

HTE# 2094

Harnett County Department of Public Health

PERMIT # 105-25573

Operation Permit

21719

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: SR 1723 TURLINGTON RD

Name: (owner) Horizontal Building Solutions SUBDIVISION DONNER GARDENS LOT # _____

System Installer: DENNIS RUDIN Registration # _____

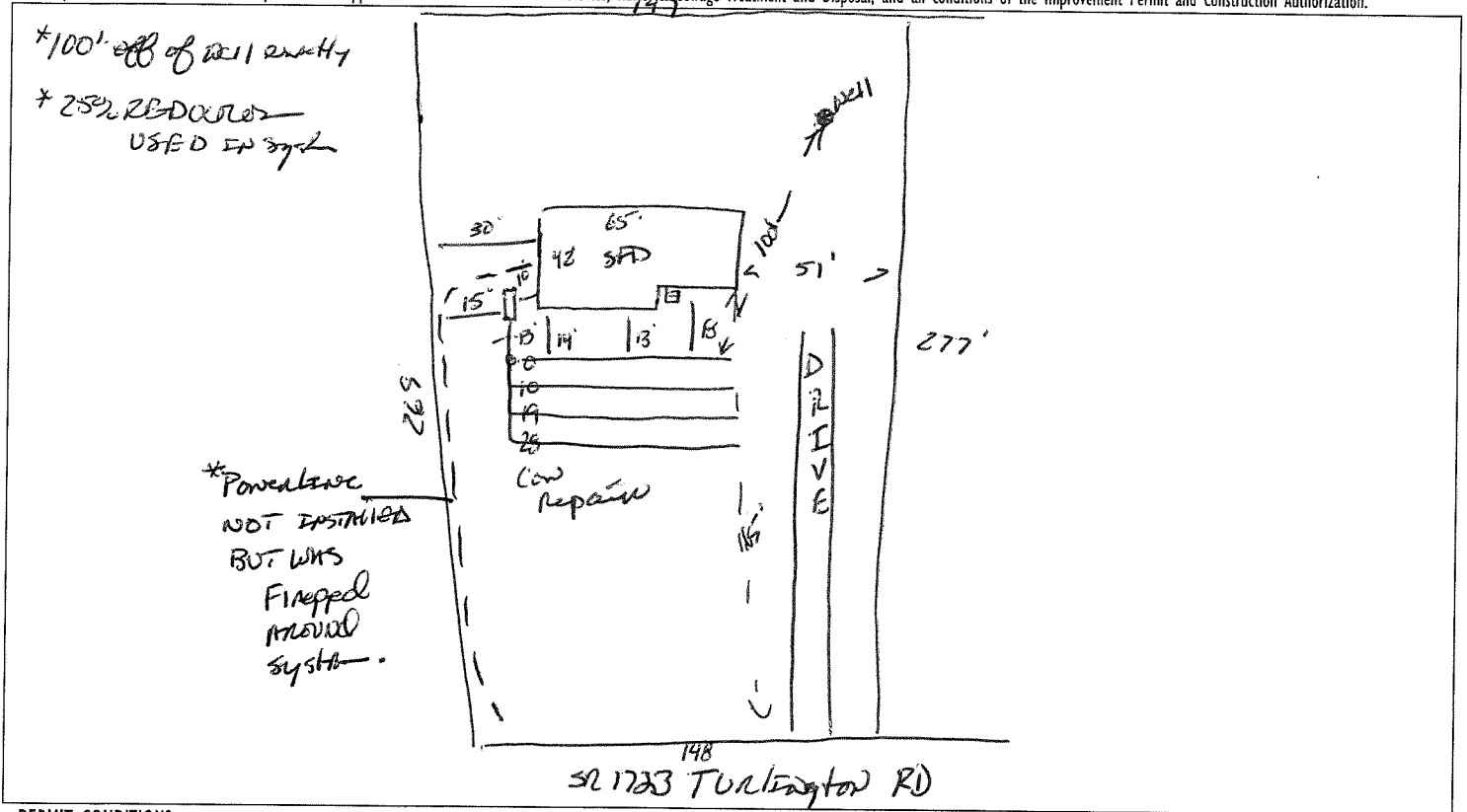
Basement with plumbing: Garage Number of Bedrooms 3

Type of Water Supply: Community Public Well Distance from well 1200 feet

System Type: 25% REDUCTION System Type III G-1414 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 SYSTEM TYPE III G-1414 Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 75 feet width of ditches 3 feet depth of ditches 22 inches

French Drain Required: _____ Linear feet

Authorized State Agent James E. Manhart Date 2-15-11