

HTE# 10-5-24079

Harnett County Department of Public Health

21062

PERMIT # 25734

Operation Permit

New Installation Septic Tank Repair Nitrification Line Expansion

Name: (owner) Barbara Wilson

PROPERTY LOCATION: 5A1418 REWARD

System Installer: JASON MATTHEWS

SUBDIVISION Regal Crest

LOT # 11

Basement with plumbing: Garage Number of Bedrooms 4

Registration # _____

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

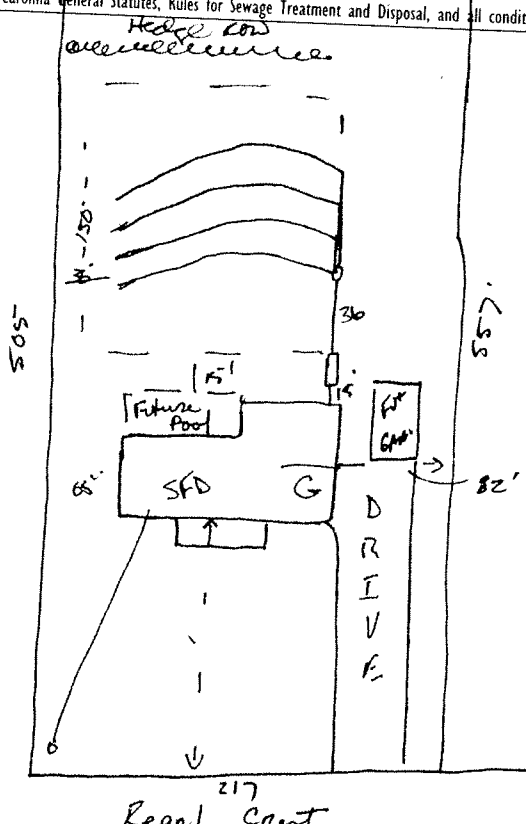
System Type: 25% REDUCTION SYSTEM TYPE III & IV Types V and VI Systems expire in 5 years.

(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.

X System installed as permitted.



- 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 25% REDUCTION

Subsurface Septic Tank: 1200 gallons Pump Tank: _____ gallons

Drainage Field No. of ditches 4 exact length of each ditch 90 feet width of ditches 3 feet depth of ditches 24-18 inches

French Drain Required: _____ Linear feet

Authorized State Agent James C. Matthews Date 10-8-10