HTE# 14-5-33484

Authorized State Agent

Harnett County Department of Public Health

23889

Operation Permit

New Installation □ Septic Tank ☑ Nitrification Line □ Repair ☑ Expansion PERMIT # _ 27867 PROPERTY LOCATION: X 1542 OID BUTGS CREEKINGS Name: (owner) JAVISA ledesma Montoga SUBDIVISION Source LOT # 1/ ___ Registration # __ System Installer: JUNIOR CANDONAS Basement with plumbing: Garage Wumber of Bedrooms Type of Water Supply:

Community

Public

Well Distance from well ____ Type To G Charles avantyses V and VI Systems expire in 5 years. System Type: 25% NED System (In accordance with Table V a) Ownex 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: Performance: 1. 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: ٧. Other: □ Pump □ Alarm □ H20Line □ D-Box **PWR Line** Following are the specifications for the sewage disposal system on the above captioned property. 1 Other 25% Reduction System Septic Tank: gallons Pump Tank: Type of system:

Conventional Subsurface No. of exact length width of depth of Drainage Field of each ditch ___ ditches French Drain Required: Linear feet

Date 1-12-16

AN