Harnett County Department of Public Health 25845 **Operation Permit** PERMIT # 30575 New Installation Septic Tank Nitrification Line Repair Expansion PROPERTY LOCATION: SR 145 2 True love 715 LOT # 4 Name: (owner) Kathleen Dinto SUBDIVISION ___ Registration # _____ System Installer: Kenneth Neakers Basement with plumbing: Garage Number of Bedrooms Distance from well 50.+ Type of Water Supply:

Community Public Well _____ Types V and VI Systems expire in 5 years. System Type: 2500 Rediction System (EZ Way) 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. No well YET. PERMIT CONDITIONS: System shall perform in accordance with Aule . 1961. l. Performance: 11. Monitoring: As required by Rule .1961. As required by Rule . 1961. Other: 5N 1452 III. Maintenance: Subsurface system operator required? Yes \square No \square If yes, see attached sheet for additional operation conditions, maintenance and reporting. IV. Operation: Other: D-Box 🗆 _____ Pump 🗆 _____ Alarm 🗆 _____ H20Line □ **PWR Line** Following are the specifications for the sewage disposal system on the above captioned property. Septic Tank: 1000 gallons Pump Tank: Type of system:

Conventional 1 Other 2590126DUCTON EZIAY depth of width of exact length Subsurface No. of ditches 24->18 inches ditches of each ditch ditches Drainage Field

1 WIBAS Date_ Authorized State Agent

Linear feet

French Drain Required: