Harnett County Department of Public Health HTE# 13-8-31727 R 23019 Operation Permit PERMIT # 27558 New Installation Septic Tank Mitrification Line Repair Expansion PROPERTY LOCATION: 30 1853 Marin 12D SUBDIVISION Name Property LOT # 3 Name: (owner) (Acres Webb __ Registration # __ Garage, Mumber of Bedrooms Basement with plumbing: Type of Water Supply: ☐ Community / ☐ Public ☐ Well Distance from well ____ System Type: LSW FIBULATOR System Type IT 6 3-2 CAS Types V and VI Systems expire in 5 years Owner must contact Health Department 6 months prior to expiration for permit renewal. (In accordance with Table V a) 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. OHPL PERMIT CONDITIONS: Performance: System shall perform in accordance with Rule .1961. ١. JURS3 MANN RD II. As required by Rule .1961. Monitoring: As required by Rule .1961. Other: _ III. Maintenance: Subsurface system operator required? Yes \(\square\) No \(\square\) If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: V. Other: Pump □ Alarm 🗆 H20Line □ **PWR Line** D-Box Following are the specifications for the sewage disposal system on the above captioned property. Type of system:

Conventional Other 1596 REDUCTION JASTON Septic Tank: 1800 ____ gallons Pump Tank: _ Subsurface exact length width of depth of

Date Authorized State Agent

ditches

of each ditch ___

Linear feet

ditches

No. of

ditches

Drainage Field French Drain Required: