HTE# 08-5-1932S   Harnett County Department of Public Health   20042

PERMIT # 24605   Operation Permit

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

PROPERTY LOCATION: SR 1448 ATKINS RD

Name: (owner) Jean Buchanan + STACEY STONE   SUBDIVISION _____ LOT # _____

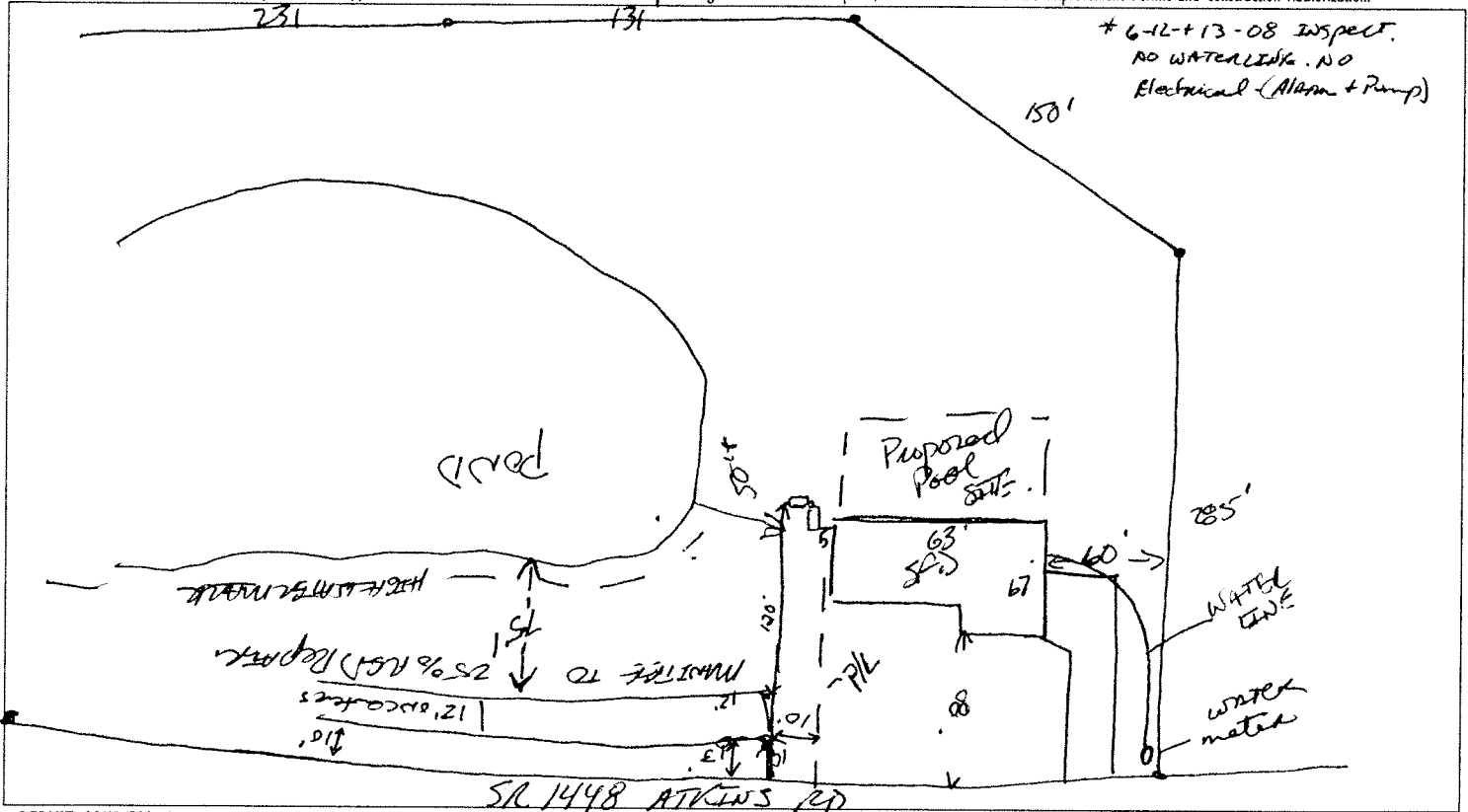System Installer: ED HUDSON   Registration # _____

Basement with plumbing: ☐   Garage ☑   Number of Bedrooms _____

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

System Type: 25% REDUCTION System Type III G Gray   Types V and VI Systems expire in 5 years.

(In accordance with Table V a)   MANIFEE   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: _____

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

Type of system: ☐ Conventional   ☑ Other MANIFEE to 25% REDUCTION   Septic Tank: 1000 gallons   Pump Tank: 1000 gallons

Subsurface   No. of   exact length   width of   depth of
Drainage Field   ditches 2   of each ditch 150 feet   ditches 3 feet   ditches 28→18 inches

French Drain Required: _____   Linear feet

Authorized State Agent James E Manhart   Date 7-2-08