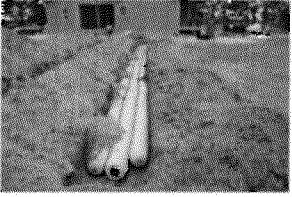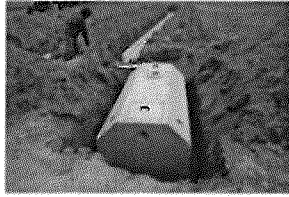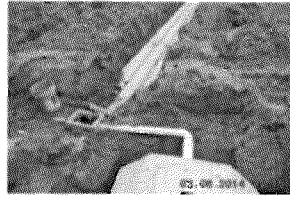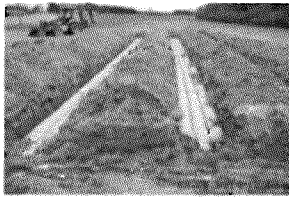

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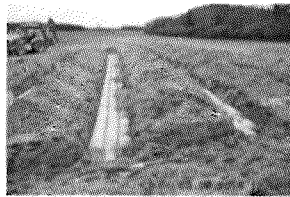
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