

HTE# 10-5-24826

Harnett County Department of Public Health

PERMIT # 26221

Operation Permit

21606

New Installation Septic Tank Nitrification Line Repair Expansion

PROPERTY LOCATION: NC27WEST

Name: (owner) KAREN BELL SUBDIVISION CLEARVIEW LOT # 11

System Installer: MIKE RAY Registration # _____

Basement with plumbing: ~~0~~ Number of Bedrooms 4

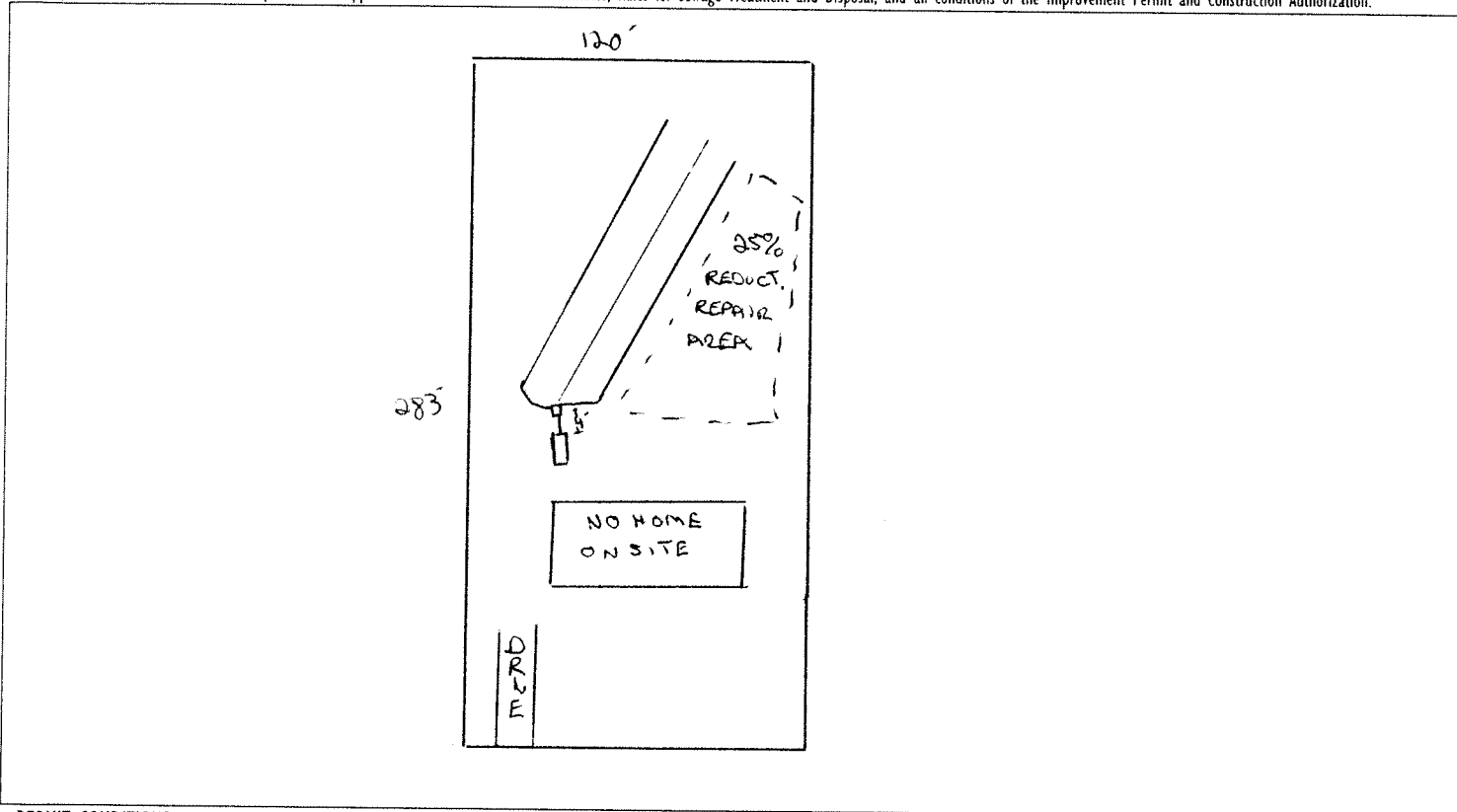
Type of Water Supply: Community Public Well Distance from well 100 feet

System Type: IIB 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 H2O Line PWR Line

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

Type of system: Conventional Other _____ Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 110 feet width of ditches 3 feet depth of ditches 18 inches

French Drain Required: _____ Linear feet

Authorized State Agent REIN Date 9/1/10